UTS UNIVERSITY OF TECHNOLOGY SYDNEY

Mothering and trauma
Lived experiences of Aboriginal mums in NSW prisons

by Stacey Lee Lighton

Thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

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CERTIFICATE OF ORIGINAL AUTHORSHIP

I, STACEY LEE LIGHTON declare that this thesis, is submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Faculty of Health at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

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Abstract

Australian Aboriginal women are incarcerated at ever increasing rates and are currently the fastest growing segment of the New South Wales (NSW) population, a disturbing trend reflected across Australian states. Mothers form 80 per cent of this group. The incarceration of Aboriginal mothers significantly impacts their social and emotional wellbeing (SEWB) and that of their children, families and communities, but the literature concerning this group is scant and requires updating. Moreover, much of the prison health literature focuses on Western-based health and disease models that exclude Aboriginal people's conceptualisations and standpoints on health. The aim of this study is to provide a depth of understanding of the women, their mothering, and the shaping effects of trauma in their lives, from their own perspectives.

Forty-three semi-structured qualitative interviews from the 'Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in prison' (SCREAM) (NSW) project, which was conducted with Aboriginal mothers across six NSW prisons, were analysed. The PhD study was informed by an overarching Indigenous paradigm and guided by the SCREAM (NSW) project advisory group. A multi-method approach that included grounded theory analysis and the employment of case studies was applied. The results included: (1) women's narratives demonstrated strength and connection with family and sustained adversity in childhood, framed by the intergenerational effects of Aboriginal child removal and ongoing colonisation; (2) the trauma experienced by the women has not been well captured in Western-based diagnostic systems, and specific traumas shaped pathways to prison while untreated trauma sustained cycles of incarceration; (3) the compounding effects of child removal and criminalisation were causes of extreme stress; and (4) mothers experienced contact with their children on a connection/disruption continuum with corresponding clusters of SEWB states.

The findings reveal the specificity of stress and trauma experienced by incarcerated Aboriginal mothers, and underscore the need for translation of collaboratively generated research into the practice of culturally safe trauma prevention and treatment and into the provision of support for parenting rather than punitive removal.

Abbreviations

ABS	Australian Bureau of Statistics
ACE	Adverse Childhood Experiences (study)
ACT	Australian Capital Territory
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIC	Australian Institute of Criminology
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ALRC	Australian Law Reform Commission
AHMRC	Aboriginal Health and Medical Research Council (NSW)
AMS	Aboriginal Medical Service
BOCSAR	New South Wales Bureau of Crime Statistics and Research
CDC	Centers for Disease Control and prevention (US)
COAG	Council of Australian Governments
CPTSD	complex post-traumatic stress disorder
DCJ	Department of Communities and Justice (NSW)
DoCS	Department of Community Services (NSW) (replaced by FACS)
DSM-5	Diagnostic and Statistical Manual of Mental Disorders (5th edition)
FACS	Department of Family and Community Services (NSW) (replaced by DCJ)
GMAR	Grandmothers against Removals
GP	general practitioner (family doctor)
GT	grounded theory
HREOC	Human Rights and Equal Opportunities Commission
ICD-11	International Statistical Classification of Diseases and Related Health Problems (11th revision)
IRM	Indigenous research methodologies
MAGIC	Mothers and Gestation in Custody
NGO	non-government organisation
NHMRC	National Health and Medical Research Council
NSW	New South Wales

NTER	Northern Territory Emergency Response
PTSD	post-traumatic stress disorder
QLD	Queensland
SCREAM	Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (research project)
SEWB	social and emotional wellbeing
SNAICC	Secretariat of National Aboriginal and Islander Child Care, now called SNAICC: National Voice for Our Children
UNSW	University of New South Wales
UTS	University of Technology Sydney
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Glossary of terms

Aboriginal nation	A large Aboriginal language group with responsibility for a specific area of Country. There are more than 250 language groups in Australia.
Aboriginal person	A person who is of Aboriginal descent, who identifies as Aboriginal and is accepted by other Aboriginal community members.
colonisation	The forcible takeover of the land of Indigenous peoples and the exploitation of the land and the people, ignoring the rights of Indigenous people.
Community	Often capitalised when used in Aboriginal contexts. It has a more specific meaning when employed by Aboriginal people. 'Community' may refer to a physical group of people, and/or to belonging and laws, culture and descent that people have in common.
Country	In standard English 'country' refers to a nation state or the countryside. In Aboriginal English 'Country' refers to the special relationship that Aboriginal people sustain with the land, culture and nature.
decolonisation	The recognition of Aboriginal people's sovereignty and, flowing from this, the recognition of Aboriginal culture and the validity of Aboriginal and ways of knowing, being and doing. In praxis it involves a critique of dominant Western-based ways of doing business. This can lead to the changing of dysfunctional structures and processes entirely. Or it may mean collaboratively embedding Aboriginal people's standpoints, cultural values and practices in systems, institutions and processes and meaningfully including Aboriginal people in governing power structures.
DoCS	The word 'DoCS' (Department of Community Services) was used by the women in interviews to refer to the state agency responsible for child removals in NSW, though it had been superseded at the time of the interviews (2011) by the NSW

	Department of Family and Community Services (FACS), which it turn was more recently replaced by the NSW Department of Communities and Justice (July 2019). As well as a designated name for a state agency, it also carries meaning for Aboriginal communities related to the punitive removal of children.
domestic violence	In this thesis the term 'domestic violence' refers to violence perpetrated by a person against their partner (see also family violence)
Elder	An Aboriginal Elder is someone who has gained recognition in their community as a custodian of law and knowledge. Elders provide vital support, guidance and wise counselling to their communities.
family violence	In this thesis 'family violence' refers to broader interfamilial violence. It includes physical violence but also refers to sexual abuse, threats of harm, emotional violence, kidnap, damage to pets or property or exposing children to these.
First Peoples	In Australia, First Peoples are Aboriginal and Torres Strait Islander people who inhabited and were sustained by the land, prior to colonisation.
foster care	Foster care is one type of out-of-home care provided for children who are no longer able to live with their parents. It is home-based care.
growing them up	Aboriginal English for 'bringing them up'
growling	In Aboriginal English, a word that refers to being told off for wrongdoing
Indigenous person	A term at times used in Australia to refer to Aboriginal and Torres Strait Islander people. Some Aboriginal people do not like this term, as they feel it has colonial overtones and prefer to self-identify according other means, such as Aboriginal nation affiliation.
kinship care	A type of foster or adoptive care that places a child or young person with a relative or someone they already know. In Aboriginal communities, kin may be a relative of the child or someone who shares a cultural or community connection.

link-up services	Aboriginal-led services, funded to assist all Aboriginal people who have been directly affected by past government policies by being separated from their families and culture through forced removal, being fostered, adopted or raised in institutions, to trace, reconnect and reunify with family and Country
out-of-home care	Out-of-home care is a temporary or medium- or long-term statutory living arrangement for children for whom care and protection is transferred to others, most often as a result of child removal.
Stolen Generations	Refers to Aboriginal and Torres Strait Islander people who were forcibly removed from their families as a result of social policy, enacted by state, federal agencies, churches and welfare agencies. This process of targeted removal of Aboriginal children began from the start of colonisation and lasted until the 1970s. Many children were taken into institutional care, other children were fostered or adopted into 'white' families. Removals broke families apart, causing enormous feelings of grief and loss, and violated relationship and traditions of child socialisation. The details of many children's true identities were denied to them, and they did not know to which families and groups they belonged.
terra nullius	A concept in international law meaning 'a territory belonging to no-one' or 'over which no-one claims ownership'. A myth and deceit used to justify the colonisation and removal of Aboriginal people from their lands.
yarning circle	Both the culturally safe space that is created for communication on issues important to Aboriginal and Torres Strait Islander peoples, and the process of engaging in collective, cultural, trusting and respectful communication on important subjects.

1 Introduction

The high rates of criminalisation of Aboriginal women and mothers in Australia, and the increasing use of incarceration as a punitive measure targeting them, are deeply concerning. Colonised regions of the world such as Oceania and the Americas are at the forefront of the trend towards the incarceration of women (Walmsley 2017), and Australia is no exception. Between 2013 and 2018 the number of women in prison increased by 50 per cent (New South Wales Bureau of Crime Statistics and Research (BOCSAR) 2019). Aboriginal women are bearing the brunt of this destructive expansion of the prison estate. They are grossly overrepresented in New South Wales (NSW), where Aboriginal women form approximately 32 per cent of the female prison population, but only 3 per cent of the overall population (Australian Bureau of Statistics (ABS) 2019).

This thesis takes a public health and decolonising perspective on the incarceration of Aboriginal women who are mothers, rather than a criminological focus. Aboriginal people have certainly been robbed, oppressed and marginalised for generations, with incarceration as an instrumental control measure (Blagg 2008, p. 2; Blagg & Anthony 2018, p. 261). Government policies and judicial decisions no doubt support the increase in the overall rates of incarceration—these are not the focus of this study. Rather, this thesis is concerned with the qualitative health experience of the women who are incarcerated. In a series of 43 interviews conducted in NSW prisons in 2013, Aboriginal mothers spoke from their own standpoint about their lives, experiences, health, children and families, the conditions of their incarceration, and their hopes and fears related to release.

Incarcerated Aboriginal people have been both observed and silenced. The Aboriginal women who participated in the interviews are different from other prison populations. This insight is not well reflected in the current statistics, which tend to absorb and silence the pain and injustice inflicted on this group of mothers. Incarceration is a mechanism within the colonised experience of Aboriginal women that leads to greater marginalisation and higher levels of impoverishment. Maternal incarceration delivers

disproportionate health and social disadvantage to vulnerable Aboriginal children and families (Dowell, Preen & Segal 2017). Women are the backbone and strength of Aboriginal families (Jones et al. 2018). Their incarceration leads to housing loss (Baldry 2009, 2010; Krieg 2006), the break-up of families, and out-of-home care for their children. It sets up intergenerational cycles of children taken into the justice system (Dowell et al. 2018; Roettger, Lockwood & Dennison 2019).

It is important that the losses sustained by the mothers and their families are not shaped into deficit discourses that position them as lacking or failing (Fforde et al. 2013; Fogarty, Bulloch et al. 2018). The widespread ill health, criminalisation and incarceration of Aboriginal mothers is an injury resulting from systemic racism and continuing colonisation practices (Sherwood 2009). It is critical to reduce the gap which has been created in the knowledge base with health investigations that privilege the standpoint of Aboriginal women participants and Community experts (Sherwood & Kendall 2013; Sherwood et al. 2015), because any measures and supports that are put in place to prevent the (re)incarceration of the women will need to be sensitive to the ongoing impacts of colonisation and racism and to the cultural meanings, strengths and standpoints of Aboriginal women. Using a collaborative and decolonising framework, this study privileges the voices and the stories of the women and the insights of Aboriginal Community experts that have the potential to inform much-needed policy reform.

Context

Aboriginal and Torres Strait Islander people are proportionately the most incarcerated people in the world (Blagg & Anthony 2019, p. 10). Aboriginal women are the fastest growing prison population in Australia. Women currently constitute around 8 per cent of the NSW prison population (ABS 2019b). Aboriginal women make up more than 30 per cent of this female cohort, but are only 3 per cent of the general population (BOCSAR 2019). Approximately 80 per cent of Aboriginal women in prison are mothers (Australian Institute of Health and Welfare (AIHW) 2019c, p. 72; Behrendt, Cunneen & Libesman 2009, p. 160). According to the Australian Law Reform Commission (ALRC),

since 2006 the number of incarcerations of Aboriginal women has grown exponentially (ALRC 2017). There is statistical evidence that numbers of Aboriginal women have decreased somewhat in the period June 2018 to June 2019 (BOCSAR 2019). However, baseline numbers are historically high and small changes to the trend do not, as yet, translate into significant reduction in the overall effects of incarceration upon this group.

One of the reasons for this is the high rate at which the women are re-incarcerated, deepening social disadvantage and creating cycles of instability and homelessness (ARLC 2017, pp. 350–1; Baldry 2010, p. 256). Incarceration creates disruptions to the already precarious survival of the women. With long histories of ongoing racism, colonisation and marginalisation, the health of this group of mothers is already severely intergenerationally compromised (Paradies 2016; Sherwood 2013). The effects of this political and systemic disadvantage are evident in incarceration patterns and the women's poor health picture (Sullivan et al. 2019b). They are burdened with high levels of injury, high chronic disease rates, brain injury, complex mental health problems and substance abuse issues (Bartels, Easteal & Westgate 2020, p. 207). It is telling that post-traumatic stress disorder (PTSD) alone has been identified as a significant health issue for 30 to 46 per cent of the women (Heffernan et al. 2015; Ogloff et al. 2013). Yet research shows that many women in prison continue to have unattenuated trauma and unmet mental healthcare needs (McCausland, McEntyre & Baldry 2018).

Prison does not promote enhanced health. While there is evidence that women do access healthcare in prison at higher rates than in the community (Abbott, Parker & Hu 2016), the overall health picture of those who cycle in and out of prison continues to be poor (AIHW 2019c). There is a dearth of longitudinal studies that investigate previously imprisoned women's long-term health (Ndeffo-Mbah et al. 2018, p. 52), but the studies that do exist strongly indicate that prison leads to poorer health outcomes (Kinner & Young 2018). For Aboriginal women this phenomenon is exacerbated by the lack of access to culturally safe, holistically informed healthcare in prison (Kendall et al.

2020; Perdacher, Kavanagh & Sheffield 2019; Pettit et al. 2019). Prison is not a therapeutic space (Cunneen et al. 2013).

The routine use of imprisonment as a social sanction against Aboriginal women is deeply racist and problematic for the health and social and emotional wellbeing (SEWB) of the women individually, and also for their extended families and communities. Removal of mothers, grandmothers and caretakers deprives children and elderly and/or chronically ill family members of care (Lawrie 2003; Sullivan et al. 2019, p. 243). Incarceration is detrimental to the health of families and communities (Krieg 2006). Intergenerational familial patterns of separation and incarceration are evident (Indig et al. 2010, p. 32), where, for instance, both mothers and daughters have each served prison time (Dawson, Jackson & Nyamathi 2012, p. 2434; NSW Justice Health and Forensic Mental Health Network 2017, p. 25). These cycles of removal and incarceration are set in place by social welfare and justice systems from an early age. High numbers of Aboriginal children are removed from their mothers and taken into the out-of-home-care system (Lewis et al. 2019). These removed children are at high risk of contact with the juvenile justice system (ALRC 2017a). Likewise, young people with a juvenile justice history have a higher probability of being incarcerated as adults. The removal of children and incarceration of mothers creates intergenerational trauma, with health consequences for mothers, children, their families and their communities, and for the larger society (Dodson & Hunter 2006, p. 37; Silburn et al. 2006, p. 14).

Situating the study

Despite the rising numbers of women in prison, prison research remains heavily gender biased. Men continue to constitute the largest proportion of prisoner populations and are typically sentenced for more violent crimes (Bartels, Easteal & Westgate 2020, p. 205). The prison research space is dominated by research that investigates male imprisonment, creating theories and models that are Western and androcentric, and do not address the needs of Aboriginal women (Baldry & Cunneen 2014).

Aboriginal mothers have complex health problems and high needs that have not been adequately served by research approaches to date. Broadly speaking, prison research stretches across a continuum. While there are exceptions, at the one end criminological investigators assess the criminogenic factors of incarceration from a positivist perspective; at the other, health researchers conduct research based on disease models. Neither of these approaches captures a holistic picture of the health and social experience of incarcerated Aboriginal women (Kendall et al. 2019), and in some circumstances they contribute to the expansion of deficit conceptualisations around this already marginalised group (Fforde et al. 2013; Fogarty, Lovell et al. 2018).

Few studies have exclusively investigated the social and emotional health or mothering of incarcerated Aboriginal women from the women's perspective. Most research delineates gender and Aboriginality as subsets of a larger study group. Fewer still have used collaboratively developed frameworks that account for a holistic Aboriginal perspective of health (Kendall et al. 2019). The last broad-ranging study that investigated the experiences of Aboriginal women in NSW prisons was delivered 16 years ago by Aboriginal researcher Rowena Lawrie (2003). Hers remains the seminal study in this area, not simply because of its factual value, but because of the Indigenous perspective she provides. Since Lawrie's study, the number of women in prison and the number of imprisonment episodes has increased dramatically. Creating a space in which the women's voices are heard is critical at this juncture. So, too, is the development of a collaborative methodology to deliver culturally safe and appropriate health and social theory. The intention of this PhD research is to deliver new knowledge that privileges the voices of Aboriginal mothers' experience and facilitate a shift in thinking about Aboriginal mothering, trauma and incarceration. It is hoped that this novel research will create awareness around the impacts of trauma and the removal of children to care, and their mothers to incarceration, which will be translated into social policy change that seeks to do less harm.

Aim of the research

Aboriginal people have different way of knowing about health, which is not well understood or made available in prison healthcare systems (Kendall et al. 2019; Kendall et al. 2020; Pettit et al. 2019).

The aim of this research is to inform a greater understanding of the nuanced SEWB experiences of incarcerated Aboriginal mothers and to promote a culturally safe appreciation of their distinct pathways to incarceration of the mothers.

Delineating the issue

It is the starting contention of this PhD research that there is a link between poor health and recurring imprisonment, and that this connection is underdescribed in the literature on this group. Studies that describe the poor mental health of Aboriginal women in prison (1) most often do not describe the colonised health–imprisonment axis adequately, or (2) describe health in ways that fail to take into account Aboriginal holistic cultural conceptions of health. As a result of this neglect, many of the women remain undiagnosed, incorrectly diagnosed, or outside of the official diagnostic criteria (Adams, Drew & Walker 2014). Those who are diagnosed most frequently fail to receive culturally safe mental healthcare (Kilian & Williamson 2018; Laverty, McDermott & Calma 2017; McGough, Wynaden & Wright 2018).

Most Western mental health discourses, while having value in healthcare settings, constrain what can be known about the health and social experience of the women, and offer truncated meanings around pathways to prison. The experience of incarcerated Aboriginal mothers *is* different. Colonisation, exclusion, impoverishment and the removal of children have created profound differences between Aboriginal mothers and other mothers in mainstream Australia (Zubrick et al. 2014). Aboriginal cultures also provide rich strengths that include unity, sharing, valuing collectively and connection to land spirit and Elders (Gee et al. 2014; Ranzijn, McConnochie & Nolan 2009). Along with these strengths Aboriginal Australians have had to hold collective trauma memories (Sherwood 2009). People live with experiences of racism, discrimination and colonisation that continue to entrench poverty and poor health.

The SEWB and mothering experiences of incarcerated Aboriginal mothers are shaped by harm to Aboriginal families from social policies that have systematically removed children (National Inquiry into the Separation of Aboriginal Torres Strait Islander Children from their Families 1997, hereafter *Bringing them home* report) and increasingly criminalise and remove mothers.

Setting the terms of the research

The First Peoples of Australia live cultural lives of social plurality. According to the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), more than 250 languages and 800 dialects were spoken on the continent when Europeans arrived in 1788. The enforced deprivations of colonisation have altered this picture, but rich social and cultural diversity between groups of people remains (Dudgeon & Ugle 2014; Gee et al. 2014). Though Aboriginal people and Torres Strait Islanders are both First Peoples of Australia, a distinction is made in this thesis between the two peoples. The term 'Aboriginal' refers here to people who live on mainland Australia. I am also sensitively aware from our research project advisory group that the term 'Indigenous' is considered negatively by many Aboriginal people, who prefer terms of self-identification that convey connection to a cultural group and self-determination (see also PHAA 2020). Naturally in direct person-to-person communication, that person would be asked by the research team about their preferences. In the SCREAM study situated in NSW, the women participants identified as Aboriginal women only, hence the term 'Aboriginal' is used in this study when referring to the participants. The terms 'Aboriginal' and 'Indigenous' are frequently used interchangeably in the research literature. In reporting research I have tried to stay close to the designation of the author(s): if the term 'Indigenous' was employed I have retained it, likewise the term 'Aboriginal'. When referring to broader political or social international movements, ideas or groups the term 'Indigenous' is employed.

Health is vitally important to Aboriginal people, as it is to all people (Marmot 2015, p. 5). Aboriginal health has suffered greatly as a direct result of the ill effects of colonisation (Griffiths et al. 2016; Sherwood 2009; Sherwood 2010). With these

considerations in mind this study takes a dual stranded approach to the definition of health. The first is a social determinants perspective (Marmot 2011; Saggers & Gray 2007); the second is a holistic Aboriginal health approach (Kendall et al. 2019). A social determinants perspective is vitally important if co-occurring conditions of poor health and imprisonment are to be adequately investigated. First, it widens the gaze to take in more of the landscape than illness or disease alone. Measures of disease, while salient, are the proverbial tip of the iceberg. Diseases are the presenting problems; however, their explanatory power is limited when attempting to understand the intricate connections between colonisation, health and imprisonment. There is a wealth of transnational research spanning decades that evidences the importance of social environment to health and longevity (Marmot 2015; World Health Organisation (WHO) 2008). There exists, as Marmot (2015) puts it, an 'unequal distribution of life chances' with proportionately negatively health impacts (p. 7). Aboriginal people have had intergenerational histories of inequality and political and social exclusion imposed upon them that have led to severe socioeconomic disadvantage and impoverishment and resulted in poor health (Saggers & Gray 2007, p. xxiii). At least equally damaging is the high stress that results from disadvantage and structural barriers to self-determination and the ability to control one's own environment and place in it (Marmot 2011; Marmot 2015, p. 15) (for specific Indigenous Australian examples see: Berger et al. 2019; Sarnyai, Berger & Jawan 2016; Zhang et al. 2016).

Colonisation is recognised as a discrete and fundamental social determinant of the health of Aboriginal people (Sherwood 2009; Australian Insitute of Family Studies (AIFS) 2013; Vickery et al. 2007; WHO 2007). Colonisation does more than sustain impoverishment. Ongoing colonisation disrupts access to lands, livelihood and economy and cultural ways of 'being and doing' (WHO 2007). Forced removals of children, the institutionalisation of children, and interference in the socialisation of children is devastating to families (*Bringing them home* report 1997). Racism, silencing and lack of respect for Aboriginal worldviews and standpoints perpetuate dominant Western ways of knowing and structure deficit discourses around Aboriginal people (Smith 2012). These effects are especially evident in health. For example, colonisation has constructed deficient environments of which the poor health of Aboriginal people

is a consequence; equally, Western health constructs dominate health research, policy and practice, marginalising Aboriginal health constructions (Paradies 2016; Sherwood 2009). Holistic Aboriginal health constructions are different. For the purposes of this PhD study the following definition is employed:

> 'Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of life view and includes the cyclical concept of life–death–life (National Aboriginal Health Strategy (1989) in Australian Government 2013, p. 9).

And

> Wellbeing for Aboriginal and Torres Strait Islander people incorporates broader issues of social justice, equity and rights (Australian Government 2013, p. 9).

In this study I have focused on applying an Indigenous lens of SEWB to the investigation of incarcerated mothers' experiences. Drawing from the *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental and Social and Emotional Wellbeing 2004–2009* (SHRG 2004), the Australian Indigenous HealthInfoNet provides the following definition:

> The term social and emotional wellbeing is used by many Aboriginal and Torres Strait Islander people to describe the social, emotional, spiritual, and cultural wellbeing of a person. The term recognises that connection to land, culture, spirituality, family, and Community are important to people and can impact on their wellbeing. It also recognises that a person's social and emotional wellbeing is influenced by policies and past events.

They further explain:

> most Aboriginal and Torres Strait Islander people prefer the term social and emotional wellbeing as it fits well with a holistic view of health. The best way to

> understand these different terms is to think of mental health and mental illness as part of a person's social and emotional wellbeing.

Employment of SEWB as an operational construct does not mean that mental health and mental illness are excluded as possibilities, but merely that they are framed within a broader context in this PhD study. The recognition and employment of Aboriginal conceptions of health is vital to the collaborative shaping of inclusive health narratives. The women in this study are subject to long histories of harmful and oppressive colonial policies and practice which continue to have intergenerational social and health costs. Social policy continues the colonial legacies of child removal, limitation of life opportunities, and incarceration. The effects of ongoing racism are deeply felt, enduring and harmful to this group of women. The women and those that came before them have lost much and have still resiliently survived.

My research recognises the imperative to employ a decolonising approach that guides the work, seeking to respect Aboriginal worldviews and perspectives, framing the collaborative construction of the methodology, and applying a critical lens in the interpretation of results to avoid replicating the harms of past research (Smith 2012). Decolonisation is at once a methodology, a praxis and a way of understanding the current impacts of colonisation upon Indigenous peoples (Smith 2012) that is operationalised within this PhD study. The work of decolonisation is dependent upon requirements that arise from the context of the peoples that it involves. Thus, decolonising practices arise in plurality from 'ways of being' and 'ways of doing' that are local and culturally appropriate (Martin & Mirraboopa 2003). For the purpose of this research I employ these guiding attributes of decolonising drawn from the Australian literature:

> At one level, this deconstructive work is aimed at understanding the assumptions, ideologies, motives and values that inform research and practice. At another level, it is about developing and promoting ways of knowing, being and doing that are anchored in the lived social and historical realties of Indigenous peoples … A related area of work is concerned with understanding how dominance and privilege is constructed and maintained (Walker, Schultz & Sonn 2014, p. 205).

The study

This PhD research study is nested within a larger research project. It utilises the NSW interview data from the National Health and Medical Research Council (NHMRC)-funded project Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) (2011 to the present). A total of 43 interviews were undertaken in 2013 with women who self-identified as Aboriginal and as mothers, across six NSW prisons, by an Aboriginal and non-Aboriginal research team of two. The women generously collaborated with interviewers, providing in-depth narratives about topics such as their physical health, mental health, their children, families and mothering, the conditions in prison, their needs and their hopes for the future upon release.

Though the SCREAM study contained two research hubs, one in Western Australia (WA) and one in NSW, this PhD study is limited to the use of NSW interview data only. As a result of active discussions around decolonisation, and taking guidance from the SCREAM project advisory group , the investigators reached the position that that Aboriginal communities are different, with differing histories of contact and colonisation between states. The NSW group of women are acknowledged as a discrete group of women with their own unique stories and are treated as such. Investigators further concluded that it would be culturally inappropriate and invalid to compare the NSW group of women with a group from any other state. This PhD research honours that culturally appropriate stance; there is no comparison with other groups.

A community collaborative participatory action research approach (Sherwood & Kendall 2013; Sherwood et al. 2015) is long- and well-established in the SCREAM NSW project. Senior Aboriginal and non-Aboriginal investigators in the research team have brought a wealth of experience in growing links with Aboriginal community-based services, community leaders, non-government organisations (NGOs) and government organisations. From extensive engagement and consultation, a project advisory group was established in NSW. It is from this well-established base for engagement that a

collaborative methodology for the analysis, interpretation and theory building is framed within an Indigenous paradigm in this PhD study.

Researcher and research space

My starting point is as a non-Aboriginal researcher working within Aboriginal and non-Aboriginal academic health disciplinary knowledge spaces. I recognise this is a 'tricky' space (Smith 2005). Aboriginal people and communities are justifiably wary of Western research for the harm that has been done, and the distrust that these experiences have engendered (Smith 2005a, 2012). My approach is relational and decolonising. I further acknowledge that these spaces are complex, not rigid, and at times contested (Nakata 2007) within the creative process of research.

My interest in mental health arises from a previous occupation as a psychotherapist. Though I have found formal medical diagnosis of mental illness to be useful at times, my interests tend toward understanding how people appreciate and operate within their world, the difficulties that they experience, and the strengths and resources they have available. This appreciative lens is widened from the personal to the societal by an undergraduate background in anthropology and sociology. It is further turned towards Aboriginal people, an orientation that has developed through study and personal engagement.

This thesis contains several assumptions of which I am aware, and that are stated up front (some which remain in my blind spot are no doubt embedded in the work). Broadly speaking the basic assumptions that I make flow from a critical constructivist approach to knowledge production (Kincheloe 2005). I assume that we are all meaning-making beings, with socially and culturally influenced perspectives, and that the world can be known meaningfully. I infer that research is one of the valid ways of undertaking this and I assume that relationships *always* shape research—whether this is acknowledged or not. Having lived my entire life as a non-Aboriginal person between two colonised countries, from observation of the political context and listening to Aboriginal people, I believe that colonisation remains deeply ingrained and is ongoing and deeply harmful. My belief remains that research which entirely recapitulates the

coloniser–colonised power dynamic is unfair, unjust, remains shallow, and is limited in its ability to create change, to transform and transcend current states of knowing and ways of doing.

Rationale

The rationale for undertaking this PhD study is to expand what is known about the health and SEWB of Aboriginal mums that privileges their perspectives and lived experience with the intention of informing policy and practice and making a difference in the lives of Aboriginal women and mothers vulnerable to imprisonment.

Significance

It is clear that in the main, the incarceration of Aboriginal women does not work (Australian Law Reform Commission 2017). Statistics reveal distinctly that women cycle in and out on typically short sentences (Baldry 2010) and that their health remains poor (Kendall et al. 2019; Sullivan et al. 2019b). On the one hand prison is not a deterrent; on the other it is not rehabilitative, therapeutic or curative (Carlton & Baldry 2013; McCausland, McEntyre & Baldry 2018). The evidence for this is in the increasing numbers of incarcerations, the ripple effects of which provoke a crisis of instability and deprivation of care within family units, extended families and Community (Bartels, Easteal & Westgate 2020). A shift in thinking about this group of women is urgently required, if culturally safe change is to succeed and benefit Community.

One intended outcome of this study is to broaden the focal distance, so that the women are not seen dichotomously through the either/or lens of criminality or illness. It is to broaden an appreciation of the women as the children they once were and the mothers they are, and to apply a health (SEWB) framework. The women's narratives and their powerful telling, as they describe their life experiences, are significant in themselves. It is envisaged that the lessons and pedagogy they offer will make a significant contribution towards shifting this space from the imposition of deficit discourse towards a fuller appreciation of their cultural strengths and courage.

The second envisaged outcome is to develop robust theory that infuses and incorporates Aboriginal perspectives. Within prison settings the theory that is applied tends to be narrowly positivistic criminogenic renderings (Kelly & Tubex 2015) that originate from research with men or international studies of incarcerated white women (Bartels, Easteal & Westgate 2020). This approach assumes that all prisoners share common characteristics, which in effect renders the distinct social cultures of Aboriginal women invisible. Theory that is developed collaboratively and that (a) considers the social impacts of removal of the women, (b) links social context to health and (c) considers the unique health pathways to imprisonment for this group has the ability to inform policy more accurately. Moreover, while sincere efforts are being made to improve the women's health while in prison, translation of health theory is currently hampered due to the efforts being culturally unsafe, disconnected as they are from the women's cultural and social worldview and world experience (Kendall et al. 2019; Pettit et al. 2019). It is hoped that this study will in some measure ameliorate this gap.

In the long view it is not always possible to predict the effects of research. What is clear is that diversion from prison is not simply a justice issue, it is a public health issue and survival issue for the women and their communities. Support needs to be provided *before* mothers come into contact with the justice system. My express hope for this group of women who spoke with such spirit and courage about their lives and SEWB is that social and health systems are developed that destigmatise their mothering and provide better support to them and their families. That the intergenerational strengthening of family wellbeing replaces the disruptive cycle of prison punishment. Only a small minority of Aboriginal women go to prison, but those that do are mothers at especially high risk. Improved culturally safe, responsive solutions are required rather than the current regime of child removal or routine removal of the mother (to prison).

Chapter summary

Part A: Reviewing the literature

Chapter 2, 'Setting the context', sets out the colonial impacts and its intergenerational effects on women and families through the lens of Aboriginal women authors, then through two seminal reports, the Royal Commission into Aboriginal Deaths in Custody report (RCIADIC) (1991), and the *Bringing Them Home* report (1997). It then turns to examine current follow-on reports that illuminate the current status of issues examined by the earlier reports, produced by the Australian Law Reform Commission (ALRC 2017b), and the Australian Institute of Health and Welfare (AIHW 2018a, 2019b), the latter at the behest of the Healing Foundation.

Chapter 3, 'Investigating the literature', first explores the academic and the grey literature within the health and criminology disciplines to establish how the women are currently positioned and what is known about this group within mainstream research. This chapter identifies the intersecting gap and discusses the implications of the neglect in the literature for this group and the particularity of the way in which the women are known. It then turns to discuss holistic, context-dependent, Indigenous formulations of SEWB, and why such perspectives are vital to health research that focuses on this group of mothers.

Part B: Creating knowledge together

Chapter 4, 'Methodology', details the process of building a collaborative methodology with the SCREAM Project advisory group to facilitate the development of academically sound and culturally valid knowledge. This chapter describes how appropriate and robust research questions were developed. It introduces the collaborative research framework that was grown, one that centralises an Indigenous paradigm and embeds appropriate methods of investigation. It then proceeds to describe the grounded theory (GT) and case study methods and provides a rationale for their strategic employment. A personal reflective account is also provided. Finally, the limitations of the research are explored.

Part C: Findings

Chapter 5, 'Women's childhoods and early environments', works to move the conversation beyond polarised stereotypes of the women as either 'offending' ('offensive' and 'bad') or, at the other extreme, as only vulnerable, without strengths and self-determination. This chapter captures the women's wide-ranging perspectives and insights on their connections and childhood relationships with their parents and family, and the importance of grandmothers. Their stories of family strengths and early life survival of adversity, grief, separation, exposure to violence and failures of the education and health systems are vital to opening up a broader perspective around these women's cultural strengths and survival.

Chapter 6, 'Trauma and incarceration pathways', discusses in detail current PTSD diagnostic criteria and demonstrates how these conceptualisations fail this group of Aboriginal women. Using a case study approach, the women's narratives around health, discrimination, child removal and imprisonment are revealed. An analysis and discussion is provided alongside each case study which highlights the particularity of trauma patterns of this group of mothers and shows how their trauma continues to be shaped by ongoing coloniality within social and political landscapes of neglect and structural violence and how trauma is implicated in imprisonment.

Chapter 7, 'Mothering and prison', investigates how Aboriginal mums in prison speak about and conceptualise their mothering (and grandmothering). This chapter provides mothers with a space to tell the story of mothering with their voice and from their perspective, using multiple quotes that highlight the important social and cultural ways of being that this group bring to mothering and caretaking. This chapter then progresses to develop a theory of mothering on a continuum from family-facilitated close connection with children to involuntary extreme separation, and relates this continuum to the mothers' ongoing SEWB.

Part D: Conclusion

Chapter 8, 'Summary and discussion', summarises the research findings. The final chapter explores the significance of the findings of this PhD study and its unique

contribution to knowledge in the areas of Aboriginal health, SEWB and incarceration pathways. It provides an outline of the key points and implications of this research, and their significance to the health and social care of Aboriginal mothers who are at risk of incarceration.

Part A Reviewing the literature

2 Setting the context of separation: Aboriginal mothers, children and family

Introduction

As a non-Aboriginal woman I cannot claim to know what it is like to be Aboriginal or to be an Aboriginal mother; I do not have the lived social and cultural experience. Rather, in this chapter I draw on the literature to provide an appreciative view of the cultural strengths and challenges of mothers and families from the perspective of Aboriginal women and mothers and from reports informed by Aboriginal people's testimony.

As Indigenous researchers all over the world inform us, ways of knowing and methodologies for knowing are highly colonised (Chilisa 2012; Kovach 2009; Smith 2012). One of the concerns which is highly relevant in literature reviews is that Indigenous voices and standpoints are marginalised or lost (Chilisa 2012) and that knowledge becomes *about* Indigenous people rather than produced *by* Indigenous people (Sherwood et al. 2015; Smith 2012). This holds equally true for literature reviews which provide context and inform research. Texts which address the decolonisation of literature reviews are extremely scant, though Chambers et al. (2018) is an exception. They suggest the following strategies for working with the literature: increasing the breadth of literature reviewed, dialoguing with Indigenous people about suitable literature, working with an inclusive attitude, immersion in the literature, reflexivity and critical awareness (Chambers et al. 2018).

The context for the women in the Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) (NSW) study is broad. It should be appreciated that Aboriginal people have lived in Australia for at least 60 000 years, developing highly complex cultures (Behrendt 2012). It is therefore not possible in a single chapter to provide all the rich context that the women who provided life narratives deserve. Instead, this chapter begins by briefly considering historical issues which impact Aboriginal people, then looks at selected extracts that highlight Aboriginal women's ways of knowing about what it is to be a child, a woman and a

mother. It conveys a sense of an insider view of the destruction that colonisation visits upon mothering and the lived impacts upon families.

The chapter then turns towards the personal and relational account provided by Professor Juanita Sherwood, in her role working as a childhood nurse and educator with children and families in Redfern (an inner-city district of Sydney) and two decades later, when she interviewed a number of the same women she had cared for as children who were now in prison, for the SCREAM (NSW) study. Relationship and respect inform the inclusion of this oral storytelling. Over the years our relationship has been highly dialogic and Professor Sherwood has often shared her experiences in working with the women. Her close, local and lived experience is important as a reflection of original and collective thinking concerning the women who participated in the SCREAM (NSW) study by an Aboriginal woman (Corr 2019; De Santolo 2019). This kind of pedagogical storytelling humanises its subjects, whereas analysis of reports alone can dehumanise the survival reality of the women (Behrendt 2019).

I then then turn to consider two watershed reports which continue to have direct bearing on the group of mothers interviewed for the SCREAM (NSW) study: the *Royal Commission into Aboriginal Deaths in Custody national report* (1991) and *Bringing them home*, the report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (1997). These reports are examined in conjunction with two relevant current reports. The first is *Pathways to justice—an inquiry into the incarceration rate of Aboriginal and Torres Strait Islander peoples*, produced by the Australian Law Reform Commission (ALRC 2017b), and the latter *Children living in households with members of the Stolen Generations*, by the Australian Institute of Health and Welfare (AIHW 2019b), which provides insight on a range of issues which impact the women.

The shaping effect of historical social relationships

While incarcerated Aboriginal women certainly are impacted by current policy and practice related to health, the provision (or lack thereof) of life opportunities, criminalisation and the delivery of justice, the emergence of the social justice issues

that impact their daily lives is not new. Many of the issues that the women face today are rooted in colonial injustice that began at the outset of the invasion of the British and the founding of the colony.

Aboriginal people have been thoroughly disposed, for, early on, as British imperialists surveyed and surveilled the land they conveniently found the land to be 'empty' and its inhabitants, Aboriginal people, to belong to the category of flora and fauna (Knightley 2000), failing to 'notice' that Aboriginal people were the deeply connected owners and caretakers of the land (Ganesharajah 2009, p. 6). Such lack of human recognition flowed onto and informed the systematic stripping of Aboriginal rights (Attwood 2017). As Aileen Morton-Robinson (2017) states, race rather than citizenship became the guiding principle for political and social relationships in Australia, promoting exclusion rather than the implied inclusion that citizenship suggests. Drawing on Chesterman and Galligan, she writes: 'Australian citizenship came by way of separate Commonwealth and State statutes and administrative practices'. Legally Indigenous people were 'citizens' but, due to a range of racially discriminatory Commonwealth and state legislation and administrative regimes, they did not have the right 'to vote, to speak freely, to choose [their] religion, to move freely, to be equally protected by the law, to enjoy free basic health care and to receive a minimum wage, a minimum level of social security and a basic level of education.'

Moreover, the capture and incarceration of Aboriginal people was considered an extension of colonial rights and a 'normal' consequence of the 'settlement' and 'civilisation' of Australia. Under these conceptions the justice system was entirely legitimated as a vehicle for the 'protection of citizens' (non-Aboriginal people). Critiques of such practices were few and far between (for exceptions see: Rowley 1972; Stanner 2011). Indeed, perceptions of the 'right and good' have continuously been shaped by European colonial understandings, judiciaries and asymmetrical power relationships to the detriment of Aboriginal people. As Blagg (2008) explains:

> Historically, the Australia criminal justice system, with the victim/offender dyad, its foundations in private property, its tendency to individualise events, has played a defining role in fashioning and reinforcing white collective consciousness

> capable of inverting the realities of history to one where the white collective can believe itself to be the collective victims of Aboriginal criminality (p. 2).

Aboriginal women's voices from the literature

> They protected their own interests whenever they were forced to confront the facts. Even today the legal system in Australia has not used its own law to condemn the murders and brutal assaults on Aboriginal people. The memories of this injustice continue to live on in the minds of Aboriginal people (Wright 1997, p. 32).

Grog war is a text written by acclaimed Aboriginal author Alexis Wright (1997), with the Elders and Tennant Creek (Junkurrakur) communities. It is an account of the impact of the introduction of alcohol on their Community and how Community fought back with their own solutions. Tellingly, the story does not begin with grog (alcohol), instead it begins by setting the social and political context that informed these harms. It begins with the story of Warumungu men and women 'becoming natives' as the colonial gaze was turned upon them by the Europeans, followed by the violent and forceable takeover of their traditional lands, of invasion and scarcity, injury and removal into work camps. We are introduced to the degrading impacts of chain-up and lock-up, kidnap, assault and murder upon the Community, of people being forced into fringe dwelling, poverty, homelessness and being subject to put-downs, slanders and depreciation. According to the Elders, nobody had been respectful enough to provide the Community with an explanation for these many layers of injury.

Using an Aboriginal writing praxis (Bodkin-Andrews & Carlson 2016, p. 247), Wright (1997) and the Tennant Creek communities powerfully illuminate the absolute necessity of providing context in appreciating the underlying causes of social issues that hurt communities. Their standpoint (Moreton-Robinson 2013) is both local and decolonising (Smith 2012). In the absence of this approach, Western colonising perspectives too often name and blame, and pathologise issues over which Aboriginal

communities have little or no control, leading to further injury and ill health (Duran 2019; Sherwood 2010).

Why *are* context and perspective so vital? Because the current facts as they are presented are always supported by prior facts, and these realities are embedded within sociopolitical relationships. For example, to understand that imbibing alcohol is a precondition of becoming drunk is to comprehend little. Drunkenness is not a condition of culture, it is a condition of humanity, to which everyone is vulnerable. An appreciation of what happened prior to the event, how this has built over time, the environment, the state of mind of the person, and what coping strategies and resilience they have open to them is fundamental. Equally important is an account that speaks from an Aboriginal standpoint (Moreton-Robinson 2013) or at the very least that includes an appreciation of Aboriginal worldviews (Ranzijn, McConnochie & Nolan 2009, p. 13), one that looks at (not away from) the derisive way that Aboriginal people are framed as 'problems' within the mainstream media (Sweet et al. 2014), judiciary (Blagg 2008 p. 15) and government service dialectic (Fforde et al. 2013; Fogarty et al. 2018). As Professor Pat Dudgeon has pointed out most poignantly in her account of her grandmother's story, the effects of colonialism are real and personal, not abstract or academic (Dudgeon 2017, p. 116). Holistic Indigenous women's ways of knowing and theorising suggest that 'the story', 'the context' and the 'theoretical intervention' are one and the same (Blair 2017, p. 149; Watson 2017, p. 135).

These deep Aboriginal narrative methodologies become important when listening to and appreciating the stories of the women in this chapter, as well as the women who shared their stories in the interviews that are the source of this PhD study. It is the methodology of the *women* in telling their stories that is important, not simply the research methodology. If the value of each methodology is not appreciated, then narratives risk becoming blurred in this thesis. There is, for instance, a vast difference between an Aboriginal person sharing their story and the metanarratives that are created by non-Aboriginal people from that story (Harrison and Greenfield (2011) in Walter & Saggers 2007, p. 10). In sharing their narratives the women are sharing Aboriginal pedagogy, that is, providing a cultural standpoint, translating their

experiences for the current context, and providing insights into their personal and collective experience (Kutay et al. 2012; Sherwood, Watson & Lighton 2013). The following section takes up a small selection of Aboriginal women's narratives from the literature.

Women within families

It is not possible to attempt an interpretation from a non-Aboriginal perspective of how Aboriginal women and mothers experience life. Moreover, there is not one woman, nor one life, but many women with a multiplicity of life experiences (Robertson, Demosthenous & Demosthenous 2005, p. 35), who nevertheless share collective experiences. In researching with Aboriginal women and working with their stories, Bronwyn Fredericks (2008), herself an Aboriginal woman, provides insight into the role of narrative: 'The telling of the stories is one way for Aboriginal women to explore the way in which Aboriginal women think about their history and to identify the effects of events on their lives' (p. 123). Sharing stories has rich affirming and empowering possibilities that help women to make sense of their lives and share these understandings with those who listen. An appreciation of the cultural abundance and diversity of Aboriginal women's lives within their life narratives is important to framing the stories of the women that were interviewed in the findings chapters that follow. As Geia, Hayes and Usher (2013) observe, 'Each Indigenous person or people group carries with them a profound life story of individual and shared experiences of trauma of the past and present. With this, they also carry the ontological premise of hope' (p. 16). In the following section a small selection of narratives reveal ontological insights provided by Aboriginal women about being and growing up and family:

> After Mum left us, people sent word to Dad who worked in the scrub timber-getting. He knew the old Abo Protection Board[1] would take us and put us in a

[1] The Aborigines Protection Board (NSW) operated from 1883 to 1940. It restricted the capacity of Aboriginal people to choose where they lived, participate in education of the same standard offered to other Australians, set their own employment contracts, drink alcohol or receive inheritance in cash. The Protection Board was superseded by the Aborigines Welfare Board (1940–1969).

> home to be trained as servants to white people, so he took us three girls back into the bush with him. While he worked we were looked after by Uncle Earnie Ord, tribal doctor and clever man; he caught bush tucker for us, and made ashes damper, and told us stories of all the bush animals and birds. He gave me my totem because I was the eldest—willy wagtail (Langford Ginibi 2007, p.24).

> Mum, foster mother, used to say things like 'oh, we'll take you to Redfern one day and we'll show you what your mother would have looked like'. They'd say things like 'She'll be sitting in the gutter drinking a flagon of wine', and all this sort of thing, and when you're a kid that's really scary. You get drummed into that kind of thinking that Aboriginal people are dirty and just wasted—that's the sort of ideas they put in you. When I went through school I just couldn't adapt really well to the other children because I was the only dark-coloured in the whole school. That's all I knew—I'm Aboriginal and I'm darker than anyone else, that's it. (Coral Edwards, (co-founder of Link-up (NSW) Aboriginal Corporation),[2] in Riemer 1990, p. 8).

These two women provide very different accounts of growing up in NSW. Their accounts highlight the role of state policy and social norms such as racism in fundamentally creating negative environments of fear, uncertainty and even shame that shape childhoods. Within these broader social environments, however, the women's experience was diverse. Ruby Langford Ginibi (above) teases out the intricacies of extended family life, the role of families in protection, nurturing, passing down knowledge and creating a feeling of belonging, where children know their place in the cosmology of the world they inhabit. In contrast Coral Edwards' story (above) speaks to a childhood framed by removal, fear, isolation and deliberate alienation from belonging and identity. Neither woman had a privileged life and both have 'done it tough'—they are survivors, that is, survivors of policies and the ongoing colonial legacies of racism, exclusion, removal (or threat of removal) and, in Ms Edwards' story, the deep isolation these produced. These narratives speak back to colonised accounts

[2] Link-up (NSW) Aboriginal Corporation was founded in 1980 and incorporated in 1984. It is a state-funded community-led organisation that serves Aboriginal people affected by government policy. It provides reunification, counselling and community wellbeing services to people separated and removed as children, fostered, adopted or placed in institutions.

that tend to produce single narratives about whole groups of people. In contrast, a decolonised stance recognises the value of voice and the plurality of experience (Chilisa 2012; Smith 2012).

Another contemporary fiction writer, lawyer and activist Professor Larissa Behrendt, writes her own story:

> When I was a small child, I—and my father always knew—we were Aboriginal but had no proof. My grandmother had been removed from her family and my father had been placed in a home since he was five. But when I was about 11, my father had a series of heart attacks and a near-death experience. After that, he went on the search to find that identity and we discovered that we were Eualeyai and Kammilaroi. From that early age, I knew the impact of the policy of removing children on my family. I watched my father, who had seemed a distant bad-tempered and insecure figure, transform with the knowledge of identity and place. He became a loving, generous and proud man …
>
> People cannot understand the need for law reform if they do not understand how laws and policies affect people's lives, how laws move from the brinkmanship of politicians to the circumstances in which a mother with four dependants can access welfare benefits, how policies move from political stunts to locking children up in detention centres and how silences in the Constitution mean that black parents do not have the right to bring up their own children. These moves from rhetoric and words on paper into the way in which people are forced to live their lives are essential in understanding the link between law and its impact (Behrendt 2005, pp. 245–6).

Professor Behrendt powerfully points out that while Aboriginal and non-Aboriginal people share the same country, non-Aboriginal people do not have the embodied lived experience of surviving from the effects of discriminatory and punitive legislation over the course of more than 200 years. While the *Bringing them home* report (1997) (discussed later in this chapter) has done much to raise awareness of the impact of child removal policies in Australia, the discourse of 'equality' without

formal recognition prevails. As a result many non-Aboriginal Australians are able to keep from knowing the truth of Aboriginal people's experience and how the broader society is implicated these injuries, and this negatively impacts community wellbeing (Atkinson 2013). The telling of truth will be explored through Aboriginal academic, SCREAM project investigator, and community health worker Professor Juanita Sherwood's sharing of her story explaining her experience working in education and child healthcare in Sydney's inner-city suburb of Redfern.

Juanita's Redfern story

Professor Sherwood and I have spent much time together in the past decade. She has taken the roles of academic supervisor, work supervisor, mentor and friend over the years. In many ways she is the cornerstone connection between the women who were interviewed for the SCREAM (NSW) project and me. Her deep knowledge of many of the women is broad, but also specific and located. Juanita has had personal relational experiences with some of the women interviewed when they were children, and with the Redfern community where these women grew up. This retelling relies on our conversations over the years, her personal communication via video conferencing for the purpose of this chapter and an account that she published (Sherwood 2018). Juanita's PhD thesis (2010) focused on the importance of Aboriginal ways of knowing about health to counter unbalanced, colonially constructed deficit health stories. In the process of her sharing and my retelling, e aim of this section, to explore her Indigenous standpoint, bring balance to criminological deficit constructions, and combine other types of knowledge, such as Community knowledge, with knowledge from research (Laycock et al. 2011, p. 104). The story aims to give a sense of her lived experience and perceptivity around living and working with families in Community, and her personal insight into the lives of the women and mothers who were interviewed for the SCREAM (NSW) project.

Juanita, a registered nurse and qualified teacher, began her story where she took on the role of child and family health nurse for the Redfern area in the late 1980s. She first explained the importance of the Sydney inner-city suburb of Redfern to Aboriginal

people by saying Redfern was known as 'the Black capital of Australia'. 'The Block'[3] was a place where there was great solidarity of families who had moved to Sydney for employment, access to health services (with Redfern Aboriginal Medical Service opening its doors in 1971) and access to education (Sherwood, J. 2018). The scene on the Block was warm and children would play on the street. Juanita spoke of how, as a new nurse straight from a large public hospital, she was introduced to the families and mentored by the aunties and Elders, such as Aunty Polly Smith, in appropriate ways of being and working with Community. Her story is one of nurture and connection and of being supported to do health work with children and families—work that the Community perceived had value. Facilitated connection was very important in working with Community, Juanita related, because people had such overwhelming and traumatic daily experiences of harassment and racism at the hands of government authorities.

Juanita was known locally as the 'ear nurse', picking up hearing difficulties and helping kids get the specialist treatment they needed. She relates that it was a battle getting authorities to believe that her records showed that 86 per cent of the children she was screening had educationally significant otitis media (an inflammatory condition of the middle ear which causes pain and hearing loss), as health authorities believed the myth that otitis media had been eradicated in urban communities many decades ago. She said:

> *Kids that were in trouble because they couldn't hear, they were often sent out of classrooms being told they were not behaving properly, on the street they were targeted by police, which happened to some children as early as eight years of age.*

At that time police harassed children daily, and when children responded they were locked up for offensive language, assaulting police and resisting arrest (Sherwood

[3] 'The Block' is the local name for a block of Aboriginal-managed housing that has enormous spiritual and political significance to Aboriginal people. It was located in Redfern, bordered by Eveleigh and Vine Streets. The Block served Aboriginal people who were excluded from the private rental market. In 2011 the Block was demolished.

2018). The hassling by police led to fines, and unpaid fines led to arrest. Very often youths were taken to police cells and beaten up without their parents being informed that they had been taken into custody. Juanita elaborated on the Community initiative that she was involved in:

> The legal service purchased a beeper that was to be contacted when youth were taken to the cells by the police. The ideology behind our night beeper program was to provide the youth with support and an attempt to reduce the beatings (Sherwood 2018, p. 10).

Lack of access to affordable good-quality food in Redfern was another issue that was picked up as harming Community health and affecting the children's ability to attend school regularly, Juanita said. By means of a food survey , they established that food prices were higher locally than in the affluent northern and eastern suburbs of Sydney. Poor families were simply unable to afford good nutritious food. As a result, a Community team set up a fruit and vegetable cooperative with residents, and a breakfast and lunch school program was established to feed kids.

Children were also impacted by the community trauma that was created by high levels of police thuggery and brutality aimed at Elders, adults and children alike (Sherwood 2018). Juanita was working in the Community in 1990 when

> the [police] Tactical Response Group terrified families and the Block community. They sledge-hammered down doors of 11 homes at 4.30 am. They hit, kicked and violently threw men and women out of their beds too. They held guns at the heads of parents, threatening to shoot them in front of their terrified children. In the end, no serious charges were laid, it was all to instill fear, and it did (p. 8).

It was an uphill battle to get counselling for traumatised families, but in the end, Juanita was supervised to provide counselling to people who were frightened and in pain. Elaborating further on the impacts of systemic violence, Juanita said: 'There were a lot of things that were untrue put out about our communities. Children absorbed

these messages, that they were second class citizens'. The trauma goes through families and creates really negative consequences.

Juanita relates that growing up in Redfern was tough. Over the years, she has remained connected to members of the Redfern community. She has received a number of emails from grown adults that she treated as kids, letting her know what a difference diagnosis and treatment made in their lives. Juanita said that many young people who lived in Redfern had gone on to do amazing things, mentioning Shane Phillips, chief executive officer of the Tribal Warrior Aboriginal Association, that mentors young Aboriginal people, provides maritime employment training and organises cultural events. Her connections are also within the broader Aboriginal community where she has family connections, work connections and friendships. These connections became very evident when she began working on the SCREAM (NSW) project with community and health organisations. She also found that she knew a number of the women that were interviewed and their families from her days as a community nurse and educator. Talking about her reaction to meeting the women in prison, Juanita said she felt sad

> *because I knew that the women were there because of impoverishment. Many of the women did not have a job and they didn't have a job because education did not give the women the opportunities it gave other kids.*

Relationships do matter. Women who were to be interviewed for the SCREAM (NSW) project would often say 'this is Aunty Juanita, we know her from so-and-so', and then the women would be comfortable to talk and encourage other women to participate. 'They said: you know Aunty, we just want to make it better for the next mob who have to come inside [prison]'. Juanita related that the women looked after each other and that there was a real closeness between the women in that space.

Commissions and inquiries

Royal commissions and other types of public inquiries have a well-established place in Australian civic and political society as a way of investigating the truth, by illuminating

catastrophes, abuses and impropriety and raising awareness of previously hidden issues. Unsurprisingly, both the Indigenous and non-Indigenous Australian literature makes frequent and wide reference to Royal Commissions of Inquiry and other officially conducted inquiries. Their primary function is to understand complex issues and direct public policy. While commissions and inquiries are vitally important to raising public awareness of matters that are obscure, the implementation of the recommendations they make is not a mandatory requirement. When recommendations do not inform policy, quite naturally this is experienced as a failure of justice and deepens disappointment in government by those most affected by the issues that commissions investigate (Chambers et al. 2018; Chilisa 2017). Beyond the uptake of recommendations it is perhaps the 'unsettlement' that is created by turning a spotlight on an uncomfortable area that is the heart of the value of the social process of commissions and inquiries as Rowe and McAlister (2006) conclude: 'The very appointment of a commission opens the possibility of the unexpected or the unwanted [coming to light]' (p. 111).

Officially established commissions and inquiries are not a panacea for the social and political problems that impact Aboriginal people. For example, governments frequently engage minimally with Indigenous leaders and communities, agencies and NGOs (Nicholson et al. 2011; Productivity Commission 2013) prior to the establishment of commissions and inquiries. Commissions and inquiries, once established, do however provide for the telling and acknowledgement of harms and injury by way of submissions, testimony and public community meetings. They are not a substitute for the mainstream political engagement from which Aboriginal communities have been largely excluded, but do provide a process and space for important injustices to be heard. These proceedings are nevertheless a double-edged sword. As Robertson et al. (2005) point out, while official commissions and inquiries bring attention to issues of concern to Aboriginal communities, they can also do the work of pathologising Aboriginal people, their families and way of life. Colonially constructed disadvantage and 'gaps' are easily be converted into a sociocultural deficit trope that posits Aboriginal people as 'the problem' (Fforde et al. 2013; Fogarty et al. 2018; Sherwood 2010).

Despite their opportunities and limitations, commissions and inquiries still have an important role in sociopolitical engagement: in collecting and collating evidence, in growing new understandings and in formulating recommendations for social policy change. High rates of incarceration of Aboriginal people and child removal remain at the centre of the collective story of the women whose interviews inform this PhD study. Therefore, the following section examines two seminal reports, the RCIADIC report (1991) and the *Bringing them home* report (1997), specifically in relation to Aboriginal women, children and their families. Then consideration is given to contemporary reports that speak to the current impacts of the issues they highlight: The Australian Law Reform Commission's *Pathways to justice—an inquiry into the incarceration rate of Aboriginal and Torres Strait Islander peoples* (ALRC 2017b) and the Australian Institute of Health and Welfare reports *Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes* (AIHW 2018a) and *Children living in households with members of the Stolen Generations* (AIHW 2019b).

Incarceration: Royal Commission into Aboriginal Deaths in Custody (RCIADIC)

The release of the RCIADIC reports (1991) was a watershed moment that recognised the extent of Aboriginal incarceration and its deleterious effects upon Aboriginal people. The RCIADIC represented the beginning of a turning point in the way Australia conceptualised the incarceration of Aboriginal people. This is important in the light of the origin of Australia as a penal colony and therefore the criminal ancestry upon which it was founded that has been a source of shame for the developing nation (Bouchard 2008, p. 243). This legacy suggests that prisoners have long been dis-sociated from the national psyche. For example, it could be argued that this bias is reflected in the historic selective collection of data. Only certain data was considered of consequence—worthy of tracking. For example, while health records of 'white' Australians, have been kept since the 1920s (Anderson 2003, p. 167), accurate prison records were not maintained until as late as 1982 (Weatherburn 2014, p. 14). Aboriginal community activism (Chilisa 2017, p. 52) drew attention to the number of deaths in police and prison custody. Together with the emergence of prison data this

allowed for the 'discovery' of the overrepresentation of Aboriginal people in Australian prisons, a situation that had previously been entirely 'normalised' (legitimated, created unremarkable) by governments and mainstream society. Conversely, there is little evidence that Aboriginal people have ever found incarceration 'normal' (acceptable, aligned with Aboriginal values) as a means of punishment (ALRC, 1986; Baldry, Carlton & Cunneen 2015). Altogether the plight of Aboriginal detainees was largely obscured from public scrutiny prior to the Royal Commission (1991).

The RCIADIC (1991) began its work five years after the release of official prison statistics in response to the growing concern of Aboriginal community members, leaders and activists that too many people were dying in custody. It was the most intense inquiry ever conducted into the lives of Aboriginal Australians (Marchetti 2005a). If the recommendations that followed were ground-breaking, its methodology at the time was radical. The Commission acknowledged that the *process* of investigation and the *relationships* it set up were critical to appreciating the depth of the crisis evoked by the deaths. In so doing, the Commission set the scene for the social, cultural and colonially violent context of the deaths in custody to become known. Besides official files and quantitative analysis of statistics the Commission invited submissions from family members, government agencies, Indigenous organisations and community members and held public hearings. In total, The Commission investigated the deaths of 99 Aboriginal people in custody. Commissioners tabled an extensive five-volume report detailing their findings and concluding with 339 recommendations for reform.

While it is beyond the scope of this chapter to provide a full account of all the findings, a number of findings have particular relevance to the women who were interviewed in the SCREAM study, including:

> 1.2.3 … it can certainly be said that in many cases death was contributed to by *system failures or absence of due care.*

> 1.3.3 … Aboriginal people die in custody … because the Aboriginal population *is grossly over-represented in custody.* Too many Aboriginal people are in custody too often.
>
> 1.3.6 By all the indicators, as has often been said, *Aboriginal people are disadvantaged* when compared with any other distinct group in Australian society and with the society as a whole.
>
> 1.3.7 All these matters are calculated to lower self esteem; but equally important are other *legacies of the history* of two centuries of European domination of Aboriginal people.
>
> 1.7.1 However, the more fundamental causes for the over-representation of Aboriginal people in custody are not to be found in the criminal justice system but in those factors which bring Aboriginal people into conflict with the criminal justice system in the first place. The view propounded by this report is that the *most significant contributing factor is the disadvantaged and unequal position in which Aboriginal people find themselves in the society—socially, economically and culturally* [emphases added] (RCIADIC 1991).

The Commission's findings of extensive colonisation, repeated systemic and institutional failures, and the disempowerment and disadvantaging of Aboriginal people coupled with gross overuse of custody and detention, remain equally pertinent to the situation of women in custody today. These findings worked to open the lens, so that the context and causation of Aboriginal incarceration came into clearer focus for non-Aboriginal Australians, collectively advantaged by the workings of a 'white' criminal justice system. The Commission introduced the beginning of a move away from the view that Aboriginal incarceration was inevitable or the 'natural order of things', towards the view that it was the result of colonially constructed relationships which impoverished, dehumanised, dominated and oppressed, and then incarcerated Aboriginal people (Blagg 2008; Blagg & Anthony 2019). It exposed the cruelty of the functions and form of the Australian criminal and carceral system, and placed the responsibility for the deaths at the door of the state, while shifting the blame away

from personal deviance or collective cultural deficit of Aboriginal people. Importantly, the Royal Commission called for the reordering of relationships between Aboriginal and non-Aboriginal people and shifted the responsibility for this change to the state.

Twenty-nine years have elapsed since the since the Commission presented its findings. Deaths in custody rates remain unchanged (Australian Institute of Criminology 2019b), and the rate of Aboriginal incarcerations, including increasing youth incarcerations, has accelerated (Cunneen & Tauri 2019). Despite the Federal government's commission of an expensive report (Deloitte 2018) which found that the government had fulfilled many of its obligations in respect to the Commission's recommendations and the self-congratulations that followed, little has changed. The Deloitte report (2018) has been widely challenged and condemned by both Indigenous and non-Indigenous experts (Jordan et al. 2018) (see also Amnesty International 2015). The Australian governments' response to the Commission's recommendations has been inadequate. The core recommendations, which would make the most difference to women, remain unevenly unaddressed across the states: the decriminalisation of offensive language, default of imprisonment for unpaid fines, changes to bail laws to reduce remand, and imprisonment as a sanction of last resort.

Moreover, the social determinants of health that are also the underlying drivers of incarceration, such as colonisation, marginalisation and impoverishment, are enormous unaddressed imposts upon Aboriginal people (ALRC 2017b). Despite Australia's status as a wealthy nation, a disproportionately large number of Aboriginal people remain impoverished (Corr 2019). Vulnerable Aboriginal mothers continue to be undersupported and overcontrolled. Measures that are purported to improve quality of life and improve child health are disproportionately and punitively targeted at Aboriginal mothers. Welfare examples include the implementation of the cashless debit card[4] (a form of income management) (Behrendt 2019; De Santolo 2019) and trials linking welfare payments to school attendance. Health interventions aimed at the

[4] The cashless debit card system forces government income support recipients to have 80% of their payments quarantined to a debit card that cannot be used for gambling or to purchase alcohol, or to withdraw cash.

general population have disproportionate effects. These have included No Jab No Pay[5] (immunisation linked to welfare payments) (Hendry et al. 2018), despite Aboriginal families being poorer and having racist experiences when they do access healthcare (Durey, Thompson & Wood 2012; Larson et al. 2007). Social interventions such as the now defunct 'baby bonus', a $3000 maternity payment (a relatively large sum of money for poor people), became a failed initiative that did not account for the lifelong costs of raising a child and did not offer additional social supports to parents. Structurally and strategically women have continued to be harmed.

These social disadvantages are magnified for Aboriginal women by the adversity produced by the intersection of gender and race (WHO 2008), referred to by Baldry and Cunneen (2014) in the critical criminological literature as the 'shadow of coloniality and patriarchy', leading to the extraordinarily high rates of incarceration for Aboriginal women (Crenshaw 2011). Aboriginal women are incarcerated at 21 times the rate of non-Aboriginal women and at twice the rate of non-Aboriginal men (ALRC 2017a). Despite these facts, there is a continued deficit in appreciating the unique characteristics and differing needs of incarcerated Aboriginal women and mothers (Baldry 2010; Baldry, Carlton & Cunneen 2015; Bartels 2012; Stubbs 2011). While the Royal Commission highlighted the plight of Aboriginal people in custody in relation to colonial dispossession and subsequent contact with the criminal justice system, women were not specifically mentioned in the report, a serious shortcoming critiqued by several subsequent authors (Davis 2011; Marchetti 2005b). Specifically, the report failed to address the serious issue of the safety of women and children exposed to high levels of violence, including family violence (Marchetti 2007). Aboriginal women in prison *are* different (Marchetti 2008). The aetiology of harm to Aboriginal women in custody is different from that of either non-Aboriginal women or Aboriginal men. Analysis that followed in the wake of the Deaths in Custody (1991) investigation demonstrated that patterns were markedly different for Aboriginal women compared to Aboriginal men; for instance, women were:

[5] 'No jab, no pay' is a government scheme that links child vaccination records to the receipt of family assistance payments.

- proportionately more likely to die in custody than Aboriginal men (Aboriginal and Torres Strait Islander Social Justice Commission 1996)
- more likely than Aboriginal men to die in police custody rather than in prison (Collins & Mouzos 2002)
- detained more often for minor offences (Collins & Mouzos 2002).

The Pathways to justice report

More recently the Australian Law Reform Commission issued its report *Pathways to justice—an inquiry into the incarceration rate of Aboriginal and Torres Strait Islander peoples* (2017b). It was tasked with inquiring into the disproportionately high rate of incarceration of Aboriginal and Torres Strait Islander people, and with making recommendations for the reform of laws and legal frameworks to address the overrepresentation. The report first makes the important observation that the majority of Aboriginal women never commit crimes. It acknowledges that pathways to prison for Aboriginal and non-Aboriginal people are different and sociohistorically informed by the detrimental impacts of colonisation on Aboriginal people, their families and communities. Drivers of Aboriginal incarceration include: displacement; the perpetuation of disadvantage, victimisation, racism and discrimination; exclusion from life and work opportunities; and poor health (ALRC 2017b, p. 62).

There is increasing acknowledgement that trauma is massively implicated in women's imprisonment (Belknap, Lynch & DeHart 2016; Fuentes 2014; Lynch et al. 2012; Walker 2011). According to the *Pathways to justice* report the pathways for Aboriginal women are even more context specific and strongly trauma driven. The women are more likely to be in poverty, homeless and locked up for minor offences such as unpaid fines. They are the victims of high levels of violence and disempowerment, and have limited access to justice to stop or redress their abuse. Victimisation, self-medication with illicit drugs, and crime are linked (pp. 351–3). Intergenerational trauma including out-of-home care, the removal of children, and the incarceration of family members is another major driver of self-medicating drug use and is a significant contributor to incarceration rates. The report identifies that high rates of contact with the justice

system for minor poverty-related offences cause continual 'disruptions' to women's lives. Incarceration disruptions precipitate the loss of housing, possessions and documents that poor women can ill afford to replace. At the social level these disruptions interfere with connections to family, to land and to the women's mothering. The recommendations of the report include a holistic lifespan approach aimed at support–prevention–diversion, and the employment of trauma-informed culturally appropriate approaches that are led and delivered by Aboriginal women in justice settings.

The post-Royal Commission findings of the Australian Law Reform Commission (2017b) provide copious evidence from multiple submissions that Aboriginal women are especially disadvantaged through criminalisation. In the Australian and New Zealand context Agozino (in Cunneen and Tauri 2019) describes incarceration as an explicit 'repressive technology' of ongoing colonisation (p. 364). The criminalisation which precedes incarceration is itself repressive. Aboriginal women are in contact with the police and criminal justice system more often than any other group for minor offences (Bartels 2010b; Bartels 2012; MacGillivray & Baldry 2015). This is partly an effect of poverty, intergenerational homelessness[6] (Flatau et al. 2013), poor health and cognitive disability (Cashin et al. 2006; McCausland, McEntyre & Baldry 2018) and partly an effect of systemic racism (Anthony 2013; Cunneen 2006; Cunningham & Paradies 2013). As a result, the women's basic safety and survival needs go unmet, perpetuating cycles of imprisonment.

Summary and discussion

Incarcerated women's stories are stories of victimisation enfolded within marginalisation. The RCIADIC reframing of the narrative surrounding the criminalisation of Aboriginal has been vitally important, though not universally accepted (for example see Weatherburn 2014). Insights from the Commission include recognition of the high rates of Aboriginal incarceration and therefore deaths in custody, acknowledgement of

[6] Intergenerational homelessness is defined here as having a mother or father who was homeless on at least one occasion.

the impact of the deaths on Aboriginal families and communities, inclusion of the context of colonisation and the value of self-determination. The Commission made public the atrocities perpetrated by the state and politicised the knowledge and feelings within Aboriginal communities. Despite this knowledge, the colonial project continues to flourish, and very few of the Commission's recommendations have been fully implemented. Moreover, relationships between 'white' Australia and First Nations Aboriginal people remain strained and unequal (Pholi 2013). Indigenous Australians are still without constitutional recognition or a treaty that would provide a basis for more equitable negotiation around Aboriginal values, priorities and access to resources (AIATSIS 2003; Davis & Langton 2016)

From a gendered perspective, the Commission largely overlooked the unique experience of incarcerated women in their role as mothers and thus the implications for families and communities. In so doing, it inadvertently contributed to the women remaining unnoticed, unheard, excluded and isolated. Values that may be especially important to the women (and mothers) such as keeping their children, sustaining balance, equity and sharing, having a home and the caregiving of Community were silenced. The women's pathways in life have been obscured and their health stories rarely recorded. Speaking into this gap, the women interviewed for the SCREAM (NSW) project had big health stories around the nature of health, wellbeing and healing, mothering and the many disruptions to these that they had experienced.

Colonisation and families: the Bringing them home report

As explained in the previous section, the pathways to and context of imprisonment are different for men and women. This is especially so for Aboriginal women, who have very specific gendered colonised experiences which impact heavily upon them and their mothering. This section first considers the impact of state policy upon Aboriginal women and families in NSW, then turns to consider the lens provided by the *Bringing them home* report (1997). The Human Rights and Equal Opportunities Commission was tasked with investigating policies, practices and laws and resulting social impacts of the separation of Aboriginal and Torres Strait Islander children from their families.

The colonial context of the report is important. It is clear that Aboriginal people have been subject to sustained assaults on their lives, their culture and their families since colonisation began, leading some authors to name these actions 'genocide' (Short 2010; Tatz 2012). Certainly, the colonial project has worked throughout several policy epochs with sustained vigour to eliminate Aboriginal people as distinct social and cultural groups despite Aboriginal resistance (Behrendt 2012; Reynolds 1989). The *Bringing them home* report (1997) is very clear that the intention of government policy was to destroy the group (pp. 270–5). Aboriginal children were forcibly removed and placed in foster care, adopted out to white families or in many cases placed in institutions. A great number of children were neglected and physically abused in the homes and institutions in which they were placed. The scale of devastation to the children and their families is hard to imagine. Between 10 and 33 per cent of Aboriginal children are estimated to have been removed between 1910 and 1970 (Behrendt 2012, pp. 135–6). The removal of Aboriginal children from their families and communities has been a key pillar in these destructive social strategies. This is not to suggest that a single cohesive strategy has ever existed. As Behrendt (2012) suggests:

> Several ideologies supported the taking of children from their families. Some held an honest belief that if Indigenous people could be 'more like white people' they would have better lives. Others thought that it was too late to change or assimilate older Indigenous people so it was better to 'focus on the children' (p. 129).

Aboriginal people and their families received little in the way of protection during the so-called 'protection era'.[7] Aboriginal families have always been a threat to state control (Gray, Trompf & Houston 1991, p. 80). Intergenerationally families have borne the brunt of generations of destructive and disruptive government policy that has made progressive attempts at the systematic impoverishment, fragmentation and at times dissolution of whole family units (Haebich 2000). While the wider Australian

[7] The first Protector of Aborigines was appointed in 1882 and the Aborigines Protection Board Established in 1883. In 1909, the *Aborigines Protection Act 1909* (NSW) was introduced which formally set out the duties of the NSW Board and allowed for the removal of Aboriginal children without parental consent or court order.

society has profited from the destruction, it has at the same time managed to retain a lack of awareness about the full impacts of removal on Aboriginal people (Hinkson 2007, p. 287), which have only in part been remedied by the formal 'National Apology to the Stolen Generations' delivered by Prime Minister Rudd in 2008 (Barta 2008).

Stolen children and damage to families

This section examines the of the significance of the *Bringing them home* report (1997). The report documented successive government policies enabling child removal, and centred survivor testimony that highlighted in very real and personal ways the detrimental effects of being removed from family.

Much of the value of the *Bringing them home* report is attributable to the way that it:

- exposed child removal as a systematic phenomenon over time
- foregrounded the lived experience of those removed and their families
- detailed policies that enabled child removal
- recognised the detrimental thread of assimilationist ideology that spanned removal eras
- enabled the 'secret' of removal to come into the open
- provided evidence and formal recognition of the role of the state in Aboriginal family suffering
- shifted the narrative from benign settlement to systemic violence
- provided alternative explanations and causations for Aboriginal distress and disadvantage
- demonstrated the social and cultural costs to Aboriginal people, including isolation from parenting adults, separation from culture, punitive abuse, deprivation of education, and exploitation for labour
- acknowledged the lifelong and intergenerational SEWB impacts, including feelings of separation, alienation from culture, lack of belonging, self-blame, grief and anger.

Aboriginal families have known and still endure the lived effects of generational child removal. Prior to the *Bringing them home* report, however, there were few sites of power in the mainstream society that would listen to Aboriginal people's sharing of their personal and collective lived experience of these highly injurious removal practices. The state's social engineering project (Gilbert 2019) employing the systematic violence of removal and wholescale institutionalisation of children was unacknowledged in mainstream society and therefore 'unknown'. The 'assimilation factories' as Tatz (2001) refers to the de facto state program, were apparently obscure to all but those who survived them (p. 13).

Significantly, the report exposed the systematic violence that rendered families vulnerable and traumatised by high levels of state violence and coercion (Behrendt 2012, p. 135; Ranzijn et al. 2009, p. 105) . The first of these violent methods was 'compulsion', the use of force to remove children, including the imposition of force by authorities like the 'Protector', police and the courts that literally ripped children from their mother's arms, despite the grief and protests of mothers that survivors have attested to. At a collective level, people were exposed to the violence of the politics of state-enabled legislation which facilitated removal. The second method was 'duress', the removal of a child using threats of hardship against the parents, such as removing further children or locating the removed child further away from the parents. The third was 'undue influence', the use of authority to coerce parents to surrender a child because they were ordered to do so by a person on whom the family relied for survival, such as a station manager (*Bringing them home* report 1997, pp. 5–10).

Removed children suffered violence of quite another order. Very young children were taken to institutions, fostered or adopted into non-Aboriginal families. Their young age and the disempowerment of their families to resist rendered them extremely alone and vulnerable. These young lives were the vehicle through whom the state pursued political agendas that kept their white constituents satisfied with the promise of the end of the 'Aboriginal problem' and created a ready supply of cheap menial labour. In line with this agenda was the continual denigration of Aboriginal identity and values (1997, pp. 200–5). Many children were fed an untruthful narrative of being unwanted,

rejected or abandoned by their families and culture. They were deprived in every sense of their families' care, cultural birthrights, and pride in their identity.

The *Bringing them home* report highlighted the predictable, though previously overlooked, consequence that removed children experienced the prolonged effects of traumatic separation (pp. 196–200). One of the unintended though horrific consequences of removal to foster care and institutionalisation was the high rate of physical and sexual abuse perpetrated upon the children, with between 30 and 60 per cent of children affected (pp. 194–5). As a result, the Inquiry heard that up to 90 per cent of survivors experienced psychological distress with feelings of hopelessness, helplessness, marginalisation, discrimination and dispossession, leading to breakdown in relationships, domestic violence and abuse and resulting substance use problems (p. 197). Survivors suffered from ongoing trauma and high rates of depression and mental health issues.

The intergenerational effects of child removal were acknowledged by the Inquiry. Parents and extended family experienced deep feelings of grief and loss. Whole communities were denied the nurturing, socialisation and enculturation of the next generation. Aboriginal identities became dangerous to families, some of whom left their communities and obscured their Aboriginal identities to protect their children. Family and parenting roles were egregiously undermined. Those removed were denied the experience of being nurtured or parented, and consequently had no parenting models or cultural blueprints for raising their own children. Many wanted to give their children a 'growing-up' they had not received; some people succeeded, and for others the burden of their own violent state socialisation was simply too great (pp. 222–8).

The *Bringing them home* report made 54 recommendations concerned with, inter alia, official apology, reparations, commemoration, establishment of tracing and reunification services and resourcing for healing organisations. Importantly, it laid out formal legal procedures for community involvement in child welfare matters and restated the initial presumption is that it is in the best interests of children to remain in their families. 'Best interests' included working with families, maintaining cultural links.

Further, it formulated Indigenous-specific placement procedures and reiterated that adoption was an intervention of last resort.[8]

While all 54 recommendations are pertinent to the women in the SCREAM (NSW) study, attention is drawn to Recommendation 37, especially given the high levels of trauma (Heffernan et al. 2015; Ogloff et al. 2013) and mental health problems (Butler et al. 2007; Heffernan, Anderson & Dev 2012) that this group experience:

> That the Council of Australian Governments ensure the provision of adequate funding to Indigenous health and medical services and family well-being programs to establish preventive mental health programs in all prisons and detention centres and to advise prison health services. That State and Territory corrections departments facilitate the delivery of these programs and advice in all prisons and detention centres (*Bringing them home* report, 1997, p. 401).

It is important to appreciate that poor SEWB, child removal, trauma and incarceration are intimately linked (Zubrick et al. 2014, p. 83). Few of the *Bringing them home* recommendations have been taken up and implemented (Ranzijn, McConnochie & Nolan 2009 p. 104). As the Healing Foundation (2017a) explains:

> Failure to act has caused a ripple effect to current generations. We are now seeing an increase in Aboriginal people in jails, suicide is on the rise and more children are being removed (p. 4).

The RCIADIC (1991) (see previous section) also found a link between removal as a child, being isolated from family and culture, and adult imprisonment, and commented upon this injurious legacy (Peeters, Hamann & Kelly 2014, p. 493). Early and sustained support for families which emphasise wellbeing and prevention, such as those advocated in Recommendation 37 of the *Bringing them home* report, are vital to improving the health of women and keeping women out of prison.

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[8] Aboriginal and Torres Strait Islander Child Placement Principle is now part of child protection legislation in all states. It regulates the order of preference for childcare placements, with preference being to place the child with their extended family or kinship group. It also requires that relevant Aboriginal or Torres Strait Islander organisations be consulted about the child's placement.

The continuing effects of child removal

The findings of the *Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes* report (AIHW 2018a) are a stark reminder that the legacy of the violent removals of Aboriginal children from their families is very much present. Below is a snapshot of the facts:

- NSW has the highest rates of removals at 30 per cent
- More girls were removed than boys
- 43 to 47 per cent of Indigenous Australians report removal of family members
- More than 30 per cent of people surveyed were the descendants of those removed
- The group that most frequently reported being descendants of the Stolen Generations were in the 30–39 age group (the survey was conducted in 2014–2015)
- More than half of people removed as part of the Stolen Generations group have been charged by police
- More than half report poor health
- Many have been homeless (42 per cent)
- Those affected reported a high rate of victimisation in the previous 12 months at 26 per cent

Considering the above data, the group of women interviewed for the SCREAM (NSW) study were highly at risk of adverse effects from the continuing legacies of the Stolen Generations. Importantly, the report found that the single most significant difference between the Stolen Generations group and Indigenous people who had not been removed, was that the Stolen Generations group had had more contact with the police. The evidence therefore suggests that those impacted by legacies of child removal are more likely to continue to be criminalised. The gendered skewing of removal (more girls were removed than boys) has important implication for the SCREAM (NSW) group also. The targeting of girls for removal for their domestic labour

and their reproductive capacity has impoverished mothering across generations, by depriving women of nurturing and role models needed for the mothering of their own children (Behrendt 2012, p. 136; Davis 2019, p. 21). Additionally, the age of the women who were interviewed in the SCREAM (NSW) project suggests that they may have been aware of the intergenerational impact of the Stolen Generations. The mean age of the women in the SCREAM (NSW) group was 34 years (Sullivan et al. 2019, p. 243), and the age range that most often reported being a descendant of someone of the Stolen Generations was 30 to 39 years (see above).

There is strong specific evidence to show that removing children promotes continuing intergenerational disadvantage for families. In the report, *Children living in households with members of the Stolen Generations*, commissioned by the Healing Foundation,[9] the AIHW (2019b) compared Indigenous children living in a family home with a member or members of the Stolen Generation with Indigenous children who did not. For households directly impacted by the ongoing trauma of the Stolen Generations, life was tougher and children had to cope with more systemic adversity:

- Children were almost twice as likely to report being affected by racism at school
- Children had missed school without permission 4.5 times as often
- Cash-flow problems were reported and families struggled to cope with emergencies
- Housing stability was unattainable: families tended to rent and hence move more often.

Children growing up with the continuing effects of familial intergenerational trauma experience face greater hardship outside home. One of the primary domains in which the children experience racism and adversity is education. This group experience greater racism at school and a lack of safety in their education environment. The colonising context of education is important to appreciate. As Ranzijn et al. (2009) observe, education has historically been an important tool in attempts at suppressing

[9] The Healing Foundation is a state-funded, Aboriginal-led organisation founded in 2010. It helps Aboriginal people address ongoing trauma resulting from the removal of children (the Stolen Generations) by supporting locally run projects, training, education and research.

Aboriginal culture and assimilating children, while at the same time creating education inequality by poor resourcing of schooling (p. 82). Racism attacks Aboriginal children's identity and safety and undermines children's SEWB (Bodkin-Andrews & Carlson 2016, p. 785). At the same time, it impairs the meeting of their education needs, and as a result these children attend less often than other Aboriginal children. Cycles of negative experiences lead to cycles of poor school attainment, and many children are unsupported by the education system to stay at school to complete their education, leading to fewer life opportunities and increased poverty.

Poverty is one of the most enduring legacies of the dispossession of land and sustenance, central to the 'colonial project' (Reynolds 1989). Aboriginal people as a group continue to be excluded from the economy (Langton & Mazel 2008), which continues to disadvantage families today (Walter & Saggers 2007). Families who carry intergenerational trauma from child removal are extremely affected by ongoing exclusion and disadvantage. Families in the AIHW study (2019b) (referred to above) had less security of tenure. Families remained locked out of the housing market, and were vulnerable to the vagaries of landlords and fluctuating rental markets. Poor families also struggled to save money for emergencies. The result was that families had greater stress burdens, more uncertainty, greater vulnerability to crisis, and less control over their lives. Children in the household were more stressed too. Seventy-six per cent of the children in the survey were stressed, missed school more often, and had poorer levels of health.

The intergenerational trauma of child removal impacts upon Aboriginal families today (Lewis et al. 2019; Atkinson 2013). As the Secretariat of National Aboriginal and Islander Child Care (2018) *Family matters report* observes:

> The answers lie in healing and supporting our families and communities to provide safe and loving care for children. But, the pace of investment and action in prevention and early intervention is slow (p. 3).

In a submission to the *Family is Culture*: Independent Review into Aboriginal Out-of-home Care in NSW, Legal Aid (NSW) stated:

> solicitors act for Aboriginal children and young people in OOHC [out-of-home care] who are the second, third or fourth generation in their families to have been removed from their families. This can be viewed as a direct legacy of past government policies of protectionism and assimilation … Our CCLS solicitors observe that if Aboriginal children and young people in OOHC have children themselves, their children are often removed and placed in OOHC (Davis 2019, p. 22).

The current rates at which Aboriginal children are removed from are astoundingly high and deeply injurious to families and communities. Indigenous children make up 40 per cent of out-of-home placements (AIFS 2019). In NSW, Indigenous children are removed to out-of-home care at more than 10 times the rate of non-Aboriginal children. Despite the fact that the Aboriginal and Torres Strait Islander Child Placement Principle is encapsulated in legislation, only 35 per cent of Aboriginal children are placed with kin (AIHW 2019a, p. vi), and a majority will be placed in non-Aboriginal foster care. Aboriginal young people are being dangerously failed by multiple systems. Aboriginal young people are 16 times as likely to be captured in *both* the out-of-home care and the juvenile justice system as non-Aboriginal youth (AIFS 2018a). The links between the removal of Aboriginal children and their later criminalisation cannot be ignored. The *Bringing them home* report (1997) noted the disproportionate number of Stolen Generation imprisonments, and the *Pathways to justice* report was explicit about the links between child removal into out-of-home care, juvenile justice and later adult incarceration. The Australian Law Reform Commission has called for further investigation into these pathways.

Conclusion

This chapter begins with the contention that the context is not merely the prelude to the research story, it *is* the research story. It works to reveal elements of Aboriginal people's collective story around the ongoing destructive effects of colonisation on families and the cultural strengths of families in coping. This is part of the collective story. The findings in the following chapters give personal expression to this context of

repression and marginalisation, as it is conveyed by the women who were interviewed. In performing this work this chapter employs Aboriginal women's voices and expertise in the telling of narratives that reveal their situatedness, not as an abstract but as a real lived experience. Their powerful narratives expose colonial strategies and practices of destruction directed toward Aboriginal families from an Aboriginal standpoint. While the events that the women relate are different, patterns of harm perpetrated by state agencies are embedded in each narrative. The chapter then examines the RCIADIC report (1991) and the *Bringing them home* report (National Inquiry 1997), each of which had substantial Indigenous leadership and personal testimony, with a particular focus on women and families. Despite the reports being delivered two or more decades ago, the link that the reports separately found between the removal of Aboriginal children and the criminalisation of adults remains highly significant in the ongoing incarceration of Aboriginal women.

3 Investigating the literature

Locating incarcerated Aboriginal women

Statistical data on Australian prisoners has been readily available since the 1980s (Weatherburn 2014), but that availability has not rendered incarcerated Aboriginal women more visible. To the contrary, problems with the way prison data is presented have obscured this group, as a distinct group with particular needs that include health and social services that are culturally safe (Bartels, Easteal & Westgate 2020; Curtis et al. 2019; Laverty, McDermott & Calma 2017).

The first complication with working with the data is one of aggregation. Some government agencies report data either by gender *or* by Indigeneity, meaning that Indigenous women, as a discrete category, become lost in the data (Bartels 2012; Stubbs 2011) (see for example Indig et al. 2010). The second is that the averages calculated from prison census data do not reflect the movement of prisoners, especially Indigenous women, who cycle through the prison system more frequently (Baldry 2010, p. 255). Therefore, the patterning of frequent incarceration becomes obscured; so too are the impacts of frequent and disruptive incarceration on the lives of the women, their children, families and communities. The third problem is that it is very difficult to access the position of incarcerated Aboriginal women in one state relative to another state. Australia has six states and two territories, each responsible for criminal justice matters. Each state and territory reports prisoner data differently, resulting in data that resists meaningful comparison across states.

The conclusion drawn by Avery and Kinner (2015) is that there exists 'the absence of even basic information on the number and characteristics of those moving through those [correctional] systems' (p. 317). This observation is not new (see *Report of the Task Force on Women in Prison*, Corrective Services NSW 1985, p. 143). Various authors have noted the lack of relevant information and analysis pertaining to Aboriginal women in prison (Baldry & Cunneen 2014; Bartels 2012; Bartels, Easteal & Westgate 2020; Stubbs 2011). Payne (1992) specifically cites this lack as a symptom of Aboriginal women's colonised and disempowered relationship with the law. Statistics

alone, however, could never tell the full story of the incarceration of Aboriginal women and mothers. Perhaps even more vital to this group of women is the position that Indigenous academic Maggie Walters (2010) elucidates: that the use of statistics alone constructs particular analytic categories, often culturally irrelevant to Indigenous people themselves, and compounds the injury by using these categories to problematise them.

What we do know from the statistics is that Indigenous women[10] are grossly over-represented in prison populations (Allard 2010; MacGillivray & Baldry 2015). For instance, Indigenous women are incarcerated at the rate of 341 per 100 000 adults and non-Indigenous women at the rate of 21 per 100 000 in NSW (ABS 2019). Statistics suggest that incarceration is increasingly being used as a punitive sanction against Indigenous women. In 2013, when the Social and Cultural Resilience and Emotional Wellbeing of Mothers in Prison (SCREAM) interviews were conducted with the women, a total of 775 Indigenous women were recorded in prison at census in Australian prisons (ABS 2013). In 2019 there were a total of 1158 Indigenous women prisoners in Australia at census (ABS 2019). This trend towards increasing numbers is reflected in NSW also. There were an average of 206 custodial episodes[11] for Indigenous women in NSW in the January–March Quarter 2013 (BOCSAR 2013) and an average of 305 custodial episodes during the same period in 2020 (BOCSAR 2020). Prison releases exceed incarceration numbers by 25 per cent, suggesting that there are very high 'flow through' rates that are easily obscured (Avery & Kinner 2015). Data strongly indicates that the number of Indigenous women has grown since the SCREAM data was collected. NSW, with 286 Indigenous women in custody, has the second highest number of Indigenous women in custody after WA.

There is little dispute that incarceration rates of Indigenous women are increasing, but less agreement on the cause. Positivists, such as Weatherburn (2014), emphasise Indigenous offending rates, and ascribe these to contemporary and lifestyle issues (pp.

[10] The term 'Indigenous' is used here instead of Aboriginal, as the ABS and the NSW Bureau of Crime Statistics and Research (BOCSAR) use 'Indigenous' as a designated statistical category.

[11] A custodial episode is the time between reception and discharge from custody. An individual may have multiple custodial episodes within the reporting period.

17, 64–73). In contrast, critical criminologists and some legal scholars assert that higher incarceration rates reflect colonial legacies of disadvantage, systemic bias and increasingly punitive sentencing regimes (Anthony 2013; Baldry & Cunneen 2014; Blagg 2008; Blagg & Anthony 2019; Rowse 2015). Crime rates are becoming a poor predictor of incarceration rates, as noted by the Senate Standing Committee on Legal and Constitutional Affairs Reference Committee (2013); crime rates have fallen in the past decade in the states of NSW and Victoria (VIC) while incarcerations have increased (p. 6). Rather, it is the progressive criminalisation of Indigenous women that is at issue. Australian research also suggests that there is a complex interaction between disadvantage and criminalisation, with established research that confirms complex interrelationships that form pathways to prison, including factors such as homelessness, mental illness, drug and alcohol dependence, intergenerational trauma, sexual abuse and family violence (Baldry, Ruddock & Taylor 2008; Heffernan, Anderson & Dev 2012; Livingston et al. 2008; Parker, Kilroy & Hirst 2009; Victorian Equal Opportunity and Human Rights Commission 2013).

Differences between incarcerated Indigenous women and general prison populations are evident even in incarceration patterns. Indigenous women are typically incarcerated for more minor offences, more frequently, and for a greater number of minor offences (Bartels 2010b). The average sentence is substantially shorter for Indigenous than non-Indigenous women (Bartels 2010b; MacGillivray & Baldry 2015). The uncertainty and disruptive nature of frequent incarceration is magnified by the relatively large numbers of women on remand. There are indications that many Indigenous women in custody are unsentenced, and Lawrie (2003) found that 70 per cent of women surveyed were refused bail (p. 34). Remand rates do fluctuate at around 30 per cent of all Indigenous women in custody in NSW (Bartels 2010b). A higher percentage of Indigenous than non-Indigenous women are on remand (ALRC 2017b; Baldry & Cunneen 2014). Remand creates a further marginalising effect (Baldry 2010) by increasing stress, engendering negative health outcomes, and limiting access to prison programs and employment (Nurse, Woodcock & Ormsby 2003). In sum, incarcerated Indigenous women evidence ‘severe markers of disadvantage’, owing to the disruptive harm caused by criminalisation, cycling and out of prison and periods on

remand (Baldry 2010; Bartels 2010b; Bartels 2012; Human Rights and Equal Opportunties Commission (HREOC) 2002).

Painting the picture: Indigenous women in prison

The characteristics described in this section provide only a snapshot of incarcerated Indigenous women. Data that has been dissected, distilled and reassembled, as it has for this literature review, cannot provide a rich description of the *lives* of incarcerated Aboriginal mothers. This observation notwithstanding, there are overall health and social patterns that are evident from the existing Australian literature. Broadly speaking, Aboriginal women in custody tend to be young, are frequently victims of violence, and severely socioeconomically marginalised. The majority are mothers and many have poor physical and mental health (Stubbs 2011, p. 53).

Incarcerated Indigenous women in NSW have an median age of 31.2 years compared to incarcerated non-Indigenous women, whose median age is 35.8 years (ABS 2019). Approximately 40 per cent of all Indigenous women in custody in NSW are between the ages of 18 and 30 (ABS 2019). Moreover, this group suffer from high levels of poverty and homelessness, entering the prison system with multiple systemic disadvantages (Baldry 2009; Baldry & McCausland 2009; Krieg 2009). Many of the women entering custody have experienced poor educational outcomes and have poor basic literacy and numeracy skills (Lawrie 2003, p. 66). This is reflected in fewer high school completions (36.4% completed Year 10) compared with non-Indigenous women prisoners (43.7%) (Corrective Services NSW 2014, p. 5). Moreover, very few Indigenous women have access to employment prior to incarceration (AIHW 2019c; Lawrie 2003; Sullivan et al. 2019).

A history of victimisation is frequent for women who are incarcerated (Anti-Discrimination Commission Queensland 2006; Day et al. 2018; Stathopoulos 2012) and Indigenous women experience violence more often than non-Indigenous women (Bryant & Willis 2008; Guggisberg 2019), making incarcerated Indigenous women a particularly vulnerable group. Victimisation here includes, being a victim of crime, being subject to domestic or family violence, or experiencing sexual abuse. All too

often, emphasis is placed upon women's offending, while their victimisation is overlooked (Stubbs 2011, p. 46). The silencing around victimisation has multiple causes and begins long before incarceration. An important reason for lack of reporting among Indigenous women is distrust of social welfare agencies. A 2017 Western Australian study found that incarcerated Indigenous women reported concealing domestic abuse from authorities for fear that their children would be removed (Wilson et al. 2017, p. 8). When these women did report abuse the response of police and welfare authorities was inadequate to meet their needs.

Mothers and children

The overwhelming majority (approximately 80 per cent) of incarcerated Australian Indigenous women are mothers (Behrendt, Cunneen & Libesman 2009, p. 160; Lawrie 2003, p. 19; Quilty et al. 2004, p. 341). A linked data study in WA found that incarcerated Indigenous mothers are younger and have a greater number of children than their non-Indigenous counterparts (Dowell, Preen & Segal 2017, p.153), nevertheless, there has been limited data concerning this group in the literature (Bartels 2010b). The SCREAM project is contributing to the population of the gap in understanding that remains (Sullivan et al. 2019; Wilson et al. 2017). SCREAM researchers found that in NSW around 65 per cent of Aboriginal mothers had between one and four children and 35 per cent had five or more children (Sullivan et al. 2019). Almost half of the women reported having cared for children under five years of age immediately prior to coming into prison. Pregnancy and birthing were affected by incarceration for this group, with more than 27 per cent of women reporting having been pregnant in prison and a further 38 per cent reporting that they had given birth in prison (Sullivan et al. 2019).

Indigenous mothers are also more likely to have been separated from their children prior to incarceration than non-Indigenous mothers. For women on remand, 45 per cent of Indigenous women were not living with their children immediately prior to admission to custody in NSW compared with 31 per cent of non-Indigenous women. Of those who were sentenced, 51 per cent of Indigenous mothers had not been living with their children, compared with 39 per cent of non-Indigenous mothers (Corrective

Services NSW 2014, p. 29). In 2004, 20 per cent of Indigenous children under 16 years of age in NSW had experienced a parental incarceration (4.3 per cent of non-Indigenous children), and Indigenous children were 13 times more likely to lose their mother to incarceration than non-Indigenous children (Quilty 2005, p. 256; Quilty et al. 2004, pp. 341–2). Recent data from WA indicates that Indigenous maternal incarceration remains of high present-day concern. Nearly 20 percent of Indigenous children under the age of 17 have experienced maternal incarceration and they are 27 times more likely to have had this experience compared to non-Indigenous children (Dowell, Preen & Segal 2017, p.155). The quality of contact that Indigenous mothers experienced with their children once they were incarcerated was found to be less favourable than for non-Indigenous mothers. A similar proportion of Indigenous women and non-Indigenous women received no visits from their children (Corrective Services NSW 2014, p. 33).

Health, mental health, substance abuse and SEWB

Key to this PhD study is the interrelatedness of health, mental health and self-medicating substance abuse as these relate to mothering and incarceration. In general, the literature views these as reasonably discrete areas of study, and they are not always well connected. From a health standpoint, the burden of disease and health disparities between Aboriginal peoples and non-Aboriginal peoples in Australia are well documented (Vos, Barker, Begg, Stanley & Lopez 2009). In common with other colonised peoples, Indigenous Australians bear the burden of higher rates of noncommunicable chronic disease, mental health disorders and suicide (Durie 2012). Chronic health conditions are reported by 65 per cent of Australian Indigenous people (ABS 2016). Indigenous women, in particular, have poorer health outcomes. This group suffer from diminished health across all health measures relative to non-Indigenous women (Burns, Maling & Thompson 2010, p. 26). Poor health translates into higher mortality and higher morbidity, including disease and injury rates (Burns et al. 2010). Women carry awareness of this health gap. In one survey, twice as many Indigenous women self-rated their health as ‘fair’ or ‘poor’ compared to the general population (ABS 2013).

In prison contexts the health picture for Aboriginal women declines still further. Aboriginal women in custody self-report poorer overall health than Aboriginal men (Indig, McEntyre, Page & Ross 2010, p. 48). While the health of Aboriginal women prisoners was acknowledged as poor, Kariminia, Butler and Levy (2007) found no significant difference in the self-report of health between Indigenous and non-Indigenous women prisoners *except* in the area of mental health (p. 368). Research on the mortality of those with prison experience indicates that in-prison estimates are a partial measure of overall health (Kariminia et al. 2012). Poor health can be an overwhelming problem for women released from prison. The mortality rate on eight-year follow up was 12.6 times higher for Aboriginal women with prison experience than for the general community in NSW (ibid., p. 276).

The literature suggests that incarcerated Indigenous people also contend with higher levels of cognitive impairment than non-Indigenous people in prison (Shepherd et al. 2017). Authors are careful to note that the backdrop to cognitive impairment for Indigenous people is one of colonisation, disadvantage and ongoing trauma (Heffernan et al. 2014; Shepherd et al. 2017). Cognitive disability imposes an enormous additional challenge for those who are incarcerated (Heffernan et al. 2014). Women with cognitive disability have high levels of complex needs. Indigenous women with cognitive disability lack culturally safe treatment and holistic support services (McCausland, McEntyre & Baldry 2018). As a result, women with undiagnosed and unsupported cognitive trauma return to prison because adequate care in the community is starkly lacking. Indigenous women with cognitive disability experience multiple events that create prison pathways, including out-of-home care, juvenile detention, earlier and more frequent police contact, homelessness and previous incarceration (Baldry et al. 2015, p. 45).

The health, disease and disability profiles of this group of incarcerated women are revealing. However, it is the social determinants approach that has been evolving in public health for the past 50 years, and most especially in the past 15 years, that offers explanatory power which exceeds individual disease models (Carson et al. 2007; Irwin & Scali 2007). The lens employed to understand poor health outcomes from this

perspective shifts towards the social environment, socially constructed categories, and the marginalisation of people who fall in those categories with this approach (Carson et al. 2007; Marmot 2011, 2015). Moreover, there are indications in the literature that incarceration itself is considered a risk factor that contributes to poor health (Brinkley-Rubinstein 2013; Krieg 2006, p. 534), owing to the entrenchment of disadvantage and its potential to further diminish opportunity (Burns et al. 2013, p. 2). Incarceration is, in this view, both a measure of disadvantage and a disadvantage to the person. Social determinants understandings applied to incarcerated groups have led to calls for a social-justice-informed, collaborative, culturally safe model of primary health care (Curtis et al. 2019; Laverty, McDermott & Calma 2017), aimed at improving health to keep Indigenous people out of prison (Krieg 2006, p. 354).

Turning now to focus on the vital impacts of the area of mental health upon this group of women. Mental health is a key concept in the overall health of the women, however, it has most frequently been framed in a Eurocentric terms that conceals the interrelatedness of conditions and the severity of the negative impacts of colonisation. This is evidenced by the fact that the mental health assessment of Indigenous people remains a contentious issue. As early as 1995, Swan and Raphael noted in their seminal *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health* that:

> No National systematic data exists concerning Aboriginal women, but what data is available … supports the view that the problems they face are at least as prevalent as those of non Aboriginal women, and probably more so, because of their history of trauma and loss, the impact of colonisation and the disadvantage they continue to suffer (p. 75).

There is scant indication of improvement in the following two decades. Comparison of mental health data is still hampered by population aggregation, different measures, definitions and diagnostic criteria (Jones & Day 2011, p. 325). Generally, the mental health problems of Indigenous people are considered to be underdiagnosed (Parker & Milroy 2014b, p. 120), underreported (Jones and Day 2011, p. 325) and undertreated

in mental health services (Sodhi-Berry et al. 2014, p. 216). Despite a large burden of mental healthcare needs, incarcerated Indigenous women report having seen a mental health professional less often than incarcerated non-Indigenous women prior to prison (NSW Justice Health and Forensic Mental Health Network 2017). When Indigenous women do have contact with mental healthcare systems, there remains a lack of culturally appropriate, culturally safe treatment (Walker, Schultz & Sonn 2014, p. 195).

Heffernan, Kimina and Kinner's (2009) systematic review of studies examining incarcerated Aboriginal people's mental health revealed that the most consistent and substantial finding was the extent of mental health problems for Aboriginal *women* in custody and after release (p. 45). They note that 'the review highlighted the marked shortfall in both the quantity and quality of research regarding the mental health of Indigenous people in custody'. Incarcerated Aboriginal women have been found to have significantly higher levels of psychosis, depression and obsessive-compulsive disorders than incarcerated non-Aboriginal women in NSW (Butler, Allnut, Kariminia & Cain 2007, p. 432). A QLD study found similar results for psychosis for Aboriginal women in custody, and also significantly higher rates of anxiety, depression in Aboriginal women compared with Aboriginal men (Heffernan, Andersen and Kinner 2012).

Trauma is increasingly being understood as an important factor in the health of prison populations and as a driver of return to prison (Leach, Burgess & Holmwood 2008; Wolff & Shi 2012). One of the limitations of the Australian literature is that trauma in incarceration contexts is almost exclusively defined as post-traumatic stress disorder (PTSD), excluding other possible definitions of trauma and trauma characteristics. In line with this focus, there is growing acknowledgement that populations of women prisoners are particularly affected and made vulnerable by untreated PTSD. (Kinner & Young 2018, p. 6). This concern is supported by the findings of a recent systematic review and meta-analysis which suggests that internationally 21 per cent of incarcerated women met the criteria for PTSD, while 6 per cent of incarcerated men met the criteria for PTSD (Baranyi et al. 2018).

Incarcerated Aboriginal women experience high rates of PTSD. The Australian research of Heffernan et al. (2015) estimates that PTSD affects 32 per cent of incarcerated Aboriginal women, compared to 12 per cent of Aboriginal men, and 8 per cent of women in the general population (p. 527). In another study, almost half (46 per cent) of the incarcerated Aboriginal women met the criteria for PTSD (Ogloff et al. 2013). High rates of psychological distress are also very common for incarcerated Aboriginal women (Butler et al. 2007, p. 433). The literature increasingly calls for gaps in knowledge to be filled to prepare the way for better quality, targeted trauma-informed care for incarcerated women (Baranyi et al. 2018; Kinner & Young 2018).

Among people who suffer from mental illness, substance abuse is high (Department of Health 2017). The comorbidity rate was found to be 46 per cent for Aboriginal women in prison (Butler et al. 2011). The SCREAM study reported that 70 per cent of Aboriginal women incarcerated for drug-related reasons had been diagnosed with one or more mental health conditions (Sullivan et al. 2019). Illicit drug use is heavily implicated in the incarceration of Aboriginal women. In Lawrie's (2003) study, 68 per cent of Aboriginal women said they were on drugs at the time of the crime (p. 45). The findings of Heffernan, Andersen and Dev's (2012) QLD study are similar: half of all Aboriginal women reported being under the influence of drugs at the time of the crime (p. 35). In the SCREAM study in NSW, 83 per cent of the women reported that their crimes were drug-related (Sullivan et al. 2019, p. 243).

While disease, disability, mental illness and substance abuse do capture some of the adversity experienced by Aboriginal women in prison this is not the whole picture. It is apparent from the Indigenous social and emotional wellbeing (SEWB) literature that these culturally developed conceptualisations are crucial to appreciating the experience of incarcerated women. Holistic Indigenous SEWB paradigms capture mental wellbeing of a scope far broader than mental disorder or even mental health (Gee et al. 2014, p. 63). Indigenous health conceptualisations that include SEWB have long been known and utilised by Indigenous peoples in Australia and began to be codified into the literature in the 1980s in response to increasing calls to self-

determination and the systemic failures exposed by the RCIADIC report and later the *Bringing them home* report (Hunter 2004).

Mental health and SEWB conceptualisations have in common that both are highly contested and that there is no single agreed-upon definition of either (AIHW 2009; Gee et al. 2014; Hunter 2004). SEWB approaches take a holistic and 'whole of life' approach (Heffernan et al. 2012, p. 40). According to the *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2004–2009* (SHRG 2004), this approach uses a positive, strengths-based framework including connection to Country, family and culture (p. 8). Problems in living can result from:

> grief; loss; trauma; abuse; violence; substance misuse; physical health problems; child development problems; gender identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism; and social disadvantage (SHRG 2004, p. 9; see also Commonwealth of Australia 2017).

Few studies have set out to measure the SEWB of incarcerated people. Ogloff et al. (2013) measured the SEWB and mental illness of Koori prisoners in VIC. They used the following SEWB categories in their study: identification with Koori Community, connectivity with Koori culture, knowledge about culture, positive coping, resilience, stressors and distress (p. 14). Participants were found to have a high level of distress and unmet needs but also a high level of resilience. In a QLD study, incarcerated Aboriginal participants were asked questions about their SEWB including identity, access to culture, discrimination and trauma (Heffernan et al. 2012, pp. 40–5). Significantly, 58 per cent of Aboriginal women reported experiencing trauma in the year prior to incarceration (Heffernan et al. 2012). Many negative factors have been found to affect the SEWB of incarcerated Aboriginal people, including the use of protective custody and remand, and brain injury and cognitive disability leading to higher distress loads on people whose SEWB is already compromised through removal from family, high rates of life stress and discrimination (Maxwell, Day & Casey 2013).

Visibility and intersections

Over the past three decades, incarcerated Aboriginal women have come to attention around a specific locus of concerns. These include: (1) increasing rates of incarceration (Cove 1992; Weatherburn 2014; Weatherburn, Fitzgerald & Hua 2003), (2) women's criminality as deviance or victimisation (Weatherburn 2014; Wilson et al. 2017), and (3) the need for different treatment of this group (Heidensohn 1996). While all of these remain valid, on their own, they do not speak to the numerous interactions of issues that makes survival difficult for the women.

Intersecting sets of social interactions are different for incarcerated Aboriginal women. They include long histories of colonisation (Baldry & Cunneen 2014; Sherwood 2009), and discrimination and racism (Markwick et al. 2019) that have generated ongoing intergenerational disadvantage and poor health (Paradies 2018). Blagg (2008) argues that there is a direct correlation between Aboriginal offending and experiences of colonial victimisation, which he claims:

> requires a highly nuanced and variegated analysis that situates these phenomenon within an historical framework formed by processes of colonial dispossession, genocide and assimilation, and forms of resistance to these processes … Our focus on isolated criminal justice *institutions* (court, prisons, lock-ups, jails) should not blind us to the wider interest these institutions served, or that they formed part of a much broader system of controls designed to formalise white power and privilege [emphasis in the original] (p. 2).

Aboriginal women therefore interact and are impacted by criminal justice systems not only as individuals, but as people who are politically positioned, gendered and expressing of culture (Payne 1992). The collective position of women and mothers as it relates to criminalisation is well reflected in Paxman's (1993) submission to a UN Working Group on Indigenous Populations meeting, where she stated that:

> The effects of dispossession have fallen heavily on Aboriginal women because we are dependent on the State and have lost our traditional status … Aboriginal

> women come into contact with the police, judiciary and prisons as individuals and as wives, mothers and sisters (p. 145).

Mothering for incarcerated Aboriginal women is an underacknowledged intersection. Approximately 80 per cent of Aboriginal mothers in prison are mothers, and once again, Aboriginal mothers have different colonially informed experiences (Cutcher & Milroy 2010; MacDonald & Boulton 2011; Ussher et al. 2016) that include intergenerational child removal (National Inquiry 1997; Libesman 2014). Simultaneously, the removal of mothers from Community is especially impactful, as many Aboriginal families are matrifocal and the removal of women extracts critical supports to kinship and community life vital in collective cultures (Brooks 1996, p. 275). Practically the removal of caregivers deprives children, the elderly and the ill in Community of social support, care and nurture (Jones et al. 2018).

The intersection of mental health, trauma and incarceration

There is general agreement in the international literature that there is convergence and complexity around mental health, trauma and incarceration; however, the literature is tangled in this regard. The co-occurrence of mental health issues, substance abuse and trauma for women in prison populations is well-established in the literature (Hayes 2015; Johnson 2006a, 2006b; Lee et al. 2014). Even so, there is no agreement on the direction of causality (Fuentes 2014; Johnson 2006a ; Moloney, van den Bergh & Moller 2009). Johnson (2006a) proposes a pathway that begins with abuse, leading to mental health problems resulting in substance use and further victimisation, that leads to high-risk work and/or crime (p. 213). Women themselves are aware of the links between their traumatic victimisation and the commission of crime (DeHart 2008; Wilson et al. 2017). However, Lynch et al. (2012) add nuance to this view. Their statistical analysis suggests that:

> experiencing victimization as an adult, subsequent to childhood victimization increased the risk of poorer mental health. Most importantly, however, was the finding that although more extensive victimisation was directly associated with

> greater mental health problems, victimization experiences did not directly predict offending. Instead, women's mental health mediated the relationship between victimization and offending (p. 66).

This position is supported by Salisbury and Van Voorhis's (2009) statistical analysis of the correlation between childhood victimisation and recidivism. They conclude that childhood victimisation was not directly linked to recidivism but provided indirect pathways to continued offending. They hypothesise that *patterns of relationships* are more informative than simple causation (p. 560). Indeed, the notion of causality between women's mental health issues, trauma, substance abuse and crime should be approached with caution. As cultural criminologist Jock Young asserts (2011):

> To move from, say, unemployment to crime, or deprivation to crime, you need narratives; correlation alone cannot assure causality, it is only the narratives which link factors to outcomes that can do this. People [researchers] turn 'factors' into narratives (p. 82).

The Australian literature offers thin evidence for the interrelationship between these factors in prison contexts (Stathopoulos & Quadara 2014, p. 11). What is clear is that Aboriginal women in Community and Aboriginal women in prison experience high rates of violent victimisation across their lifetime (Bartels 2010a, p. 20; Bryant & Willis 2008, p. vii; Day et al. 2018; Wilson et al. 2017). Victimisation is closely associated with diagnosed rates of PTSD in incarcerated women (Lynch et al. 2017), suggesting that victimised women are also traumatised women. This finding has important implications for Aboriginal women who are known to have high levels of victimisation, but who may not meet the diagnostic criterion for PTSD, or for whom PTSD may not be a culturally relevant diagnosis (Krieg 2009, p. 30).

Little to nothing is known about incarcerated Aboriginal women's trauma and its implication in pathways to incarceration yet, incarcerated Aboriginal women are a group with distinct vulnerabilities and needs different from those of non-Aboriginal women or men (Baldry 2010; Baldry & McCausland 2009). Their trauma is significant, a fact was highlighted by Atkinson (1990) 30 years ago, who made the important point

that Aboriginal *women* are overwhelmingly the victims of homicide, rape and assault and that while much has been written about the impact of the Australian criminal justice system on Aboriginal and Torres Strait Islander men, few have considered its impact on Indigenous women. It is not simply interpersonal violence that affects incarcerated Aboriginal women, but their exposure to the daily systemic violence of disadvantage, racism, discrimination, child removal (or the threat of child removal) and criminalisation that significantly shapes their contact with the criminal justice system (Anthony 2013; Baldry & Cunneen 2014; Blagg & Anthony 2018; Cunneen & Rowe 2015; Libesman 2014).

Mothers in carceral environments

The literature acknowledges that mothers are a significant subset of the women in prison, though focus on mothers in prison contexts has waxed and waned over time. As female prison populations in the West grew from the 1970s onward, so did the numbers of imprisoned mothers and the number of research studies concerning them (See for example Baunach 1985; Enos 1998, 2001; McGowan & Blumenthal 1978). Few studies address the social and emotional effects of separation from their children on incarcerated mothers (Houck & Loper 2002, p. 549) and even fewer have considered the nexus between trauma and mothering in this group. Generally, studies have investigated the impact of maternal incarceration on children, rather than the impacts of separation upon mothers themselves (see for example Arditti 2012; Arditti & Savla 2015; Murray & Farrington 2008; Woodward 2003). This is an important distinction, because although the concept of motherhood implies children, the experiences of mothering and trauma for incarcerated mothers, and the experiences of their children, are not the same phenomenon. There also appears to be a quantitative and qualitative difference in the type and degree of trauma experienced by incarcerated mothers and fathers (Carlson & Shafer 2010). In one study, mothers were more likely to report the loss of a child, abuse by family, adult victimisation and unwanted sex than fathers (p. 487).

There is a substantial body of work that deals with maternal stress, distress and strain (Arditti & Few 2008; Berry & Eigenberg 2003; Foster 2012; Houck & Loper 2002; Loper et al. 2009). Houck and Loper's (2002) study investigated the relationship between the mother's parenting stress and adjustment to prison. Mothers in this study evidenced significant psychological and behavioural stress and had multiple concerns about their children. Contact with children is significant to mothers' stress levels. Around half of mothers in prison do not receive contact visits with their children (Mignon & Ransford 2012), and a quarter of Aboriginal mothers had not received any visits from family in Lawrie's (2003) study. This is significant as visits may well be an important protective factor for Aboriginal people (Ryan et al. 2018). In fact, lack of contact with children predicted increased maternal distress levels, moreover, mothers' sense of closeness to their children was not affected by their incarceration (Houck & Loper 2002). Furthermore, not living with children or having little contact with children prior to incarceration was correlated with *higher* rates of parental distress in one study (Loper et al. 2009).

Parenting stress is associated with an increase in depressive symptoms for incarcerated mothers (Loper et al. 2009). Nor does maternal stress abate after release. Mothers have been found to suffer financial stress, psychological and relational distress and feelings of 'overwhelm' and loss-related trauma and guilt, which interact and impact the mothers' ability to re-enter family and Community (Arditti & Few 2008).

Foster (2012) examined the relationship between two types of stressors: (1) stresses that occurred prior to imprisonment with effects during imprisonment, e.g. childhood trauma, and (2) stressors that occurred during imprisonment, e.g. lack of contact with children. Her study found that both types of stressors negatively impacted maternal health and child wellbeing. This supports the idea that maternal trauma *and* separation distress are important to the health and wellbeing of mothers *and* their children. On the one hand, the perceived quality of the mother–child relationship has been found to be a protective factor in buffering trauma symptoms and histories of alcoholism and depression (Walker 2011). On the other, women with higher levels of

interpersonal trauma struggle with their ability to mother, suggesting that, in the absence of support and trauma-informed mental healthcare, women are unlikely to achieve reunification with their children after release (Green et al. 2005, p. 145).

Discussion and conclusion

Current methods of reporting of statistical data in Australia that reports on either sex *or* Indigenous status, tend to render Indigenous women invisible. The literature that does considers incarcerated Aboriginal women indicates that they are a distinct group, with specific characteristics, culture and patterns, not merely a subset of the Australian prison population. Consequently, while informative, international studies are of limited value when attempting to appreciate the range of SEWB experiences of Aboriginal mothers in prison (Maxwell, Day & Casey 2013), there is a need for further research that appreciates the particular experiences of Aboriginal mothers in prison (Bartels 2010b). Prior to the SCREAM project (Sullivan et al. 2019) in which this PhD research is nested, little was known about the experiences of incarcerated Aboriginal mothers in Australia, with the exception of Lawrie's study (2003).

It is clear that there are shifts in focus in the literature that concern incarcerated Aboriginal women, from a recognition of overrepresentation (HREOC 2002; Kerley & Cunneen 1995; Walker & McDonald 1995) to concerted efforts to create visibility (Baldry & Cunneen 2014; Bartels 2012; Stubbs 2011), and more recently to have the voices of the women heard, embedding their perspectives and health conceptions and acknowledging them as experts in their own lives (Baldry et al. 2016; Sherwood & Kendall 2013; Sherwood et al. 2015). The employment of Indigenous women's narratives (Watson 2017) and standpoint (Moreton-Robinson 2013) is driving the literature beyond researcher-created narratives, and beyond linear causality (for an example of the causality approach see Weatherburn 2014). These shifts are opening dialogues around the complexity of incarceration pathways rather than individual causal or risk factors (Kemshall et al. 2014). Moreover, Indigenous holistic conceptualisations of SEWB (AIFS 2018b; Gee et al. 2014; Zubrick et al. 2014) and the incorporation of trauma as a culturally valid lens through which to consider Aboriginal

people's experience (Atkinson, Nelson & Atkinson 2014; Dudgeon, Watson & Holland 2017) have turned attention towards trauma pathways to incarceration. Indigenous trauma lenses are essential, as most of the international literature considers either PTSD or victimisation; however, both of these conceptualisations are problematic in Indigenous contexts because they do not capture the complexity of the colonised experience of Aboriginal people (McCausland 2008, p. 60). The gaps in knowledge are likely also to have affected the provision of culturally safe, trauma-informed treatment for Aboriginal women at risk of incarceration (ALRC 2017b).

Part B Creating knowledge together

4 Methodology

Introduction

The methodology that was developed for this research project with the women is complex but it *is* apprehensible. The complexity of the methodology arises because it is designed to align with: (1) Indigenous collaborative and cultural ways of researching, (2) the privileging of the voice and narratives of the women, and (3) fulfilment of the aims of the original Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) project NHMRC grant. Across these domains the methodology has had to provide results that are truthful, reliable and appropriate to the group of women and the social issues that shape their lives. Moreover, the methodology has had to enable theory building that would progress knowledge about this group of women and hopefully lead to change.

For orientation purposes, this chapter begins with the research questions, then moves to explain the Indigenous paradigm into which the research methods were nested. The theory that underpins the use of specific methods of data analysis is contained in the next section. I then take a step back, and in the traditions of qualitative research and Indigenous cultures, I introduce myself and tell the story of my relationships and reflect on how I grew into this research project. The SCREAM project (NSW) from which the data is drawn is then described, and the analysis and interpretation are examined. Finally, the limitations of this research are discussed.

Research aim

To expand the current knowledge base by forming a greater understanding of the nuanced social and emotional wellbeing (SEWB) experiences of incarcerated Aboriginal mothers in NSW, while promoting a culturally safe appreciation of the distinct pathways to the incarceration of the mothers.

Research objectives

Investigation of:

1 the continuity of the women's lives
2 the unfolding of the women's experience and its implication in incarceration
3 how women manage mothering and prison.

Research questions

1 How did women describe their childhood?
2 What was the nature of the unfolding of trauma over time, if any, and how is this implicated in incarceration pathways?
3 How did incarcerated mothers express 'motherhood' and describe their mothering?

Research approach

This PhD study employs an overarching Indigenous paradigm that structures and supports research decision making, analysis and interpretation. Constructivist grounded theory (Charmaz 2014, p. 6) is nested within an Indigenous research paradigm to facilitate systematic analysis and theory building. An Indigenous paradigm guides the research, while grounded theory (GT) provides a pragmatic method for analysis, with the two working alongside each other (Kovach 2009).

As a result of using a sensitive and iterative approach, a *multiple-method* qualitative analysis was designed. 'Multi-method' merely means that more than one research method was employed in the same qualitative project (Morse 2009). The ideology underlying multi-methods is well captured by Denzin and Lincoln:

> The qualitative researcher as Bricoleur or maker of quilts uses the aesthetic and material tools of his or her craft, deploying whatever strategies, techniques, empirical are at hand. If new materials or technologies have to be invented, or pieced together, then the researcher will do this. The choices as to which interpretive practices to employ are not necessarily set in advance. 'The choice of research practices depends upon the questions that are asked, and the questions depend upon their context' [emphasis in original] (Denzin & Lincoln 2000, p. 4)

They describe a research approach that is intentionally and relationally pluralistic. Such an approach recognises the ontological complexity of intercultural interpretation and the marginalisation of knowledge of particular groups such as women, colonised peoples and racial minorities (Kincheloe 2001; Kincheloe, McLaren & Steinberg 2011), and uses methods that best respond to these understandings. The specific rationale for the paradigmatic and methodological choices made is examined in more depth below.

The introduction of a second complementary method, case study (Yin 2018) for analysing the findings around trauma only was necessitated by alignment with an Indigenous paradigm and pragmatic methodological considerations. The rationale for the use of a second method is that inductive coding (segmentation) of the data proved useful when considering the women's range of responses to their childhoods and their mothering. Such segmenting did not prove adequate for the analysis of the unfolding of trauma, which was sequential and different for each woman. Nor would a composite of many women's experiences in the results have done full justice to the power of the women's narratives around trauma (Datta 2017).

Being informed by an Indigenous research paradigm

> Working in Indigenous health research is both challenging and rewarding, partly because Western and Indigenous systems of knowledge meet in the research. The terms of meeting are not always even and the meeting place is complex. However, this bringing together of worldviews is critically important in finding ways, through research, of improving health for Indigenous Australians (Laycock et al. 2011, p. 15).

Working within Indigenous cultural paradigms is necessary for the engagement of culturally safe research practices. The imposition of colonisation upon Indigenous peoples has been the major determinant of ill health in Australia, though this is too seldom acknowledged in research, political circles or the media. Colonisation is directly implicated in both Aboriginal people's health problems and the way Aboriginal people are positioned in relation to their health (Sherwood 2009, p. 24). 'Research' has been a

vital pillar of the colonisation project in constructing Australian Aboriginal peoples as the 'other', inferior and deficient (Cram 2009). Moreover, Aboriginal communities have suffered in the name of 'research' enduring racism, prejudicial agendas and historically even the extremes of inhumane experimentation (Anderson 2003; Smith 2012).

The weight of the dominant positivist scientific agenda and its legitimising power has had pernicious effects on Indigenous health and wellbeing that are hard to fully quantify (Sherwood 2010). Research strategies have used domination (a form of structural violence) to construct shape and regulate knowledge (including health knowledge) production. Excluding the priorities, worldviews and knowledges of those it has purported to 'benefit' has led to persistently poorer Aboriginal health outcomes (Sherwood 2010). The legacies of such strategies continue to this day. They include positioning Aboriginal people as the objects of study, breaking Indigenous ethics protocols, claiming exclusive expertise, silencing voices and stories, and controlling research agendas (Smith 2012). Research that is respectful of Indigenous paradigms is therefore a moral *and* an intellectual project (Denzin & Lincoln 2008, p. 15). Such research works towards the balancing of the power dynamics within the relationships that construct knowledge and towards the reclamation of Indigenous voices and expertise (Sherwood 2010; Sherwood et al. 2015; Smith 2012).

As a non-Indigenous researcher in an Indigenous health research space, I follow Martin and Mirraboopa's (2003) conceptualisation of the 'essential paradigm shift' as vital to the design and working out of this research project. They call for:

- Recognition of our worldviews, our knowledges and our realities as distinctive and vital to our existence and survival

- Honouring our social mores as essential processes through which we live, learn and situate ourselves as Aboriginal people in our own lands and when in the lands of other Aboriginal people;
- Emphasis of social, historical and political contexts which shape our experiences, lives, positions and futures;

- Privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands (Martin & Mirraboopa 2003, p. 205).

How then does one identify an Indigenous paradigm within which the work of research unfolds? The tendency within the academy is to ask: what is Indigenous methodology? The premise of the question is somewhat misguided. Absolutism is deeply compromising, and an underrecognised Western colonising precept; it assumes universality and transferability. A better question may be: what appreciation or understanding do you have of the *particular* Indigenous paradigm in which your research work is constructed and from which it emerges? This question hints at deeper Indigenous epistemologies and ontologies that are operationalised within the construction of an Indigenous paradigm. Such a question is more likely to elicit an accurate and meaningful answer. For while Indigenous paradigms share common features across cultures and Indigenous places and spaces, they are neither identical nor necessarily transferable. The next section briefly considers some of the broad cosmological concerns of Indigenous paradigms.

Indigenous epistemologies, knowledges, worldviews and perspectives

Indigenous knowledges have always existed to promote the survival, health and wellbeing of Indigenous peoples in the environments that sustain them (8 Ways Learning n.d.). These deep knowledges of existence are not merely the corollary or binary opposite of Western knowledge systems (Battiste 2002, p. 5). Such knowledges exist in plurality and are situated knowledges, embedded in the environment (Country), in communities and in relationships between people and the environment, and belong to the collective (Durie 2004). Knowledges are transferred in a multiplicity of forms depending on the sender as well as the intended receiver of knowledge. Rich media communicate Law, culture, spirit and maps of Country in paintings, weaving, song, stories, ceremony (Revell & Milroy 2013), filmmaking, digital media (De Santolo & Ypinazar 2015), poems and more conventional literatures.

> As Sefa Dei (2008) asserts: ‘Indigenous knowledges embody the essence of ancestral knowings as well as the legacies of diverse histories and cultures.

> Indigenous knowledges represent essentially a "speaking back" to the production, categorisation and positions of cultures, identities, and histories' (p. 6).

The result, according to Linda Tuhiwai Smith (2005b), is that Indigenous epistemologies give rise to a different and distinct set of research questions and concerns, and have the potential to create innovative research designs and methods which challenge Western knowledge hegemonies and research orthodoxies (p. 94). If epistemologies shape the research frame and questions, Indigenous perceptual worldviews shape the lens through which the results of research efforts are interpreted and from which conclusions are drawn (Hart 2010).

Relationships and connection

Knowledge systems are created locally and sustained relationally. Hence Indigenous paradigms emphasise connectedness; that is, the connectedness of knowledge to methodology, ethics and praxis and the connectedness of all who participate in the research (Chilisa 2012, pp. 116–8). Connectedness and balance are maintained through sharing, respect, openness, listening, appreciating, working together and responsibility (Sherwood 2010, pp. 262–4). An Indigenous methodology is therefore not universal or preconstructed by a single researcher. It is built through collaborative relationships to meet the needs of specific investigations. Such a methodology rests on the worldviews, values, knowledges and expertise of those collaborating in the research. Informed by Indigenous ways of knowing, being and doing, it is nevertheless flexible enough to accommodate research methods and tools which originate outside of Indigenous paradigms provided that these methods do not cause harm or inherent value conflict.

The ethics of respect and responsibility

The ethics of respect are centrally situated in Indigenous methodologies. Respect provides a cultural framework that facilitates safety in social processes and interactions between people. Respect for people individually and collectively, for culture and traditions, for people's choices and wishes (sovereignty), for representa-

tions of people and in following cultural protocols and ethics are all emphasised in Indigenous methodologies (Sunseri 2007). Our National Framework for health research highlights the importance of the human rights of all people and an appreciation of knowledges, skills, perceptions, cultures and expression of all those involved in research. The value of responsibility and accountability to individuals, families and communities flows from respect for others and the wish to do no harm nor bring about adversity to anyone in any way (NHMRC 2018). Rather, researchers are obligated to acknowledge the gift of collaboration, sharing, honesty and the practice of reciprocity in ways that benefit participants and their communities. Reciprocity is framed by the ethics of care for others that extend beyond the current research project (Brayboy et al. 2012, p. 439).

Holism, balance and trustworthiness

Balance is integral to Indigenous holistic worldviews (Absolon 2010; Sherwood 2010). It flows from the reciprocal give and take within all relationships, social and ecological. Balance in my understanding is not necessarily agreement, but a 'way of doing' that allows all collaborators to stand steady in their knowledges and 'ways of being'; it is the maintenance of justice and fairness in relationships that facilitates such equilibrium. The Lowitja Institute (2013) considers balance in research as: a balance between individual and collective worlds, balance between spiritual and physical worlds, balance between responsibilities (obligations to Community and research obligations), and the requirement to apprehend and remedy power imbalances (Institute 2013). When imbalances are sustained, systems become unhealthy (Sherwood 2010, p. 13). Inappropriate methods, inaccurate presumptions and unbalanced power relationships lead to research outcomes that are harmful at worst and invalid, unreliable and of little utility to communities at best (Cochran et al. 2008, p. 24).

Mutuality, spirit and integrity

Spirit and integrity are at the heart of all Indigenous ethics according to the NHMRC (2018) 'Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples

and communities: Guidelines for researchers and stakeholders'. How does a non-Indigenous researcher operationalise mutuality, spirit and integrity, especially in light of the binary of coloniser–colonised created by imperialist conquest in Australia (Sherwood 2010)? To begin, the differences between and basis for Indigenous knowledge systems and Western-based systems are appreciable. Some authors have concluded that this creates a dichotomous situation in which Indigenous knowledges are 'untranslatable' and require a whole new taxonomy system for translation to health settings (see for example: Smylie et al. 2004). I believe that this is not so. The idea of 'co-generation of knowledge' (Sherwood 2010, p. 14) is critical to the creation of mutuality and the maintenance of spirit between people—neither erasing difference, nor focusing merely on sameness; acknowledging uniqueness, difference and the entitlement to these, and not totalising collaborators solely within an insider–outsider dichotomy (Jones & Jenkins 2008). The ongoing of impacts of colonisation on all relationships must be acknowledged, and then worked with, to create harmonious innovations between people and their knowledges.

Indigenous participants/collaborators are not mere providers of 'data' or 'advice' and I am not a mere translator; our roles grow greater than these in the relational process. I respond to Guba and Lincoln's (1989) (also see: Lincoln 2009) concept of 'ontological authenticity', asserting that qualitative research at its best reveals the ontology of participants to themselves. I believe that being in 'ontological authenticity' has even broader implications than these authors allude to. For example, as the ontological position of the interviewee is revealed to the project advisory group[12], that revelation stimulates discussion from which collective ontologies emerge. Likewise, for me as a researcher, working with the women's narratives, collaborating, doing the formative work of analysing and interpreting elicits my own ontological position which becomes clearer not merely through reflexivity (cognition) but through actual work and relationships (socially orientated action).

[12] The SCREAM (NSW) project advisory group was established following an extensive statewide consultation process with community and government stakeholders. The advisory group meets regularly to provide context, discuss methodology, and interpretation and community concerns. A more detailed discussion of the group's role is provided later in the chapter.

Indigenous paradigm and the SCREAM (NSW) project

My understanding of the Indigenous paradigm which informs this PhD research follows from Absolon's (2010) explanation that

> Indigenous knowledge is a lived knowledge meaning that you must practice what you know and be what you do. There is no distinction between living and working. Indigenous knowledge is a way of life. For Indigenous helpers to continue to develop their knowledge and understanding into practice they must be provided with opportunities to learn (p. 85).

I do not position myself as a 'helper', for certainly I am at least as much 'helped' in the process of collaboration (which is part of the individual project of 'becoming' for me). However, I do appreciate Absolon's point that there is nothing dry or static about Indigenous knowledges; they are dynamic knowledges, best appreciated in engagement and interaction with Indigenous peoples, in the expression of lived cultures.

The SCREAM project has worked with an Indigenous research paradigm in particular ways, first by heeding advice from predecessor research (Mothers and Gestation in Custody (MAGIC) advisory group)[13] concerning future research priorities for Community, and then by constructing the SCREAM research collaboratively through extensive statewide consultations with stakeholder community organisations. Working together, expertise was shared that grew the knowledge base around the experience and needs of women in prison. Collaboration enabled the establishment of the NSW project advisory group. This group guides the research direction and informs methods and the ongoing ethics of the research. From this foundation interviews were conducted with the women by a senior Aboriginal researcher and a non-Aboriginal researcher in NSW using an agreed culturally appropriate method (dialectical

[13] The MAGIC study was a retrospective cohort health data linkage project that investigated the maternal and perinatal outcomes of incarcerated women (Hilder et al. 2016; Walker et al. 2014). The MAGIC project advisory group suggested that incarcerated Aboriginal mothers are a discrete group with particular needs and recommended a new study that would investigate their SEWB, the current SCREAM study.

Indigenous yarning) that privileges the voice and narrative of the women (Bessarab & Ng'andu 2010; Sherwood 2010).

My connection to the SCREAM project grew through introduction by the senior Aboriginal researcher in NSW, Professor Juanita Sherwood. First, I was enabled to observe the workings of the advisory group by attending meetings. Cultural safety[14] was grown by ensuring group members were comfortable relating in my presence, and later that we could relate together. This considered, stepped process made the work safer and more comfortable for me also. My specific PhD questions were developed out of engagement with the advisory group. Group discussions revealed the 'sensitising concepts' (Bowen 2006) of mothering and trauma that form the basis of this PhD research. Presentation of emerging findings at meetings provided opportunities to consider the meaning of the women's life experiences, how these were linked to incarceration, and the role of the state in child removal and incarceration. Balance is a process of 'working towards' and has been infinitely enhanced by the watchful eye (and occasional growling) of my Indigenous supervisor.

The practices of collaboration, respect and listening to Indigenous voices has deeply embedded Indigenous viewpoints, systems and knowledges within the research. This process has happened intentionally and holistically. The results of this work, once constructed and delivered in conventional literature form, are no longer divisible into pure static Indigenous knowledge and Western knowledge. While acknowledging that Indigenous and Western knowledges *do* exist and are simultaneously present, and that they have particular power and political implications, the project has become a holism. Any arbitrary division would be false and would reinforce a Western–Indigenous binary, which does not describe nor do justice to the project of collaboration of so many people.

[14] 'Cultural safety' is a term originally developed by Maori healthcare workers in New Zealand. Here it refers to the explicit acknowledgement of social histories and injustices and the creation of a collaborative partnership space where power is shared and Indigenous expertise acknowledged (Nguyen 2018).

Decolonisation and critical theories

Decolonisation has purposefully been placed in a category of its own. The reason is twofold. Firstly, while the need for decolonisation was first (and still is) identified by Indigenous leaders as critical, and decolonising strategies have been developed within Indigenous collectives (Laycock et al. 2011, p. 44), decolonisation is an ongoing project, the business and responsibility of all Australians. Secondly, I situate decolonisation like this in my research as a result of my own Western orientation, as I remind myself that decolonisation has strong roots in critical theory to which everyone has access (Kovach 2009, p. 80).

Colonisation in relation to Aboriginal women's health will be explored in the context chapter to follow. Here I focus on the colonial impacts upon Indigenous worldviews, knowledge systems and methodologies that necessitate work with decolonising strategies. Colonisation and its dominating strategies have created dispossession and poverty, and have been maintained through violence and institutional racism (Saggers & Gray 2007, p. 16). Colonisation brought abrupt, disruptive and disastrous consequences to the lives of Indigenous Australians. This cataclysmic intrusion and dispossession wrought profound changes in the worldviews and ways of life of these peoples. As Ranzijn, McConnochie and Nolan (2009) assert, children, parents and family members died in large numbers from violence and starvation, belief structures and customary ways of living were discredited and discouraged and people lost control of their lives (p. 74).

Under colonial regimes, Indigenous people were robbed, not only of their land and sustenance, but of their 'right to know' and to exercise that knowledge. The world, as Indigenous peoples knew it, was forced into an altogether foreign shape to the benefit of those of European heritage and the detriment of the original inhabitants. Colonisation was not accidental, but required particular knowledge formations and legitimations, followed by domination and violence enforcement (Stewart 2019, pers. comm., July 2019). To this end, colonisers made very specific knowledge claims from the outset, establishing their founding myth, '*terra nullius*', asserting that Australia was a land empty of people (Behrendt, Cunneen & Libesman 2009, p. 6). From this basis

they proclaimed their rights under British law, ignoring the rights and law of the peoples whose lands they entered and inhabited without permission (Mazel 2018). The British social system was not one of inclusion, and the intended purpose of exploitation of the land and resources required the creation of categorical binaries between 'settler' and 'Indigenous inhabitants' between coloniser and colonised (Wolfe 2013). These binary definitions imposed restrictions upon what constitutes legitimate knowledge, what could be known, methods for creating knowledge, categories of ownership and the conditions for it, and what it was to be a worthwhile social being. Colonial systems defined problems and what the 'solutions' to problems looked like. This domination of 'knowing' and abuse of power created the construction of 'deficit' as synonymous with Indigenous peoples (Fforde et al. 2013). In the process, Indigenous peoples have been impoverished, humiliated, shamed and blamed.

Colonisation is an ongoing process and as Wolfe (2006) contends, 'invasion is a structure not an event' (p. 388). There has been inadequate restoration of Indigenous lands, and social and political relationships remain out of balance. This imbalance is manifest also in the hegemonical domination of Western knowledge systems that prevails in everyday life and within university institutions. Indigenous academics attest to the ongoing difficulties and effects of this domination (Fredericks 2014). Indigenous students are often alienated and disadvantaged within epistemic systems that exclude them (Wolfe 2013, pp. 31–3). Research agendas are skewed to dominant definitions of what is investigable, novel and important. Methodologies continue to be dogmatically bound by Western disciplinary imperatives, rather than self-determined Indigenous community need (Arbon 2007; Wolfe 2006, p. 38). At its worst, research has had far-reaching effects which entrench deficit ideologies about Indigenous people, suggest solutions that do not fit communities, and at times even worsen social burdens. As Linda Tuhiwai (2012) exposed in her seminal work, research has repeatedly made Indigenous people the object of study, while framing those same people as 'the problem' and communities as having no solutions to issues that were colonially constructed in the first instance (p. 94) (see also Bullen & Roberts 2018).

Decolonisation is both a balancing idea and a process. I perceive that the act of resistance of decolonisation (Chilisa 2012, p. 13) has different nuance and meaning for Indigenous people working in this research space compared to my own experience (see for example Chilisa 2012, pp. 15–7)—after all, our histories and positioning are different. I have worked through my PhD research to combine a conceptual view of decolonisation arising from critical theories, with a close engagement with Indigenous collaborators. The critical approach that I follow was learned at first hand and is described in Sherwood, Watson and Lighton (2013). It involves working to unpack and understand the roles of Eurocentric domination, patriarchy, racism and ethnocentrism and how these shape the formation of knowledge, relationships and outcomes (p. 193). I do not claim expertise in this domain, only participation and the willingness to learn, reflect and critique.

Grounded theory inquiry informed by an Indigenous paradigm

In recent years there has been alignment between Indigenous research methodologies (IRM) and GT approaches around the importance of social justice agendas, though their methods are different. There have been strong calls for social justice-orientated GT research (Charmaz 2011, 2014; Denzin 2010; Redman-MacLaren & Mills 2015), and IRM usually includes decolonising practices (Smith 2012). IRM has been employed in conjunction with GT internationally (see Kovach 2009) and in Australia (see Bainbridge 2011), by Indigenous as well as non-Indigenous social researchers (Stewart 2007), for the investigation of a variety of issues including an Australian Aboriginal family wellbeing program (McCalman 2013) and youth binge drinking (McCalman et al. 2013).

I do not seek to completely deproblematise the use of GT informed by Indigenous paradigms, particularly since GT (growing from the Western tradition) and Indigenous knowledge systems have very different epistemic bases that developed out of different environmental, cultural and historical contexts. Epistemologies are rendered even more complex in colonial settings where knowledge systems have been adapting and transforming cultural and social meanings at the ‘interface’ between systems (Nakata et al. 2012, p. 126). It is with this complexity that collaborators on the SCREAM research project, including, myself have worked.

This ‘interface’ of knowledge systems is met within this PhD research. For example, tens of thousands of years of adaptation and survival in changing climatic and environmental conditions have required a high degree of Indigenous pragmatism, building knowledge systems that would sustain survival (Jackson, Bird Rose & Johnson 2005). Indigenous people’s survival techniques and technologies were adapted by early colonial ‘settlers’ as part of their own pragmatic strategies for survival in lands that were encountered as harsh (Pratt 2002). Yet even this ‘interface of the pragmatic’ has been unequal and harmful, as colonisers collected, stripped, took and transgressed to obtain a semblance of Indigenous peoples’ knowledge of the land (Kwaymullina 2005). These ongoing histories remain with us and our work together must reflect this, even as we shape a collaborative and pragmatic space together.

Pragmatism is at the heart of GT also. According to Dunn (2018):

> Dewey’s [1859–1952] ‘social pragmatism’ is suggestive of a sociological practice characterized by (1) direct engagement with substantive societal problems, (2) theory and research serving the public good, (3) recognition and accounting of the social origins and character of knowledge, and (4) an approach to social inquiry in which positivist methods play a limited role alongside methodological protocols more germane to the requirements of the subject matter’ (p. 58).

Western pragmatism is not identical to Indigenous culturally pragmatic forms. However, I would argue that the shift that enables cultural variations of pragmatism to work together, provided this is conducted with mutual respect and sensitivity, is not too great a leap. For instance, Indigenous pragmatism might conceivably reframe ‘social pragmatism’ as collective engagement that employs Indigenous cultural knowledges strategically to build the research process for the purpose of serving the needs of Indigenous communities.

The potential synergies between IRM and GT do not end with pragmatism. Indigenous peoples have employed empiricism for millennia, strategically incorporating systematic observation of the natural and social world. Indigenous empiricism has facilitated survival and flourishing at one level. At another, it has informed holistic collective

axiomatic truths expressed and renewed in culture, ceremony, oral traditions and spirituality (Aikenhead & Ogawa 2007, p. 562). More recently Indigenous empiricism has informed Western science and literatures with its insights (Battiste & Henderson 2009, p. 6). GT is inductive and in its constructivism turn has curbed adherence to scientific positivism (Charmaz 2014). Both GT and IRM have the potential not only to work in tandem, but also, if worked with carefully, to ameliorate the colonising effects of Western reductionism and unfettered materialism in social research.

The SCREAM (NSW) research project works towards this ideal by taking a decolonising approach, operating: (1) inductively, not assumptively, (2) collaboratively and reciprocally, (3) providing space for the voice and experience of the women, (4) acknowledging and working with the Indigenous community experts, and (5) working together to shift agendas and create change. The process of working with GT within an Indigenous paradigm is not merely about methodological congruency or the mechanics of method, it is about employing the relational capacity and the actions of research collaborators—it is 'the working together' of research.

While Indigenous paradigms and GT have identifiable sets of protocols and conventions, each have flexibility that allows for alignment. An aligned paradigm acknowledges the situated nature of research and engages in research as a set of co-constructed relational performative and interpretive tasks that are not predetermined, but form a methodology built in the course of the research (Denzin 2010; Smith 2005a). Working together, IRM and GT have the potential to facilitate research that acts as an 'agent of change' and that 'act(s) in ways that are accountable to the indigenous and non-indigenous communities' (Denzin 2010, p. 307).

Reflectivity and research

Reflectivity has deep roots in the Western tradition since Socrates apparently exhorted his followers to live the 'examined life'. A similar call has found its way into research via critical theory, of which decolonisation is a part. According to Denzin and Lincoln (2011), the plurality that followed modernism (and absolute positivism) and the turn towards postmodernism has given rise to the centralisation of subjectivity, representa-

tion and interpretation (p. 3) (see also Denzin 2017; Kwaymullina 2005). One of the expressions of these values in qualitative research has been an emphasis on the critical and ethical value of researcher reflectivity and reflexivity (Mortari 2015). 'Reflectivity' and 'reflexivity' have similar connotations and are sometimes used interchangeably by social researchers. Mortari's (2015) work suggests subtle differences, and that 'reflectivity' is a bouncing back of an image while 'reflexivity' infers a turning back to examine one's own worldview, motivations and reactions in a deep and ongoing fashion. This expansion has, I hope, made it possible for all research collaborators to share our stories, including my own. Therefore, the following sections contain a personal reflection on my background and how I came to this particular research. The later sections that describe the methods employed contains empirical and methodological reflections that are woven throughout the discussion.

Locating myself

I locate my positioning using a developmental lens; that is, according to the concepts of '*being/becoming, creative capacity, and socially mediated internal growth'* [emphasis in original] (Attia & Edge 2017, p. 34). As Attia and Edge (2017) point out, learning to be a qualitative researcher requires more than learning to apply methods and reach academic benchmarks, important though these may be. The ontological development of researchers is vitally important to their craft. Such development and reflexivity around that development can only be known by considering one's own incremental changing interactions with the environment. I am mindful also that from an Indigenous perspective, introducing oneself is the only polite and safe protocol to begin with.

I was born into a middle-class 'white' family in Cape Town, South Africa, in the early 1970s at the height of colonial apartheid and its policies that led to so much suffering for African people. During my growing years I was on the one hand insulated by privilege, and on the other exposed to the news of daily violence targeted at African people. Many years later, I realise that such insulation from *and* vicarious exposure to violence led to a feeling of odd alienation, a sense of lack of belonging.

My parents were small-L liberals and coped in their own singular (and for the era unusual) domestic fashion. My mother spearheaded a fundraising campaign involving the local Indigenous community near our home in the Western Cape in the mid-1970s. Her fundraising methodology was to consult local community leaders, establish the community's priorities, then form a joint and equal committee to direct the work. As a result, we regularly socialised with Indigenous members of the committee and their families at each other's homes. Today this sounds unexceptional, but at the height of apartheid, with the almost total segregation of the *Group Areas Act* (1950), *Mixed Marriages Act* (1949) and job reservation, it certainly was unusual. I am grateful to my parents for demonstrating the possibility of friendship and naturalness of relationships between people with differing positions in colonial histories, privilege, cultural backgrounds and power differentials, and to the families that treated us with such genuine warmth and hospitableness despite these different positions.

The liberal university I attended (University of Cape Town) politicised my views on the evils of apartheid. However, I graduated with an Honours degree in anthropology and very little understanding of the broader context of colonisation. There followed migration to Australia with my young family in 2003. Once we were settled, it chillingly occurred to me that I was seeing many of the similar racial oppressions that had so bedevilled South African society. Observing racialised phenomena with a similar resonance in both countries, I pondered whether 'there might be something to this colonisation thing' that I had not been told. Seeking the answer to that question has led me to a Master's degree in Indigenous studies, and is still unfolding in relationships with Indigenous people and this research. I am also aware that I never feel quite 'at home', even when I am at home in Australia, without connection to Indigenous people and indigeneity.

How does my background inform my approach to research? Principally I believe that research that investigates Indigenous issues must be informed by Indigenous priorities, values, paradigms and ethics. Secondly, that these are best conveyed/transferred within the dialogic of relationship. Thirdly, that respectful collaborations between Indigenous and non-Indigenous people are possible and can lead to the betterment of

health and wellbeing for all collaborators—colonisation affects everyone in different ways.

I am under no illusion that this is an easy path for any of the parties to research. I come to this research as a non-Indigenous woman of foreign birth. Embeddedness within the dominating culture leads to unconscious ontological assumptions on my part about the way the world is, blind spots that must be remedied, and assorted colonial baggage to be unpacked. This research is the continuation of the process of working through and working with, as I apply skills of analysis, discernment and spirit to the phenomena and issues that are informed by a collaborative research approach.

Relationships—finding my way through

The route to research was, for me, relational, and profoundly shaped by meeting Indigenous academic, mother and health/community worker Professor Juanita Sherwood on the first day of a two-year Indigenous studies Master's program at Nura Gili, University of New South Wales (UNSW). The immediately noticeable quality about Juanita was that she was an unassuming teacher. She was seated in the class like any other person and I wasn't sure whether she was teaching or taking the class. Her manner was warm, welcoming and reassuring; her subject was Indigenous research methodologies (IRM). I had done little university-level study since my Honours degree some twenty years earlier, and was relieved that the fact that I had been out of a university setting for a long time, knew nothing about IRM, little about Indigenous Australians and—to top it off—was South African-born, seemed to matter little. I was there and that was what mattered. So followed my first lesson in Indigenous relational pedagogy, though I did not know it at the time: welcoming participation, growing respect and not shaming (see Sherwood, Watson & Lighton 2013).

Coming from a Western tradition, I believed I was there to learn content. I would learn 'about' Indigenous Australians; it never occurred to me that I would be learning 'with' Indigenous people, which is what actually happened. Certainly, there was a good deal of content as we learned about colonisation and its diverse effects, about Indigenous peoples globally, and of Indigenous human rights. The power of the course came not

from the content, shocking though it sometimes was to someone like myself, trained 'not to know'; rather it came from the embodied way that the Indigenous academics of Nura Gili, UNSW delivered the material. Their agenda, I realise in retrospect, was much bigger than usual: not merely to educate, but to create learning communities that developed appreciation of Indigenous cultures and society, with the potential to transform students and bring about change in society (Bullen & Roberts 2018).

It seems to me, that it is a complex task to teach a worldview that differs from dominant perspectives on the one hand, and on the other it is a difficult task to fully appreciate a fundamentally different way of viewing the world as a learner. In a political context of negative stereotyping, media blaming and shaming, and of daily racist slurs (the Northern Territory Emergency Response (NTER) began at around this time), it must have taken a good deal of courage for Indigenous academics to deliver a course in such a relational way. For my own part, learning took a good deal of time, and in my experience personal change takes time also. To begin, unacknowledged Western cultural views first had to be revealed before the truth of them could be (re)evaluated. Reflective practice was a key element in our learning (Sherwood, Watson & Lighton 2013).

Indigenous academic teaching staff shared more of themselves than might be expected. They shared stories of their partners and children, of family life and research challenges. Content was underpinned and seamlessly interwoven with narrative. We were not simply taught the 'what' of content, but shown the 'what and how' of being (Indigenous ontology). We were provided with a different view of how the world is known to Indigenous peoples (epistemology), and guided towards an appreciation of Indigenous protocols and ethics (axiology). The concern given to the maintenance of ongoing relationships in the Indigenous world is hard to overemphasise: relationships are ontologically important (Arbon 2007, p. 28). Many relationships in predominantly non-Indigenous environments are function-specific and time-limited. I have found that most often Indigenous people with whom I have a connection have a generous open-door policy and will participate or help if that person feels they can. When I asked

Juanita if she had time to meet for a coffee, she said she would and a collaboration and mentorship began that has been for me, by any measure, extraordinary.

For three years I worked for Professor Sherwood in the Faculty of Arts and Social Science at the University of Technology Sydney (UTS), in the capacity of Indigenous Studies program development officer and in supporting the embedding of Indigenous Graduate Attributes. Ours is a relationship of mutual support and the continuation of teaching that had begun in the classrooms of UNSW. We are both women and mothers; Juanita knows my children and I know hers. We spent one particularly memorable evening as families watching the John Pilger Film *Utopia* on the site of the Block in Redfern surrounded by Community and their families. Juanita grew relational understandings of the idea that we are all embedded in a network of relationships with reciprocal ways and responsibilities. She generously introduced me to her extensive network of friends, colleagues, collaborators, organisations and committees. Not only was I introduced, but at times encouraged to participate. I confess that sometimes I felt out of my depth. We did research with students of Indigenous Studies, and wrote together (Kendall et al. 2019; Sherwood et al. 2015; Sherwood, Watson & Lighton 2013). I attended a series of her lectures and sat on a faculty committee, and we presented our work together at an AIATSIS (2017) conference, among other daily tasks.

'Learn by doing' was the pedagogy I was being immersed in (See website: 8 Ways Learning). There was an understanding that there were gaps in my knowledge and abilities, and a belief that I could best become competent by doing! My natural cautious inclination is to learn as much as I can, then try to convert knowledge into skills. Juanita's approach opened my eyes, not only to new ways of seeing the world but to new possibilities for being in the world. This investigation and 'trying out' was tempered by her conveying a framework of respect. Respect included not assuming too much, respect for individual people *and* for Community ways of 'doing business' (protocols and ethics), being properly introduced, and not being over-demanding in initial interactions and listening. The teaching protocol was 'learn by observation', and 'wait until you have a sense of the situation'. These are all aspects of 'being grown-up'

that Aboriginal children have taken to heart by five years old. It surely requires a lot of patience to teach an adult what a child should know.

For my part, I learned that there was great value in 'doing and working together'. Collaborations provided opportunities for sharing, checking facts, weighing evidence, considering a range of viewpoints, and supporting each other—and for moments of joy. I realised that reaching my potential is entirely possible within a collaborative, rather than strictly individualistic framework. What motivated Juanita across this journey? I expect that her belief in the power of collaboration across cultures in the betterment of health (both for Indigenous and non-Indigenous people) is a big factor (D'Antoine et al. 2019; Sherwood 2010). She has frequently stated that 'Colonisation is bad for your health' (Sherwood 2013) and she means that it is bad for both coloniser and colonised. Decolonisation is therefore making space for Indigeneity to assert itself and flourish across many settings and contexts. Juanita's way is inclusive, not exclusive. Reciprocal support, friendship and collaboration toward mutual objectives has enormous value. Work is methodology, methodology is work.

Research opportunity

Entry to the SCREAM research project followed a measured approach by my work supervisor Professor Juanita Sherwood. I was invited as a participant observer of an early SCREAM (NSW) advisory group meeting. It was an opportunity that I valued to meet the researchers, members of community-controlled organisations and other NGOs, and civil servants in the sector. One of the meeting outcomes was the decision to write a joint journal article with advisory group members to assert their knowledge in this space and make available that knowledge available via publication. Juanita and I coordinated the writing of the article. Employing the knowledge and experience of the advisory group, we co-authored a published paper with the group (Sherwood et al. 2015). I was introduced to the chief investigator on the SCREAM project, Professor Elizabeth Sullivan. Juanita was aware that I was searching for a suitable doctoral research opportunity, and after discussion, Professor Sullivan was open to the idea of my using the NSW qualitative data from the SCREAM project.

The SCREAM project has features that set it apart from other research projects, which made participation in this project especially appealing. The principal adviser on women offenders at Corrective Services NSW and SCREAM (NSW) advisory group member, Kelly-Anne Stewart, said she had not seen a project like it before (personal communication 2019). She referred to the way the women were recruited, the culturally respectful approach of interviewers, the ongoing respect and attention that the data received, and the in-prison follow-up visit of the original interviewers to connect with the women and provide feedback about the project. This reflects the collaborative rationale that was established when the NHMRC grant was conceived. The grant prioritised significant Aboriginal leadership and the aims of the project involved building the capacity of community-controlled health and welfare organisations. This project presented an opportunity for health research that was complex, collaborative and ethically sound.

Entry to the SCREAM project

My methodological sensibility grew for some years before a suitable research project was found. I was searching for a research project that would be a good fit. Finding the most appropriate consonant fit required a structure. Structure in research is somewhat taken for granted. The usual structure is provided by a PhD program and the university that supports it. As a non-Indigenous research initiate working with Indigenous data, I required more structure than these alone could afford. I was fortunate enough to be employed as a part-time research assistant on the SCREAM project (Kendall et al. 2019). My graduate research work too, required strong Indigenous and non-Indigenous leadership, and accessing incarcerated women demanded greater time and resources than individual PhD research usually allows. Working with investigators on the project enabled ongoing mentoring. Nesting my PhD in the SCREAM project provided access to data and assistance with the navigation of multiple complex ethics processes.

The SCREAM project

Origins

The Mothers and Gestation in Custody (MAGIC) study that preceded the SCREAM study was a data-linkage cohort study of Aboriginal and non-Aboriginal women that aimed to assess the impacts of incarceration on women's pregnancy outcomes (Hilder et al. 2016; Walker, Hilder, et al. 2014). In the course of their work the MAGIC project advisory group noted that Aboriginal mothers were different from the non-Aboriginal mothers, and that specific social and political issues informed their ongoing dis-advantage and incarceration. The MAGIC advisory group recognised that these women were a prison population that was growing exponentially and yet overlooked in the research (for exception see Lawrie 2003) and underrepresented in the current literature. They therefore recommended that a well-funded study be undertaken to specifically investigate the SEWB of Aboriginal mothers in prison.

Establishment

The SCREAM research grant application that followed received funding from the NHMRC (2011). The project was designed as a multi-site study with two discrete research hubs, one in NSW and one in Western Australia (WA). The rationale for this choice was that in WA the imprisonment rate of Aboriginal women per 100 000 of population was almost twice that of any other Australian jurisdiction (Corrective Services (WA) 2003). NSW had the highest total number of Aboriginal women in prison (ABS 2007).

Discrete operational research hubs were established in recognition of the fact that the two states had different histories and rates of progression of colonisation, discrete historical and contemporary policies affecting Aboriginal people, and different criminal justice and prison jurisdictions. Accordingly, each hub had separate Indigenous and non-Indigenous research leaders who led consultations with community-controlled organisations. Each hub established separate advisory groups and developed research

instruments from these consultations. The entire research team (NSW and WA) met face-to-face periodically and via telephone conference regularly.

Each hub collected quantitative survey data and qualitative interview data. My PhD research was nested within the SCREAM project and utilised the qualitative interview data provided by the mothers in NSW prisons only.

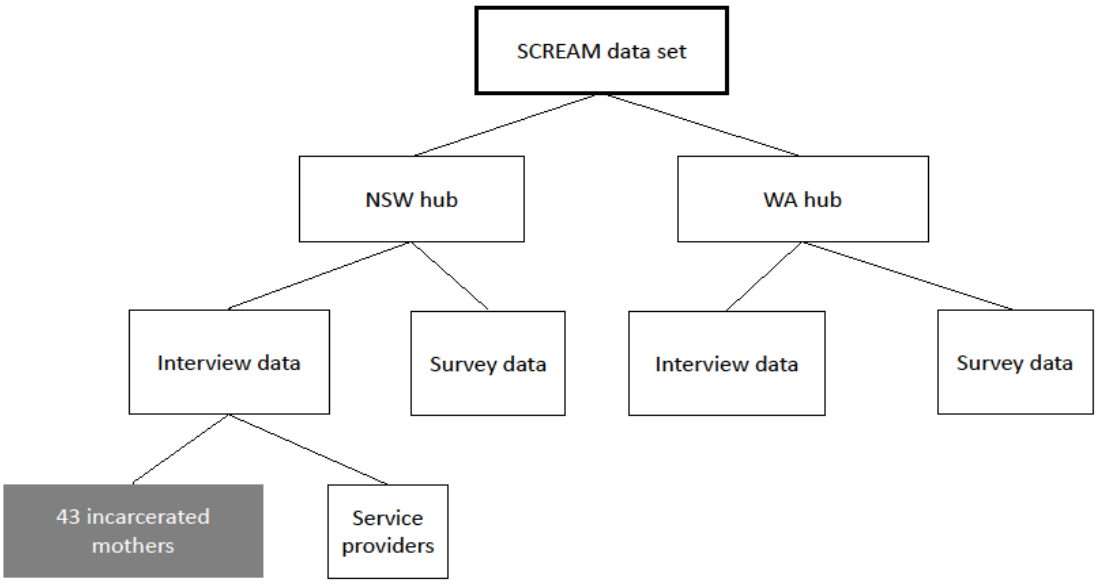

Figure 1 Flowchart of SCREAM project components

Overall guiding methodology

The approach was underpinned by the precept that colonisation (Anderson et al. 2006), ongoing racism and discrimination (Paradies 2016; Paradies, Harris & Anderson 2008), and the effects of social policy (Brady 2007) were heavily implicated in the health and incarceration (McCausland & Baldry 2013) of Aboriginal mothers. Further, the removal of women from communities had considerable impacts, as women are often heads of households and care for children (including children who are not their own biological children, within an extended kinship frame) and the elderly and disabled (Jones et al. 2018).

I now turn to look at the specific project methodology that has bearing on my research. In NSW the methodology was guided by a community collaborative research framework (Sherwood 2010; Sherwood & Kendall 2013) and a critical research framework that acknowledged the historical context and impact of colonisation, and focused on identifying pathways for research that had the potential to be restorative (Sherwood et al. 2015).

Project protocol

During the consultation phase the NSW project team worked diligently to build relationships with stakeholders. Scoping allowed the team to identify the relevant stakeholders including Aboriginal community-controlled health services, government departments (Corrective Services NSW and Justice Health and Forensic Mental Health Network) and NGOs. Wide engagement and consultation across NSW resulted in the establishment of a NSW project advisory group that would guide the project through all stages of the research including development of research questions, design of data collection tools, interpretation of data in the analysis phase, and advice on dissemination with the aim of benefit to the women, their families and communities.

Whereas previous studies had focused on the physical and mental health of Aboriginal prisoners (see for example Butler et al. 2007; Butler et al. 2011; Kariminia, Butler & Levy 2007), the SCREAM study broadened its remit following community consultation and advice from the advisory group. Aboriginal concepts of health and SEWB such as the *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2004–2009* (SHRG 2004) framed the research, recognising the importance to Aboriginal people of connection to land, culture, spirituality, ancestry, family and Community (HealthInfoNet n.d.). This view of health required looking beyond the physical needs of the individual and understanding health in a context of inequity, intergenerational harm caused by policy, racism and discrimination (Dudgeon et al. 2014).

Ethics approval

The study was approved by the following ethics committees: Aboriginal Health and Medical Research Council (NSW) (AHMRC), the Justice Health and Forensic Mental Health Network (NSW), Corrective Services NSW, the University of New South Wales (UNSW), and the University of Technology Sydney (UTS).

My work on the project was ratified by the ethics committees of AHMRC, the Justice Health and Forensic Mental Health Network, Corrective Services NSW and UTS, and my name was added as a graduate researcher on the NHMRC grant.

Recruitment

The women were alerted to the opportunity to participate in interviews using posters that contained custom-designed artwork, designed by an Indigenous artist specifically for the SCREAM project, that were placed in prominent places in women's jails. Researchers made prison visits prior to data collection to share information about the project with the prison community workers including Aboriginal service and programs officers. Researchers reported that the project received outstanding support at all levels of the prison management hierarchy, facilitated by the then NSW principal adviser for women offenders, Deirdre Hyslop, and the regional Aboriginal project officer (NSW), Vivian Scott.

The women were first invited to complete a SEWB survey, which established contact and provided the opportunity of explaining the project and informing the women that researchers would return to conduct interviews. On the advice of the NSW SCREAM project advisory group, an inclusive approach was taken, and interview participation was open to all Aboriginal women regardless of participation in the survey. A purposive, convenience sampling method was employed (Robinson 2014, pp. 31–2). Sampling was purposive in that all women self-identified their status as Aboriginal and as mothers. It was also convenient, *all* women at the prison site at the time of the interviews were invited to participate. This method upheld the value of self-determination and choice for the women, and increased participation rates in a very defined, regimented prison setting with limited numbers of eligible participants (Wakai

et al. 2009, p. 745). Prison routines, lockdowns, employment and vocational training and parenting courses all limited the availability of potential interviewees. As the women self-selected, it is likely that only those with a reasonable level of motivation agreed to be interviewed, potentially increasing the quality of the interviews (Deci & Ryan 2008, p. 182). The method of recruitment and the spread of word by mouth among the women was so successful that interviewers sometimes extended interview times for an additional day to accommodate all the women who wanted to participate.

Participation was entirely voluntary. The women were compensated with a nominal $10 credit to their prison account to thank them for their involvement. All participants provided verbal and written consent (see Appendix 1). Participants were provided with written and verbal information at various stages of recruitment: (1) prior to recruitment, (2) further explanation at the time of recruitment, and (3) refreshment of this information at the beginning of interviews and an opportunity to ask questions at any stage.

Data collection

All prisons with more than 10 Aboriginal women prisoners in NSW were selected as research sites. The interviews were conducted in 2013 by a senior Indigenous academic (Professor Sherwood) and a non-Indigenous postdoctoral fellow (Dr Kendall) at Silverwater, Emu Plains and Dillwynia prisons in Sydney, and Broken Hill, Wellington and Mid North Coast (Kempsey) regional prisons.

A culturally appropriate interview guide (see Appendix 2) was developed that followed the advice of the advisory group and was targeted at promoting discussion on topics under investigation. The guide included the following topics: the women's physical health, mental health, their childhoods, mothering, prison healthcare and programs, their post-release experiences, their goals and strengths and recommendations for improvements.

Interviews were conducted in the location where the woman said she was most comfortable; many women elected to be interviewed out of doors. The semi-structured interview guide was used as a descriptive tool, that is, it covered topics of

interest to researchers but was not employed prescriptively. Women were not pressured to talk about areas that were too emotionally overwhelming or held little interest for them.

In the research interview, 'yarning' (purposeful conversation and storytelling) provided space for participants to tell their story through a supportive and co-facilitative method that privileged their knowledge as experts on their own lives (Bessarab & Ng'andu 2010; Geia, Hayes & Usher 2013; Walker, Fredericks et al. 2014). Yarning is a traditional and culturally appropriate Indigenous method that upholds time-honoured dialogic conventions of oral information transfer between people (Bessarab & Ng'andu 2010). Led by the senior Indigenous researcher the team began with 'social yarning', an informal engagement with the women around everyday social topics and concerns. The researchers then shared information about the research project and its aims and asked if the woman had any questions—'collaborative yarning'. 'Research topic yarning' then focused the conversation around the interview guide topics. When sensitive and difficult topics were reached the interviewers turned toward 'therapeutic yarning', providing support and affirmation for the women and their powerful stories (Bessarab & Ng'andu 2010, pp. 40–1).

A total of 43 interviews were completed, with one excluded due to the woman not identifying as a mother. Interview length ranged from 20 to 120 minutes. The interviews were audio-recorded and professionally transcribed. Data was stored in digital format on secured computer password-protected drives at UNSW and UTS in compliance with the *Australian Code for the Responsible Conduct of Research* (NHMRC 2007) and university data management protocols.

Data analysis

Engaging with the data

I came to the SCREAM project after all data collection was complete. The first step in my PhD project after ethics approval was to familiarise myself with the interview guide, listen to the audio interviews and read all the transcripts in full. Several

meetings with the interviewers provided an opportunity to better understand the prison interview environment and to get a macro view of the interviewers' sense of the concerns of the women and recurring themes. I was particularly interested in themes that arose spontaneously from the women. This process has been iterative, and as both interviewers are my PhD supervisors, ongoing dialogue around the meaning and interpretation of the interviews was enabled. Professor Sherwood, the lead interviewer, had treated a number of the women when they were still children and worked with their families in her capacity as community child health worker and educator in Redfern, NSW. Her long connection to community, the women and their families, provided a rich resource of context and a critical research lens to consider their current challenges.

From listening to and reading the interviews, I formed the view that the data was a particularly rich and a valuable resource for shaping the emerging knowledge base about this group. It was not only rich in the way of 'thick description' (Geertz 1973), but described a group under-considered in the academic research literature (For exception see: Lawrie 2003). As I was not involved in the construction of the interview guide, nor had I collected the data, I was keen to see what the data would and could yield, rather than formulating early assumptions. The 'yarning method' employed meant that women alluded to diverse topics related to health and SEWB across individual interviews and across the group as a whole. I decided to focus on SEWB and mothering, informed by my background in psychotherapy and emersion in Indigenous studies. My aim was to work with the knowledge that the women had provided to broaden the discourse about this group beyond narrow positivist lenses that blame and pathologise women for their health and crime (Baldry & Cunneen 2014, p. 282; Cunneen et al. 2013, p. 102).

Developing aims and objectives

During interview review three main objectives took shape:

1 To broaden the context of the women's lives beyond positivist criminological rhetoric. Many of the women spoke spontaneously about their childhood. I was

interested to elicit the particularities of their personal histories that would illuminate patterns, embedded cultural family strengths, and the early life beginnings of ongoing challenges.

2 To shift the focus toward health, SEWB and mothering, and the implications that continual ruptures to these have on pathways to prison. 'Trauma' had long been present as a sensitising concept, first proposed by the advisory group of the preceding MAGIC study and again by the SCREAM advisory group, as a culturally relevant lens through which to consider the women's lives. A reading of the interviews suggested that the women's narratives provided evidence in support of the presence of trauma.

3 To appreciate how women spoke about and defined their mothering roles. The SCREAM project centred on and targeted mothers specifically. As mothering was considered by the advisory group to be vital to the women's SEWB, I proposed to investigate how women spoke about their mothering roles and what impact they said prison (or cycles of imprisonment) had on mothering.

Developing an analytic framework

Primacy in analytic design has been given to the group of women whose stories inform the analysis and to the process of structuring an appropriate method to apprehend and describe their lived experience in general and their SEWB in particular. It was clear from the outset that the design approach would need to be innovative yet structured. Any design would need to yield to a decolonisation research stance and take into consideration Indigenous standpoints and expertise and ways of building knowledge. It would need to provide the means of undertaking a non-harmful analysis that would elicit the strengths of the women as well as their vulnerabilities and the systemic issues that impact upon them. At the same time, it would have to possess the strength of a systematic and rigorous approach that could manage the complexity of the data that was suitable for cross-disciplinary work.

To be responsive to the data as it unfolded, and to acknowledge the development of collaborative relationships through which knowledge was to be grown, an 'emergent

design flexibility' was required (Patton 2015, p. 50). That is, elements of the analytic design would emerge from engagement with the interview data. I agree with Hesse-Biber and Leavy (2006) that: 'Emergent research methods are the logical conclusion to paradigm shifts, major developments in theory, and new conceptions of knowledge and the knowledge-building process'. A decolonising Indigenous supporting paradigm made responsiveness, flexibility and innovation a requirement of emergent design.

Initially, GT was, in consultation with my supervisors, agreed upon as a method that was well-established, systematic, inductive and rigorous (Bryant 2017, p. 91). It offered the opportunity to inductively segment the data and gain a fuller appreciation of different women's range of experiences across the interviews. This approach was highly effective in the analysis of the women's narratives around their childhoods and experiences of motherhood and mothering. However, once I became immersed in the data in relation to trauma, I realised that segmenting the data was an inadequate method for understanding the women's narratives containing responses to trauma, with events and their responses sequenced over time. Moreover, the integrity and uniqueness of the stories that the women shared could not be holistically captured other than by providing the reader with case study examples. The women had big stories of survival despite continuing adversity, and these needed to be respected and retold to fully recognise them and their strengths.

Following a critical decolonising stance, positioning women as experts and attaching epistemological value to their voices where these have been ignored required a space for those who wanted to speak and a chance of being heard and represented in ways that are culturally resonant and would potentially be recognisable to the women interviewed. Grounded theory allowed many voices to be heard on a single topic such as mothering and childhood, and honoured the value of inclusivity. A case study approach honoured the value of the more complete narratives of the women as they told their stories of endurance. Moreover, a case study approach was indicated in the original NHMRC grant application; it was therefore an approach aligned with the original study design (Chamberlain et al. 2011).

My personal stance as a researcher has been to 'get in the way', meaning to turn up, be present and give my attention and energy to the SCREAM project, to the project advisory group and to the women's stories and conversely to 'get out of the way', to be open, to listen to what is needed and to trust the uncertainty of a relational research process.

Coding the data—putting grounded theory to work

NVivo 10 (QSR International) software was utilised to store and manage the data. A GT inductive approach was utilised to code all of the data (Charmaz 2014). Coding involved a 'close reading' of the data, then segmenting the interviews into individual units of meaning with a signifier label. Though time-consuming, coding entire interviews and capturing *all* of the health-related data, whether physical, social or emotional, was instrumental to appreciating how aspects of health and incarceration interacted. All aspects of the women's experience were coded. Efforts were made to stay as close to the data as possible and to be sensitive to the women's own ways of describing their experience, while simultaneously searching for patterns across multiple interviews. Each new coded interview provided a guide to coding those that followed, as my appreciation and understanding of the women's experience deepened. Though elements of the narratives were similar, such an inductive approach allowed for a fresh approach to the data to elicit that which emerged from the data directly.

It struck me that it is relatively easy for solo researchers to get off track early, and that the consequences of this could potentially become magnified later in the research. As tentative codes coalesced into firmer codes, I made arrangements to check for accuracy and to keep the analysis underpinned by an Indigenous worldview framing. Meetings were held with the Indigenous lead investigator (NSW) as the codes emerged, to ensure that the coding reflected Indigenous concerns. Once initial coding was complete, four of the NSW investigators (including the two original interviewers) were provided with the codes and code descriptors and a joint meeting was held to check the validity and veracity of the codes. We discussed early emergent themes and confirmed, refined or deleted codes by agreement.

Refined coding and interpretation guidance

The next coding stage checked the initial codes and interpretive ideas with the SCREAM advisory group at a meeting in the pre-findings stage. Attendees of the meeting were provided with a PowerPoint presentation of tentative emerging themes for group discussion. The meeting was audio-recorded and notes and minutes taken. Minutes were disseminated to all advisory group members including those outside metropolitan Sydney and those unable to attend, with an invitation to comment and add to the discussion. Members indicated that they were satisfied with the direction of the research and contributed further knowledge around the hardships of child removal, mothering from prison and dealing with government bureaucracies.

Once the SCREAM (NSW) investigators and I were confident of the depth of the data on various topics, and the emergent themes and concepts present, I selected the topics to narrow the focus of the analysis. Supervisors agreed that the women's childhoods, trauma and mothering were appropriate focus topics to meet the aims and objectives of this PhD research. Research questions were developed (described earlier in this chapter). Refined coding successively recoded the data, drawn from a selection of the relevant primary codes, for each topic area. This method provided greater subtlety and accuracy. It also provided the basis for new more refined emerging themes in each topic area. As the target focus narrowed, so too did the close listening and attending to critical incidents. Relationships between events and sequences were finely attended to. Codes were collapsed and expanded to accommodate new insights. A discrete set of refined codes was created for each topic. These were iteratively checked by the SCREAM investigators and tentative themes were once again presented to the advisory group for their input and interpretation.

Working with case study method

Case study was introduced as a complementary method when it became obvious that GT theory was not the most appropriate method for understanding the unfolding of the trauma experience of the women over time. Interviews suggested that complex recurring patterns and pathways were present for the women. These patterns of

traumatisation occurred along with long histories of colonially informed deprivation and with recurring incarceration. The purpose of applying a case study method was to facilitate context appreciation and explanation building (Flyvbjerg 2011, p. 203; Yin 2018, p. 179). I wanted to illuminate how trauma (1) progresses, (2) interacts with other social and health factors, and (3) shows its implications in incarceration.

The other case study rationale was to remedy two further challenges. The first arose from the trauma literature. Too often authors allude to trauma in a general, loose, common sense or understood fashion. Such treatment does not elicit the particularity or interactions of trauma. I was concerned that this PhD study show the specificity of trauma for this group of incarcerated Aboriginal mothers. The second issue was the fragmentation of the women's narratives. Such fragmentation has a decontextualising and objectifying effect (Vickery et al. 2007, p. 20). The risk of using coded inductive themes alone is that readers are distanced from the women as real people. Instead, the women's narratives needed to be appreciated as powerful statements with embedded decolonising metanarratives (Flyvbjerg 2011, p. 303). Sium and Ritskes (2013) affirm that stories assert Indigenous epistemologies:

> These stories are resurgent moments, which reclaim epistemic ground that was erased by colonialism and, in the process, these stories also lay a framework and foundation for the resurgence of Indigenous sovereignty and the reclamation of material ground (p. iii) (see also Gorman & Toombs 2009, p. 7).

The narrative has been chosen as the unit of study for the case study. Naturally narratives are closely linked to individual women. However, in line with a collective Indigenous viewpoint, recognition is given to narrative as belonging to the collective (Gee et al. 2014), as valuable for meaning making, and as a pedagogical tool beyond the individual instance (Kutay et al. 2012, p. 50). Selection of case study narratives was challenging. All interview narratives exemplified to some manner and degree the intertwined effects of colonisation; that is, disadvantage, imprisonment, poor health, and lack of access to social opportunities and healthcare (social determinants of health) (Saggers & Gray 2007). While case study methodologists are exhorted to seek exceptional cases that run counter to the norm (Flyvbjerg 2011, p. 306), these were

not found to be present. *All* of the mothers had been subject to the intergenerational effects of colonisation. Case studies were chosen that are instrumentally different from each other; each demonstrated differing aspects of the interrelationship between the context of health issues, deprivation of mothering opportunities, behavioural compensations (e.g. self-medicating drug use) and imprisonment.

The women shared cultural narratives that are frequently conversational and circular in structure, not linear (Geia, Hayes & Usher 2013, p. 15). Case studies have been created by summarising, and at times reordering, the narrative to follow the timelines of events that the women described. Case studies are written in the present tense, stay closely with the woman's own language and meanings, and make extensive use of quotations that are provided in italics to distinguish the woman's direct words from the summary. The case studies were checked for accuracy with Professor Sherwood. The sensitising concepts of 'trauma', 'mothering' and 'colonisation' are employed in the analysis of the case studies. 'Sensitising concepts' refer to formative, non-specific frame-of-reference conceptualisations that inform research in the early stages (Bowen 2006; Patton 2015). Patterns and connections that emerged over time were noted. During interpretation and discussion careful attempts were made not to fragment the data, but to retain a holistic interpretation and theorisation of patterns within the narratives. Each case is reported separately, then an overall discussion and conclusion is presented.

Data interpretation

Interpretation of the data was informed by early contact with the SCREAM advisory group. Interpretation was iterative, beginning with the first interview reading, through coding, to the elucidation of themes and patterns and on to conclusions and the creation of a novel recognisable research narrative. The first step was to listen and attend to the data (Dale Bloomberg & Volpe 2012, p. 172). Then, as Charmaz (2014) terms it, 'entering an interactive analytical space' where the researcher becomes further immersed, engaged and involved with the data (p. 115); it is the space within which interpretation happens. Engagement, however, goes deeper than working with or manipulating the data, it requires relationship. The roots of the epistemological

design of my study (Willig 2013) are within a relational Indigenous paradigm (Sherwood 2010), and thus I was required to generate a relationship to the data, and through the data to the women who shared their stories—all the while maintaining a network of relationships and collaborations with supervisors, project investigators and the project advisory group. Each of these relationships has had a profound impact upon the lenses employed in the interpretation of the data.

Working with the sensitising concepts of 'trauma' and 'mothering' required sensitivity to the women's situatedness within the collective, their families, communities and culture over time. I winnowed some elements of the data according to my focus, and attended very finely to the nuanced meaning of parts of the narratives with bearing on this investigation (Willig 2013). At times I was aiming to appreciate the context of the women's lives, such as in the findings chapter on childhood. At other times I was attempting to capture the perspective of the women on the meaning of mothering. Still at others, I was intent on following the unfolding flow of events that connected social and health stories to imprisonment which resulted in the chapter on trauma, all the while searching for meaning, recurring themes, patterns, connections and relationships between elements in individual narratives and between narratives, unintended consequences and systemic implications.

Three levels of interpretation are discernible. The first is that the women have done the work of interpretation, of giving meaning to their lives within their narratives. I have tried to stay 'grounded' and close to their meanings and make extensive use of direct quotes which provide insights and cultural appreciations which paraphrasing could not adequately capture. Second is the collaborative interpretive work in conjunction with the advisory group and my supervisors. Its fruits are to be found in the application of particular lenses (SEWB, public health, Indigenous perspectives, decolonising imperatives), the definition of codes, and the development of themes. The third is interpretation as an 'act of composition' (Stake (2010) in Patton 2015, p. 5) delivered by my construction and reconstruction of the stories and the creation of new conceptual insights that add to the existing knowledge base and provide meta-meaning to the investigation.

Creating confidentiality – identifiers and pseudonyms

In the following section I discuss concerns relating to the naming/identifying of participants and the decision process in my research. I identify the women who participated in interviews in two different ways. Where participants are quoted directly, I have used a numeric identifier. This identifier is unique and identifies the specific woman, the day and the location in which she was interviewed. For the three case studies presented I have broken with this convention and provided pseudonyms. A limitation is that those interviewed were not offered the choice of their own preferred pseudonym during their interview and were not contactable at the time of my analysis. In my decision making, I was guided by the qualitative research literature generally and Indigenous methodological literature specifically, as well as taking guidance from supervisors.

The literature suggests that while the use of pseudonyms and numerical identifiers is standard practice in qualitative research, the mechanisms by which the choice is arrived at is not well canvassed (Lahman, Rodriguez & Moses 2015). Technically and ethically identifiers are considered a reasonable way to protect the privacy and confidentiality of research participants. If one employs a critical and reflective approach, however, other dimensions such as the psychological impact (Allen & Wiles 2016) and socio-political meaning of naming become relevant (Lahman, Rodriquez & Moses 2015). It is the latter that will be addressed in consideration of the use of identifiers in my PhD research.

There are a number of issues which relate to my positioning as a non-Indigenous researcher that have me uncomfortable choosing ‘fake’ names for the women who participated. The first issue is one of representation. Indigenous researchers have drawn attention to the miscarriage of justice and deleterious effects of ‘imposed representation’ (Cram 2009, Smith 2012). These assertions drew into question the appropriateness of a non-Indigenous researcher trying to choose ‘believable’ names on behalf of the Indigenous women participants. Moreover, names like all Indigenous knowledge, are specific, familial, cultural and contextual, not arbitrary (LaFrance,

Nichols & Kirkhart 2012). I did not believe that I was able to bring authenticity to this process. In the end, however, compromise was required for the case studies.

I would argue that the case study method has different requirements from those of citing direct interviewee quotes for the purpose of creating evidence. The purpose of case studies is to provide a 'thick description' of a real-world case, showing the unfolding of events that enlightens readers and provides a greater understanding of the area under investigation (Yin 2018 pp. 15,18). To do this, researchers engage the 'art of composing' which provides greater latitude (Yin 2018 p. 220) than quoting directly from interviews. It is virtually impossible to do this work using identifiers, other than to use names. The three case studies were carefully checked by my Indigenous supervisor, who was satisfied with the names chosen.

Intention is vital to reflective practice, and my intention with regard to identifiers and naming is worth spelling out. With the use of numerical identifiers, it is not my intention to intimate that the women participants are not unique, worthy and entitled to respect, or that I do not acknowledge the women as relational beings. My reluctance to try to create names for each woman reflects my lack of knowledge of their preferences and my own inter-cultural deficits. I am also aware from speaking and interacting with Aboriginal people, that, while each woman is a unique individual, the women share a collective experience and collective knowledge which is culturally mediated. The narrative is that woman's own story but also a story that connects to collective experience.

Limitations

I have frequently been asked whether the fact that I did not conduct the interviews myself troubles me as a developing qualitative researcher. The short answer, with some reflection, is no. Methodological texts that address this division between qualitative data collection and data analysis are scarce or non-existent. Even pre-eminent authors in the field of qualitative methods (see for example: Patton 2015; Tracy 2019) assume that the qualitative data collector and analyst are one and the same. The reason for the assumption is, I believe, that 'naturalistic inquiry' (Guba &

Lincoln 1982) resulting from a 'naturalistic research paradigm' has a very strong influence on perceptions and assumptions within qualitative research today. Naturalistic inquiry emphasises the researcher as instrument, undertaking on-the-spot observation (field work); it is closely, though not exclusively, related to the production of ethnography (Tullis Owen 2008).

In comparison, Indigenous paradigms emphasise narrative, Indigenous knowledges and relationship to collectively held data (Datta 2017). The emphasis shifts from the 'researcher as instrument' to 'the narrative (conveyed knowledge) as instrumental'. This paradigmatic shift in gaze and emphasis connotes a decolonising stance. Such an epistemic research stance seeks knowledge where it has been silenced, ignored or overlooked, and goes about eliciting that knowledge in the most culturally appropriate way that benefits those who share it (Smith 2005b). The SCREAM (NSW) interview methods are aligned with this decolonising approach (Roulston 2010, pp. 222–3). Listening to the interviews and reading the transcripts, I realised that having a senior Aboriginal woman take the lead in the interviews made a positive difference: the older experienced women could identify with her, the younger women looked up to her. Her cultural knowledge, awareness of sensitivities, and appropriate responses enabled the women to open up and speak freely in a way that might not have been possible with an entirely non-Aboriginal research team. Her interviewing and attuned cultural listening I believe increased the number of women willing to participate, the cultural safety (Nguyen 2008, p. 991) of the project, and the quality of the data collected (Roulston 2010).

Because I did not conduct the interviews myself, some may argue that I am not as close to the data as otherwise might be the case. Relatively speaking, though, I am not as distant as a researcher using an existing data set for a substantially alternative research purpose, as in the case of 'secondary analysis' (Datta 2017). I favour Hammersley's (2010) argument that data is a essentially a 'resource' from which researchers create 'evidence'. Hammersley concludes that both the intent and the approach shape the fit of existing data to the current investigation. For instance, in the case of my research, the data is analysed according to the original intent for its

collection, using an inductive research methodology that does not presuppose the nature of the evidence contained in the data. According to Hammersley (2010), relationship and construction still occur, not at the interview stage but later during the analysis. I agree that this is where the closeness to the data occurs in this type of research study.

Prison research imposes a set of very specific constraints on research investigators. To begin, prison populations are notoriously difficult to access (Patton 2015; Tracy 2019). Multiple complex ethics applications following lengthy negotiations with prison authorities are the norm. There are sound reasons why this is the case. There exists a well-documented litany of exploitation and human rights abuses perpetrated by researchers upon those who are incarcerated in the name of science (Tullis Owen 2008). Moreover, prison systems are security-orientated, highly structured, risk-adverse settings (Wakai et al. 2009). Both protective as well as structural-institutional motivations lead to a plethora of rules, gatekeeping and access issues (Roulston 2001, p. 182). Additionally, researcher activities incur a time, disruption and cost impost on prisoners and prison institutions.

The result of these considerations was that the SCREAM (NSW) researcher team conducted interviews intensively and consecutively, making maximum use of the opportunities afforded by prison authorities. Coding and transcribing could not take place between interviews to inform future interviews, so the interviewers discussed the themes that arose at the end of each day and used these to inform questions in successive interviews. Nor could interviewers revisit participants for clarification or further information.

Methodologically, interviews were guided by an appreciative and respectful stance that considered the woman's story whole and complete at the time it was shared. Where similar constraints were in place, GT has been used in single collection of data and as an interpretive method and for theory generation in prison contexts (DeHart 2008, p. 1364; Guba & Lincoln 1982, p. 471).

The SCREAM research team continued to be guided by an iterative, relational praxis. In 2016 interviewers revisited the jail in Sydney containing the largest number of women

who were original interview participants. The impetus for this feedback visit was maintaining connection and sharing the fruits of participative inquiry, rather than further data gathering. Corrective Services NSW identified the women who had participated in the original interviews and invited them to attend. The invitation was further extended to all the Aboriginal women in that prison at that time, in recognition that the research concerned them, their children and communities. Reports from the researchers and Corrective Services NSW were that the 'yarn' and discussion with the women was well-received and the appreciation between the women and researchers was mutual.

Part C Findings

5 Women's childhoods and family environments

Introduction

The incarceration of Aboriginal women has begun to receive attention in recent years, but this does not necessarily render these women, or their particular life experiences more visible. The current focus stems from a growing awareness of the ever-increasing number of women incarcerated in Australia. Targeting numbers alone, however, is open to interpretation and sometimes attribution of personal or cultural blame (Anthony 2013, pp. 103–11). The context of women's early lives that informs both their strengths and pathways to prison is less well documented or appreciated. Despite pervasive and systemic disadvantage (Behrendt, Cunneen & Libesman 2009; Indig et al. 2010; Krieg 2009) including racism, dispossession, forced removal of children, political marginalisation and exposure to various forms of state violence (Burns et al. 2013; Calma 2007), the threshold moment for their visibility remains incarceration.

Once incarcerated the woman's primary visible social identity becomes that of a prisoner or detainee. In reality, the women spend the majority of their lives outside prison; no-one is born a prisoner. Colonially constructed deficit perceptions (Fforde et al. 2013; Fogarty et al. 2018) and generations of racist government policy have fundamentally shaped health and imprisonment outcomes for Aboriginal women (Durey & Thompson 2012; Lowitja Institute 2018). It is harmful to have substantial numbers of women, mothers and caregivers removed from Community. It is additionally harmful to identify the women by their current status as prisoners. If this identity comes to publicly dominate discursive practices, women are vulnerable to being blamed for their failures as individuals. Such blame is injurious and may be internalised, leading to shame responses that are specific to colonised peoples (Treloar et al. 2016). Such unfair attributions may further decrease social and emotional wellbeing (SEWB) and contribute to compromising people's ability to interrupt cycles of imprisonment (Tangney et al. 2011), at the individual level as well as inter-generationally (Quilty 2005; Quilty et al. 2004).

Holistic whole-of-life approaches

Before a woman is a mother, she is a child herself. This chapter considers what the women said about their childhood and is an effort to move beyond popular media and political narratives that present fictionalised accounts of women in prison or represent women as women only as criminals and only in the 'moment of imprisonment' (Cecil 2007; Dowler, Fleming & Muzzatti 2006). As Indigenous community leaders and scholars constantly remind us, holistic appraisals based on the strengths and challenges of women over time, which situate women within their whole context, are most likely to lead to ways of knowing women that can, in time, improve their social and physical health (Dudgeon et al. 2014; Lock 2007; Sherwood 2010), both of which are required if women are to remain outside prison and in Community. Health is increasingly recognised as generational, and the 'whole-of-life' approach is an Indigenous initiative and a key priority for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (Australian Government 2013).

In the Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) study the women's insider view, developed through their use of narrative, provides a unique lifespan and generational perspective seldom captured in prison studies. Their stories provide underlying identifiable themes and currents, yet their expression is as diverse as the women themselves. The plurality of the women's narratives is embraced in the study, so that their rendering does not suggest a single or absolute Aboriginal identity, but rather many possibilities within the self-identification of Aboriginality (see Martel & Brassard 2008). Their narratives speak to a holistic health picture beginning in childhood and including their family, Community and cultural relationships. Health, including SEWB, is a definitive issue for the women, as poor health is very strongly correlated with return to prison (Thomas et al. 2015). Moreover, the women bring a unique way of voicing health and health concepts. Listening to and developing appreciation of women's childhood experiences is important in building a community collaborative agenda around life, health, SEWB, care and spirituality, so that mothers can be supported in their mothering and so that health benefits can flow on to children, families and communities.

Aboriginal women in prison are distinct from non-Aboriginal women contained by the same carceral systems. They are not merely a subpopulation of a prison cohort. These women are culturally and socially different in ways which are underappreciated by mainstream society and policy makers alike. To fully appreciate the holistic narratives that the women gave to researchers in this study requires cross-disciplinary combined health, sociological and Indigenous cultural approaches that emphasise the context and environment of the women. Such approaches are particularly important when people are exposed to high levels of ongoing stress over prolonged periods of time. For instance, Ungar Ghazinour et al.'s (2013) review of the resilience literature found that the more adversity and stress children were subject to, the more environmental rather than individual qualities accounted for positive outcomes (p. 350). In other words, environment trumps individual traits when group stress thresholds are met, and this might be especially true for cultures that emphasise the collective over the individual.

Cross-disciplinary approaches that emphasise context, environment, social and power relationships, and ongoing colonisation (Czyzewski 2011) are vital lenses through which to appreciate the lives of the women. Turning first to health approaches, social epidemiology has come some way since McMichael (1999) criticised the discipline for operating under the assumption 'that populations are merely aggregates of free-range individuals and that methodologically correct local studies can estimate presumed universal individual-level risk relations' (p. 887). A social determinants approach to public health recognises continued social exclusion as the main driver of the poor health and high mortality rates of Aboriginal peoples in Australia (Marmot 2005; Marmot 2011). Social exclusion has many faces including poverty, poor educational experiences, unemployment, racism and political marginalisation that translate into severe disadvantage (Carson et al. 2007). There are also sociocultural determinants and Community strengths which improve health and SEWB including cultural identity, strong families, connection with Country and resistance to colonisation. These varying social determinants point to the fact that Western sociological frames alone are insufficient to capture Indigenous experience.

While social determinants approaches are a welcome theoretical refinement, Indigenous doctor Ian Anderson (2007) calls for consideration of the relevance of social health models within Indigenous contexts (p. 21). One size does not fit all, especially where the relationship between social processes and health is under investigation. Indigenous peoples are different from non-Indigenous populations in terms of social history, power relationships, social process and the social meanings that are ascribed to events and relationships. Furthermore, their 'problematic health picture' has been constructed and perpetuated by social policy (Sherwood 2010). Therefore, Western approaches developed overseas with non-Indigenous study participants are only able to provide a perspective, but do not have universal explanatory power when applied to the Aboriginal mothers in his study. The power of the SCREAM study is instead found in the voices of the women and how they develop their narratives in uniquely Indigenous ways to tell the story of their childhoods, locating themselves as agents within their social, relational, institutional and political environments over time.

Embeddedness

It is clear that when women describe their childhood they are telling narratives that situate them not merely in interaction but *embedded* within the systems of their extended families, social relationships, communities, and cultural and social institutions. Both the embeddedness and the emphasis on cultural social relationships are amplified in the life stories of the women. Aboriginal people have a different conception of the nature of their relationship to the environment. For many Aboriginal people their connection to Country, their relationship and responsibility to Country and nature, and their relationship to family and Community are different and deep (Bird Rose 1996; Kwaymullina 2005; Schultz & Cairney 2017). In this sense Aboriginal women and mothers are positively embedded in their environments. While conditions have changed with colonisation, the essence of this connectedness and embeddedness remains as an authentic lived experience. The disruption or cessation of these positive intimate social relationships can have detrimental effects and was a major cause of suicide among Aboriginal women in prison in Hunter's (1988) study of suicides in prison (p. 270). The dispossession, dislocation, death, loss and grief created by

colonisation are well documented (Reynolds 1989; Rowley 1972) and have engendered intergenerational trauma response patterns that are highly specific to Aboriginal peoples (Atkinson 2002; Linklater 2014; Raphael, Swan & Martinek 2010). Family and community systems remain distressed and are burdened by racism, child removal and incarceration, negatively embedding Indigenous families within social institutions.

It is important to apprehend the nature and complexity of women's embeddedness. Their embeddedness is an interdependency of a different order from the commonly studied unit of 'interaction' (see for example social-ecological approaches in Bronfenbrenner 1977). In this study, the women's environments were not merely the background context of their lives, but in many ways the substance of their lives—the two are inextricably interwoven. This boundedness has gender, culture and sociohistorical particularity, as the results that follow show. Some embeddedness contains the positive connotations of belonging, connection, strength and identity; at other times boundedness ties women to traumatic family and dysfunctional institutional systems. Understanding where the women draw strength from their embedded connection and where this might be further strengthened is vital to improved SEWB. Equally an understanding of the supports that women need in order to navigate and function within their challenging and difficult embedded contexts is essential.

Embeddedness also acts as a concept. Indigenous ways of knowing that strongly relate people to their environment have implications for *how* people come to be known. As Kirmayer et al. (2011) elaborate:

> Thinking about the person as fundamentally connected to the environment dissolves the opposition between nature and culture. The human predicament then becomes one of working with powerful forces both within and outside the individual (p. 89).

Aboriginal children are culturally nondivisible from their environment (AIFS 2018b). The narratives of the women provide an appreciation of the intensely holistic nature of Aboriginal connection and embeddedness within family, culture, Community and

colonial institutions. The linkages between systems are crosshatched in ways that are unusual in Western models. For example, families have particular and traumatically embedded relationships with institutions, as a result of colonial histories of dispossession which included missions, reserves and ongoing child removal. Despite these traumatic disruptions, Aboriginal peoples have survived, endured and retained their cultural environments; they have adapted new ways of knowing alongside the old.

The environment is the story

Environment, as previously stated, is not merely a backdrop, context or scene against which life unfolds; it is the stuff of the unfolding and part of both belonging and identity (Bird Rose 1996). For example, in the interviews that were conducted for this study, a woman may have said she wanted to live with extended kin as a child despite hardship and abuse, rather than entering foster or institutional care. Environment for these women is not mediated merely by a change of physical location. In fact, many women moved frequently as children, but their circumstances were little changed. Even changes in care arrangements often did not substantially alter the fundamental environmental conditions under which they lived when they were children. That is to say that environment is not purely temporal or geospatial but social, historical, cultural and relational. Seeing women as integral parts of their social, cultural and relational environment is vital to improving their health.

Increasing the focal length, acknowledging connectedness, valuing the long view

McMichael's (1999) concerns about the proximate constraints of modern epidemiology are also worth are worth considering in relation to the narratives of the women (p. 890). He notes first that the preoccupation of social epidemiology is with proximate risk factors, that is, those factors which are close to the individual, are easily measurable and appear to support causation. McMichael suggests that human interaction with the environment is complex and frequently non-linear, indicating the use of a systems approach which conceptualises causes as part of a web. This view is embodied in the holistic narratives of the women. The women's approach is cultural,

relational and generational; it serves to increase what McMichael calls the 'focal length'. Second, McMichael notes that in epidemiology, disease is seen as manifest in the individual, so that environmental and contextual factors are only important in their effects upon the site of dysfunction and located within the individual. The notion of the individual as primary focal point runs counter to the values and collective experiences that the women narrated. The SCREAM data pointed to an embeddedness that exceeded the mere impact of the environment upon the individual woman. McMichael's third area of concern is the time-limited view utilised by many studies. In the SCREAM interviews the women spoke at length about their lives before imprisonment and their lives with their children outside prison and about their hopes for the future, *indicating that their view was not time-limited*.

Contextualising mothers' childhood experiences: working toward a balanced picture

Indigenous families are subject to extraordinary ongoing burdens. These manifest in individuals as symptoms including poor physical health, problematic mental health and, for some community members, frequent incarceration. These symptoms are directly attributable to government social policy, ubiquitous systemic deprivation, induced economic hardship, racism and the removal of Aboriginal children from their families. The enactment of punitive state policies has caused disruption and fracture socially, culturally and economically in the lives of Aboriginal people. The effects are intergenerational and felt early on in the lives of Aboriginal children (Gee et al. 2014; Milroy 2014).

The women in the SCREAM study who spoke of childhood adversity are not alone. Several Australian studies quantitatively validate widespread childhood adversity among Aboriginal people. *Growing up in Australia* (2003 to the present) is a national longitudinal study that aims to better understand the social, economic and cultural environment that shapes the development of children (Gray & Sanson 2005). Caregivers are asked about potential difficulties for families including deaths in the family, legal problems, parental injury or assault, financial hardship, family violence, children's injuries, family drug and alcohol use, parental distress, chronic developmental and health problems, and children in foster care. Results from surveys

show that Indigenous children were significantly more likely to have experienced stressors on nearly every measure than non-Indigenous children (Jacobs, Agho & Raphael 2012). *Footprints in time: the longitudinal study of Indigenous children* report (Wave 5) contains similar conclusions (Department of Social Services 2015, p. 89). Importantly, the authors note that the mental health of the primary caregiver is important: children's SEWB increased as their mother's mental health improved.

Sustained adversity has behavioural consequences. The Western Australian Aboriginal Child Health Survey (2000–2002) found that:

> the increased health risk behaviours of our respondents are more likely to be coincident outcomes of deep-seated family and community problems than primary cause of physical or mental ill health … Aboriginal children and young people were routinely exposed to a far greater frequency of major life stressors than reported by non-Aboriginal families (Blair, Zubrick & Cox 2005, p. 434).

Despite these findings, disadvantage and life stressors are not the only, or even necessarily the most defining, feature of Aboriginal family life. For example, families in the *Footprints in time* study reported high levels of warmth, that they valued listening to children, and that they knew the whereabouts of children (Department of Social Services 2015). Aboriginal family culture and values support children in different ways from mainstream Australian families: by taking a collective approach to child rearing, allowing children the freedom to explore and learn, including elder family members in the nurture of the next generation, and embedding cultural and spiritual practices into everyday family life (Lohoar, Butera & Kennedy 2014). Indigenous families *are* different, reflecting unique cultural and social heritages in family life and caregiving (Lohoar, Butera & Kennedy 2014; Secretariat of National Aboriginal and Islander Child Care (SNAICC) 2010). These sociocultural differences have long been ignored and silenced. Such difference is not well tolerated by Western knowledge systems whose racist, biased perspectives have informed much of the rationale for the Stolen Generations (National Inquiry into the Separation of Aboriginal Torres Strait Islander Children from their Families 1997) and are still reflected in current child removal practices (Libesman 2014). Recursive punitive social welfare practices are informed by

the generation of large quantities of state-led statistics generated on Indigenous families; however, the picture generated of Indigenous family life remains unbalanced, highlighting the dysfunction of stressed families rather than appreciating the richness and complexity of the lived experience of families (Walter 2017, p. 125).

Many Indigenous children grow up in families that promote strong links to Country, family, Community and culture, and where respect and tolerance are strong family values (SNAICC 2010). The data from the Longitudinal Study of Indigenous Children presents a picture of family life that is flexible and inclusive, where aunties, uncles, grandparents and godmothers often take central roles. Maintaining and strengthening family and cultural ties are high priorities for families; despite hardship, parents want the best for their children and are resilient in their parenting though sometimes becoming overwhelmed when they experienced multiple adversities within a particular time period (Walter 2017, pp. 147–8).

Results

The women's narratives indicate that they experienced both adversity/fracture *and* connection during childhood. The data shows adversity and fracture from separation and abandonment, childhood abuse, exposure to violence, parental alcohol abuse, taking on adult roles too early, death of a parent, displacement, violence within the Community and failure of care within state systems. Notwithstanding these difficulties, women spoke of experiencing complex relationships and valued connections with their families which changed over time. Despite the complexity of these relationships, many women retained a strong connection to their parents or to their family via their family surname and connection to Country. Grandmothers supplied nurturing and positive role models for a number of women in the study.

Adversity and fracture: separation and family connection

The definition of family in Aboriginal families is broad and not well captured by non-Indigenous conceptualisations (Lohoar, Butera & Kennedy 2014). Kin might be a close blood-related relative such as an aunt, uncle or grandmother, or might be a close

family friend, an 'aunty' or 'godmother'. Aboriginal people are related by bonds of connection that are social and/or biological, creating a broader network of relatives and obligations that can potentially meet children's needs (AIFS 2014). The experience of separation is profound and acute for Aboriginal families, who have had their children stolen from early colonial times (*Bringing them home* report, 1997).

In my analysis of the women's narratives concerning their childhoods, separation remained a traumatic event, even when the parents were unable to provide adequately for their childhood needs or resorted to abuse or the use of violence. Where the women were adopted out into non-kinship care, and particularly into non-Aboriginal families, separation represented multiple losses: of parents, extended family networks, of Community (including aunties, uncles and Elders), familiar place, and identity. Dislocation is associated with 'place' (micro level) and loss of cultural connection and identity (macro level). Even though the woman may have known of their Aboriginal heritage from an early age, many were unable to operationalise and maintain this as a strong identity, as a result of their environment. These women experienced a feeling of not fitting in, loss and sadness.

> *I grew up in* [unclear] *but I'm one of four kids who were adopted. Me, my two brothers and my sister were—they're all Aboriginals, we were adopted by non-Aboriginal people. So that was—that was difficult. I suppose because that was never ever—like it was kept away from us, never hidden from us or anything like that, for me and my two brothers it became difficult growing up.* (5/1/5)

Separation and child removal are part of the culture of colonial violence and silence that has intergenerational, systemic and ongoing impacts (*Bringing them home* report 1997). Its silent methods are the instilling of confusion, the creation of 'not knowing', separation distress and isolation. Some women did not know the details of the separation from their mothers. They did not know if there was state intervention that had led to adoption, or what their mothers' circumstances and motivations were at the time. In a very real way these women had been separated not just from their mothers but, at least for a time, from their own personal and cultural histories. In the case of

the woman below, the wisdom of Community Elders helped the woman contextualise the separation from her mother. She related:

> *My older sister, she was adopted first and then they adopted my brother, then when they adopted my other brother it just happened that they're biological brothers. Yeah. And then they adopted me … It's hard to explain it to people, most of the time people don't understand … I kind of felt like I wasn't good enough, I'd been abandoned … From what the Elders and that have told me you know, she* [mother] *was probably forced into doing it.* (5/1/5)

Histories of removal, institutionalisation and induced poverty have meant that sustaining care of children without support is difficult for some parents who have their own systemic abuse histories. The woman below tells a story of early childhood abuse and trauma, but one where she was able to obtain nurture and culture from her adopted Aboriginal family. Being adopted into an Aboriginal family was protective. Adoptive Aboriginal families provided continuity of identity, a feeling of 'fitting in'. She said:

> *Luckily I was adopted into an Aboriginal family … I was off and on between my godmother and my nan until about eleven, then something happened with my pop and then I left* [adoption occurred]*. I haven't seen my nan since. She's* [Aboriginal adoptive mother] *like the best person you'd ever meet. Yeah, so she's practically raised me, best thing that's ever happened to me … so she's looked after me ever since … I was moving around … I've been to five high schools and nine primary schools … even though I was adopted out I always had* [unclear] *a lot of stuff happened to me when I was younger.* (4/1/4)

Warm and supportive cultural care was potentially able to provide support well into the woman's adult life as reported by the same woman. She continued:

> *She's a good person, she always has time for me, she does everything she can for me, she's just the best, I can't complain. She's just a one-of-a-kind woman. She's*

> *had her own life and her own kids but yet she still took a troubled kid on. I'm very grateful for that, if I didn't have her I probably wouldn't be here today.* (4/1/4)

Accordingly, separation from kinship and cultural care was implicated in imprisonment. One woman was removed from her parents by the Department of Community Services NSW (DoCS) (since superseded by the NSW Department of Family and Community Services (FACS)) and placed with her aged grandparents. She was happy living with her grandparents but had difficulty at school. As a result, DoCS removed her once again, placing her instead in a series of foster homes. After the second removal from family (first from the parents, later from her grandparents), this woman was incarcerated within the juvenile detention system and later incarcerated as an adult. She said:

> *I went to all different foster homes, I was in and out of juvie. I just wanted to go back with my grandparents. There was some good ones* [foster homes] *but there were some bad ones as well, but I just wanted to go back home.* (2/1/2)

Social welfare agencies have been slow to appreciate that removal is not the cure-all for social disadvantage. Families require support, not punishment, in the care of children, and removal should be an act of last resort (Lewis et al. 2019).

Childhood abuse

Aboriginal children are disproportionately affected by child abuse (AIHW 2014, p. 13). It is important to say upfront that the crime of child abuse is not unique to Aboriginal men; non-Aboriginal men (see Northern Territory Board of Inquiry 2007, pp. 63–4), and churches and care institutions (Royal Commission into Institutional Responses to Child Sexual Abuse 2017, p. 8) have been implicated in the abuse of Aboriginal children. Aboriginal children are less likely than non-Aboriginal children to receive justice through the legal system (Bailey, Powell & Brubacher 2017). Concerning also is the way in which the law has legalised and routinised police victimisation of children. Aboriginal children as young as nine years old are subject to the NSW Suspect Target Management Plan, which gives police unlimited stop-and-search powers and allows harassment at home without cause. (For discussion of the NSW Suspect Target Management Plan see Sentas 2018; Siciliano 2018.)

Childhood abuse is sadly common and was naturally a sensitive subject for the women. The interviewers were aware that some women did not want to open this wound as they were afraid that they might not be able to stop feeling sad/bad/mad (interviewer's note: Sherwood 2019). The women who chose to talk about their abuse histories also reported recurring anger, anxiety, depression and sleeping problems. A few women had received counselling; many had not. It was not usual for woman with abuse histories to have seen the prison psychiatrist and to be medicated for anxiety and or depression. As one woman related:

> *Sexual abuse and all that and just mucked my head up for being an adult. It didn't affect me that much as a child, well I didn't think it did, but it did. I cried myself to sleep at night and that, things like that. (6/5/5)*

Sexual abuse during childhood was unfortunately common in women's narratives. For some women it was an acute single incident, and for others long-standing. One woman reported multiple childhood sexual abuses by a father, a grandfather, uncles, an aunt and cousins. Where whole families are traumatised, maladaptive patterns can assert themselves and healing and support for all members is required (Atkinson, Nelson & Atkinson 2014).

Women coped with abuse in different ways. Some of the women could not remember their childhoods. They may have disassociated[15] from their personal histories for their own emotional protection, indicating a traumatic response (for discussion of disassociation and trauma see Brand & Frewen 2017; Lanius 2015). This woman's narrative provides an example:

> *the family that took us eventually adopted us and they split up, they had family issues, and there's things in my past that I don't even remember, that I know I just choose—I don't know what it is, you know how people say that you block them out … I know it's there, I just don't want to think about it.* (20/5/6)

Other women coped by self-medicating with drugs and alcohol. The women

[15] Dissociation is a coping mechanism in response to threat. It is a form of 'freezing'. It is an unconscious strategy that is often used when 'fighting' or 'fleeing' is not an option.

themselves made a direct link between childhood abuse, their drug and alcohol use, and subsequent imprisonment. This woman related:

> *Yeah, I think it's that I've managed by other stuff that's happened to me, like growing up and stuff as well. I was touched when I was younger as well, like, and just thinking—it passes by sometimes and I tried to get away from it and the only way I can get away from it is if I have a shot, so, yeah … Yeah. Splurge on the bong … I'm a lot better now I am than I was when I first came in about two months ago. Yeah, I was coming down off OxyContins and the ice.* (24/6/1)

Self-medication is not surprising, as the women's narratives included details of ongoing stress and difficulty in emotional regulation (see also Zubrick et al. 2014). Abuse promotes the further disconnection of women who sometimes become disconnected from themselves and from their families, decreasing the availability of the usual social relational mechanisms that humans employ to balance and regulate their social and emotional systems. It seems likely that abused women who are disconnected from their Community and culture have even fewer restorative mechanisms for wellbeing and healing available.[16]

Exposure to violence

Given the high levels of exposure to racism and other systemic violence that Indigenous families and children sustain (Gee, Walsemann & Brondolo 2012; Shepherd et al. 2017), it is not surprising that the women's stories indicated high levels of exposure to violence during childhood. Some women were direct victims of violence in their childhood families. Not always within nuclear families, but sometimes by exposure to extended family or non-Indigenous family members. At times the exposure to violence was as a result of the violence of brothers and sisters, or violence

[16] The link between access to culture and Community and wellbeing is well acknowledged and supported by the creation of Aboriginal Community Controlled Health Services (ACCHS) and the government's support and funding of the Healing Foundation, the impetus for which is the wide recognition that connection to Country and culture is vital to Aboriginal people's healing.

in their neighbourhood, or between Community members. Other women witnessed domestic violence against their mothers, or situations where both parents were violent toward each other as illustrated in this woman's narrative:

> *my mum and my dad were violent - domestic violence but, yeah. I was happy but just the domestic violence...* (6/1/6)

The women's narratives provide evidence that violence in childhood profoundly shaped their sense of safety and security into adulthood. Being Aboriginal, the women had been exposed to racism, bias and other forms societal violence all of their lives. Some women considered exposure to violence as a fact of life. Either violence towards the victim was normalised as 'what women have to cope with', or the violence of the perpetrator was sometimes normalised. In environments societally hostile to their men, many women became victims of domestic violence (Cripps & Adams 2014, p. 404). Some women had used violence in their adult lives as a learned response to stress and dealing with conflict. A small minority had committed crimes involving violence. This woman's story is instructive about the interconnection of structural police and family violence and how she perceives it shaped her childhood understandings:

> *I suppose like they weren't violent towards me but* [unclear] *what I seen them do and that and it's like the police and everything were always coming around. My mum and dad if they'd just sat me down and told me that they …* [unclear] *hit people and that, so if I wanted something I'd get it and you know … having fights and stuff like that so I just thought it was normal. You know, like I said no-one sat me down and said this isn't normal behaviour or it's not acceptable.* (5/1/5)

Through relating their experiences about violence in the context of the prison interview, women indicated an awareness that exposure to violence had shaped their experience and contributed directly or indirectly to their ultimate imprisonment. This could happen indirectly as a result of self-medicating the trauma of early childhood environments with drugs and alcohol, or occasionally directly as a result of having committed or been an accessory to a crime involving violence. Most of the women had

not committed violent crimes. In the instances where this was reported, we do not know the full story of who started the violence and the circumstance in which it unfolded, so it would be incorrect to make assumptions about the crimes themselves.

The women also displayed strength and resilience in relation to childhood exposure to violence as this woman's narrative shows:

> *I couldn't stand what was going on at home, they were fighting over the money, fighting about drugs and they couldn't even do the shopping…* [I'd] *do my own thing. I guess that's what made it easier to settle down at such a young age…Because I was around it all… I was poor, sitting around with no undies, hungry, God. You know, that was a bit of the program, going door to door. And because I guess my life experiences have been so many different environments, I could go into the housing commission [unclear] don't worry, you don't have to hug, it's all good.* (3/1/3)

Two hundred years of colonial violence expressed as social policy has ensured that women grow up in deeply deprived circumstances. Nevertheless, a substantial number of mothers expressed their insight around children and violence. Positive reactions to childhood violence included an awareness that violence was intergenerational in families and of the need to protect their children from exposure to violence. One woman told of how she actively taught values to her child around working and saving for goods and impulse control, as opposed to using violent means to satisfy their needs.

Childhood and alcohol

Not all women spoke about their childhood. Of those women that did, approximately a quarter noted that either a mother or father or both had problem drinking. Women mentioned that their mother had a drinking problem more often than their father's alcohol use. Parental alcohol use shaped some women's formative years. The relationship between children and parents with alcohol addiction is complex and often nuanced as this woman's story suggests:

> *My dad was a very lovely man until he had - my mum always said like he had drinking problems. If had that fourth bottle he was something different. But other than that he was a good dad, a good provider, you know, good husband but my mum couldn't live with him any longer.* (16/1/6)

These women were differentially impacted by their parent's drinking. The effects of drinking depended upon whether they lived with that parent and how that parent coped and functioned while using alcohol. For some this impact was very disruptive and their families became fragmented. This woman drew attention to intergenerational cycles of self-medicating pain, trauma and mental health problems:

> *Yeah and she* [woman's mother] *was just an abusive … alcoholic. She used to kick the shit out of us. That was her. She was psychotic. I don't know if she was medicated … She had a bad upbringing herself too. It's just a vicious cycle, but I stopped it. But I used drugs and I don't drink, so I don't know. I hope my kids don't use drugs. Monkey see, monkey do, eh?* (6/5/2)

The effects on childhood were magnified where both parents had uncontrolled alcohol addiction which significantly impaired parenting. It is important to state that alcohol forms part of a larger sociopolitical environment; it goes hand-in-hand with overcrowding due to inadequate housing, communities in grief and overstressed families, as is evidenced in this woman's narrative of her experience while in kinship care:

> *I got away from the community I was living. There was too much violence there, there was too much alcohol … There were fifteen, sixteen kids in the one house when I was growing up … Yes, I have the best memories growing up until I started smoking cigarettes at the age of twelve, I done my tattoos at the age of twelve and yes, it was like a free eye, I could do whatever I want. I wanted to live with my mum. She was a full-on alcoholic. My dad's a full-on alcoholic right now.* (29/7/1)

Early childhood environment was enormously shaping of later alcohol and drug use patterns, as this woman revealed:

> *I don't want to use drugs but I don't know any other way, it's just my way of life. I was an alcoholic for 10 years and then I stopped drinking and I got into needles. I've never been drug free or alcohol free since I was a kid.* (16/5/2)

For others, especially where the woman's mother had resources and support, the family remained more cohesive. Supported mothers tended to be able to support the social and emotional wellbeing of their families better. When the woman became a mother herself, her mother was able to better support her mothering in turn. Fathers with better functioning, even despite alcohol use, were also able to provide their daughters with greater emotional support when they were in prison. Some parents had controlled their alcohol use by the time the women were adults. Women whose parents had achieved some resolution to their addictions were more likely to be first-timers (in prison) at the time of the interview. They reported contact with their parents, the ability to confide in their parents, and that they were supported in their mothering. One woman who was in prison for the first time spoke of the value of her mother (now deceased):

> *My family are very educated people. I'd be the only silly little girl that's ever got in trouble. None of my cousins get in trouble … My mother was an alcoholic. Alcohol killed her, but yet I loved her—I wouldn't have wanted to change her in any other way, ever … If my mum was here, she'd be up here every weekend. She'd be at my courthouse, going and getting my lawyers. She'd be fighting for the kids.* (17/5/3)

Alcohol use by a parent was not the defining factor when women spoke in interviews about how they were doing. The picture is significantly more complex. The women's SEWB appeared to rely more on the functioning of their cultural connections, extended family and community systems, than family alcohol use. For instance, even where alcohol was present, those who reported a higher level of functioning in the previous generations (parents and/or grandparents), such as consistent employment, or cousins who were 'doing well' and 'staying out of trouble', and no problematic community dynamics, were more likely to be first-timers. With better social support

and connection, they were able to plan their post-release healing with support, which they felt would enable them to stay out of prison in the future.

Taking adult roles too early

The burden of caregiving for parents, other siblings or sometimes grandparents fell to some women at a very early age, before they were developmentally ready to take this responsibility, when they themselves required nurturing and support. One woman cared for her siblings, her alcoholic mother and later her aged grandmother. Though one woman found value in being exposed to adult issues during her childhood as preparation for her adult life, generally early caregiving for adults was a survival strategy that failed their most basic nurture needs. Taking a role such as confidante or caregiver at a developmentally inappropriate age added to the load that already overburdened, under-resourced children had to bear. In some instances, it led to them leaving home early, and may have had implications for the level of support a woman was able to access for her own mothering. Established roles are seldom reversed. As one woman said, describing her relationship with her mother,

> *And anyway I rang DoCS because my world fell apart. I needed help. My mum was never any assistance. I've always been the mother in that relationship.* (3/1/3)

and

> *My gut feeling, you know, you should always follow it and I guess it's because they were really open, but when I* [unclear] *and looked at it like she was putting adult problems on a child's shoulder, because there's a line, you know.* (3/1/3)

Early grief: death and displacement

Grief from death, displacement and loss of contact with parents needs to be situated within a broader picture. Suffering and grief is a whole-of-community experience because of a long history of government removals of children, premature death due to government neglect, and incarceration of parents impacting everyone (Wynne-Jones et al. 2016). Grief is therefore personal *and* collective.

Two women reported the death of their mothers when they were children. Their narratives tell of unresolved grief, early-life trauma and links to worry, mental health problems, self-medicating drug and alcohol use, the removal of their children and incarceration. They explained:

> *Yeah, I'm on anti-depressants now … And I just told them a bit about my history, you know … And then, you know, like losing my mother and all that, that still like plays on my mind. I was only eleven at the time, that's why all these things are in my arms.* (27/6/4)

> *You know, I've got eight kids too. I suppose I started using* [drugs and alcohol] *when I was like about eighteen due to the death of my mother. That was a big, main issue for me.* (34/8/10)

Some women had not lost their mums to death but had lost contact with their mothers. There was a profound sense of lack of connection for these women. Disconnection from mothers, family, identity and Community has been a key control strategy in the subjugation of Indigenous Australians. Connection is a key determinant of SEWB (Gee et al. 2014). For some women loss of parents in childhood resulted in constant relocation between families and physical locations. The loss of their mother was agony, but this wound was very often not given a chance to heal. Their young age, vulnerability and lack of state support meant that safety and stability were not attainable.

The women's interviews tell a story of the woeful lack of state support for vulnerable Aboriginal children. Their grief and loss notwithstanding, some children were fortunate to be held by a strong cultural safety net of care. This woman told the story of how a biologically unrelated woman became her mother:

> *I never had me mum or me dad … I never had me mum and I was passed around here, there and everywhere … when I was thirteen I wanted to know who me mum was. So I went back to* [town X] *to find out who she was and she* [an aunty] *said,*

> *'Who are you?', and I said, 'I'm your daughter' and she asked us over, she's always been me mum, you know what I mean but a step-mum you know.* (14/2/8)

Not all women were as fortunate. Where the authorities did intervene, the child was removed from family members who were caring for her. Removal to foster care further displaced her from a sphere where she could experience cultural belonging and family-supported nurture. Displacement was further intensified as children cycled between foster care families.

> *But I'm glad I was raised till I was thirteen by my grandparents, taught me a lot of knowledge, respect my Elders and … That's why I went downhill because DoCS* [unclear] *my grandparents … Yeah, and the foster parents that I only—the only ones that I liked and I* [unclear] *because I was, like, take me to my family, they had time.* (2/1/2)

Lack of support and unresolved grief become a vicious circle. In adulthood, mothers re-experienced socially and emotionally damaging disconnection and isolation. Cycles of grief and disconnection continued as their own children were removed from them and they were sent to prison in a terrible recapitulation of their own childhood grief and their trauma remained unremediated.

Systemic failures

One of the largest systemic societal failures remains ongoing racism and discrimination. They form a pervasive backdrop to the women's everyday interactions, their access (or lack thereof) to services and employment and their relationship with authorities (ref). As this woman indicates, the impact of discrimination was an important part of her incarceration story:

> *But apparently I'm unusual because I didn't start my sentencing until I was thirty. I'd had my children and I'd got through my teenage years. Never touched drugs until I got to thirty … Like I said to you the other day, I think being the only one of my siblings [to be imprisoned], they all thrived even with the discrimination. You can't tell me they didn't suffer it.* (8/2/2)

School was a significant site where the women were daily exposed to the negative effects of racism when they were children, as this woman related:

> *we were the only like Aboriginal children in that school, even though it was multicultural, we were the only ones that got paid out on* [bullied]. (6/1/6)

Racism and discrimination have intergenerationally impacted the heart of Aboriginal families via the ongoing systemic violence of child removal (Cunneen 2015; Libesman 2014; Menzies 2019). An appreciation of the generational trauma of removal and childhood institutionalisation was woven through the women's narratives. Women were aware that removal and the institutionalisation of childhood for themselves, their mothers and grandmothers profoundly influenced their own ability to mother their children.

> *every time they tried to find them—she* [the woman's mother] *ended up in girls' homes and all that. Every time she tried to find them (my mother), my nan, would try* [then the authorities would] *get them moved again. So mum was in and out of girls' homes, my dad was in and out of boys' homes all his life.* (22/5/8)

> *I'm Stolen Generation and I never brought up my kids … I didn't think I was a good enough mother for them and I find sometimes today I think I'm not a good enough mother for them … No, I don't have counselling for it. I was brought up in the … Children's Home.* (36/8/2)

Most of the women's narratives included a meta-narrative of failure of care as children. Such failures of care are embedded in our social histories and are systemic. These failures have led to the enduring family hardships and pain that the women spoke of and the high unmet needs in communities. Pain from child removals, institutionalisation, discrimination and impoverishment, exacerbated by the provision of poor schooling experiences, few life and employment opportunities, lack of housing, poor access to healthcare and no parenting support. In response many of the families of the women developed patterns of coping, such as self-medicating alcohol use, that exacerbated stress on the children. In the story below the state replied with removal,

piling systemic failure upon systemic failure, until the woman was incarcerated in adult prison:

> *Yeah, my brothers and sisters and that. They eventually got old and moved out to their own homes but my brothers and that are still in juvenile and been locked up—yeah, I've been getting locked up since I was thirteen. This is my sixth birthday, sixth Christmas. When I was in foster care I loved going to juvie, DoCS had no control over me then, you know,* [unclear] *where I have to live, what I had to do,* [unclear] *it was all fun and games so juvie was my holiday away from DoCS.* (2/1/2)

The health system too failed the women from childhood. The later effects of inadequate diagnosis and treatment of children have severe consequences which accumulate. For instance, many of the women complained of hearing loss. Many had otitis media that remained undiagnosed. For these women schooling was especially difficult with hearing loss, and many women left early. With few life options, many had an early pregnancy and not infrequently were in a violent relationship. An accumulation of negative life experiences and trauma led most to self-medicating drug and alcohol use to cope. Most of these mothers would have had their children removed, which increased drug use, being implicated in crime and then incarceration.

The women have had their rights breached and become criminalised through systemic failure. The fact that these precursors of incarceration are systemically and socio-historically embedded apparently makes them resistant to political change. These are not individuals with pathology, whether described as criminality or mental illness. These are women who have lived their whole lives in white, Western, punitive systems. With the failure of multiple systems many women have nowhere to go, and no back-up.

Stress and community violence

Neighbourhood and community violence was an additional stressor for some women during their childhood, particularly for those from regional areas. While high on the

police radar for crimes, police care and assistance for family violence in Aboriginal communities is lower (ALRC 2017b). The neglect of authorities and failure of protection is deeply problematic. Nor are families able to 'insulate' themselves as Western-style nuclear families sometimes do. Families are deeply connected and embedded in the social fabric of their communities with many responsibilities, obligations and benefits from community living and sharing. This story was shared by one woman:

> *Yeah, and a couple of big riots down there* [town X] *and things, like I was one of them and my family got petrol-bombed out of our house. Just two families like, you know, it's sad when I look back on those days, yeah … I've lived in* [town Y] *since I was sixteen. I literally ran away from* [town X] *… My sister was on the bus crying and I said 'just come, we're going up to Dad. We're not staying down here any more', you know.* (29/7/1)

Sometimes entire communities become unwell as a result of systemic abuse and neglect. In healthy, less stressed communities, children in need of parenting are frequently cared for by other family members, aunties or grandmothers (AIFS 2014). Adults who have had their own functioning compromised intergenerationally in this way are often unable take these cultural roles. Children sometimes did not know who to turn to. Where the state stepped in, outcomes were—according to the women—not positive. Once removed, women reported further exposure to the systemic problems of institutional child welfare systems, and at times to the systemic problems of their foster families. Neglected police protection of vulnerable communities, and then state 'intervention' (removal) by child welfare authorities had women caught in systems from early in life that formed the path to incarceration as adults.

Connection: relationship with mother

The context of family relationships is complex and interwoven, not lineal and directly causally related to incarceration. The backdrop to families is one of intergenerational adaptation and cultural resilience since the beginning of colonisation to the present. Where these women's mothers were able to give them positive experiences and support, they have done this despite their own poor opportunities, limited resources,

working and caring burdens, and sometimes in spite of being victims of violence themselves.

Mothers, like all humans, have strengths and problems, and relationships between mothers and daughters are complex. The relationship is culturally mediated and where it is functioning, the women's interview data suggests that it is often a protective factor. A woman may have reported that her mother used alcohol, but still was able to be a source of strength and pride for her daughter. At times, where an interview participant's mother had not coped well in her childhood, that woman was still willing to care for her mother in old age, indicating that disruption is not always permanent rupture, especially where women remain connected to their extended families and communities. Some of mothers of the women were able, despite their early mothering difficulties, to step up and take care of their grandchildren, becoming a valuable resource to their daughters and grandchildren. These women's mothers appeared to become more socially and emotionally able with time, and a pattern of 'skipped generation' parenting (Australian Human Rights Commission 2014; Fuller-Thomson 2005) was created, which is cultural, and differs from typical middle-class Western patterns (Lohoar, Butera & Kennedy 2014).

The women's contact with their mothers was variable. Not all women spoke about their experience of being mothered. Some, perhaps because they were older at the time of the interview, may not have considered this relevant. Other women identified a pattern of 'forgetting' to protect themselves and few memories of their childhood. Some women's mums had passed away by the time of the interview, and a large number were ill or infirm. Two women said that they had never known their mother. A lack of contact with their mothers was reported by some women, others said they had contact with conflict, and others that their mothers were in regular contact and were a good support in life, especially during their time in prison.

The death of a mother was a strong predictor of self-medicating drug use. Of the five women who reported that their mothers had died, three said that their mothers' death triggered a pattern of alcohol and drug use. The death of a living connection to their mother was a defining point for these women. These women linked the trauma

of their mother's death to their problems later in life. Their narratives gave a sense that their grief was unbearable. They did not receive the acknowledgement or professional emotional support they required to process their grief. Many therefore 'medicated' their loss with the only palliatives (street drugs and alcohol) readily available to them. This pattern of self-medication and unresolved wounding saw them criminalised and incarcerated over time.

> *I suppose I started using when I was like about eighteen due to the death of my mother. That was a big, main issue for me. I never really knew my father … I started using at eighteen so Mum—I would have lost about seventeen years old.* (34/8/0)

> *I took off from home very early. Mum had a baby, the one after me and she passed away and I was real good until then. I started going down at school and started smoking pot then, smoking cigarettes. Yeah, I went downhill from then.* (18/5/4)

A substantial proportion of the women were separated from their mothers at a young age. Some were placed with family members by their mothers, others were removed by DoCS to adoption or foster care. Some women said they had few memories of their mothers. 'The system' produced substantial lifelong injury and wounding. Though these effects were systemically inflicted, women were not provided with systemic support for their grief. When these women become mothers themselves, many struggled with mothering because of early life separation trauma, as this woman revealed:

> *Like I never used to tell my mum and dad* [adoptive parents] *that I loved them or I didn't want them to cuddle me or kiss me, like that sort of shit because as I kid, I remember thinking, no if I let them in they're going to leave me and I think because I didn't understand what had happened and all that, I just thought that my birth mother had just given me away, she didn't want me …* [speaking of her own mothering] *I know that I'm not a bad mother, I wasn't emotionally attached but, you know. I know—the main thing is that I love my kids, they had everything, they never went without.* (5/1/5)

Women said that 'mums' were the women who cared the most for their needs and spent time 'growing-them-up', they were not necessarily their biological mothers. Women appreciated their mother's' engagement in culture and Country, their spiritual qualities, care, resilience and hard work. Their mothers mothered them despite hardship, not because life was easy. Reciprocally, many of the women in prison provided care for their aging and sick parents, siblings and children within their extended family when they were in Community. The women acknowledged that their mothers had not had easy childhoods themselves, some of had been removed themselves and two related that their mother had been in institutional care as children. Women appreciated their mothers in different ways:

> *My mum's very like cultural and spiritual. (38/8/4)*

> *My mum's got seven kids. So she's—and her own business. She's a* [vocation] *lady so she's really got a lot on her plate … she's very good. She knows heaps.* (19/5/5)

Not all of the mothers of the women were able to cope, and this affected family functioning. Some women had troubled relationships with their mothers. A number of women reported having to leave home in their early teens owing to conflict with their mothers. Women said:

> *And you know like Mum was, you know, drugs and like that* [unclear] *and I've been through—I've been through a lot, you know.* (10/2/4)

> *My mother and I were very distant.* (35/8/1)

> *I left school—I ran away when I was like thirteen from my mother, I went with … one of her old best friends and I didn't do any schooling down in Victoria at that time but when I come back to Mum … we didn't get along really well. We clashed again and I ran away.* (24/6/1)

Two women reported their mother's undiagnosed mental health problems. Given the burden of undiagnosed mental illness (Jorm et al. 2012; National Inquiry 1997; Parker & Milroy 2014b), it is likely that the real percentage is much higher. They talked about

the erratic and abusive behaviour of their mothers as a result of mental health issues. One woman linked her mother's mental health problems back to her mother's own childhood abuse, demonstrating her insight into the links between trauma and mental health and how this shaped patterns within her family.

> *She used to kick the shit out of us. That was her. She was psychotic. I don't know if she was medicated … She had a bad upbringing herself too. It's just a vicious cycle, but I stopped it.* (6/5/2)

Incarceration of participants' mothers

Not only has there been a dramatic increase in the numbers of imprisoned women in the last decades, there are vital shifts in factors that shape women's entry into prison. Important generational differences are demonstrated in the women's narratives. While women reported that their own mothers had trouble with domestic violence, lack of housing, and alcohol (rather than drugs), only one woman reported that her mother had been imprisoned. Another woman noted that while her mother was 'an alcoholic' she had 'never got in trouble' (that is, she was never incarcerated). Some factors in the intergenerational picture have changed, informing the difference in experiences between mothers who had never been incarcerated and their incarcerated daughters. Much of the change is attributable to the way in which Western bias and institutional racism has shifted shape and manifested in recent decades. These changes are creating a double setback for the women.

First, the women's childhoods were substantively different compared with their mother's generation, and were shaped by increasingly intrusive institutional disruptions to families. These include increasing over-surveillance by social welfare authorities and increases in child protection notifications over the past decades (O'Donnell et al. 2019; Lewis et al. 2019). Concomitantly there has been an intensification of child removals (O'Donnell et al. 2019) and an increase in the use of out-of-home care (AIHW 2019a; Lewis et al. 2019). The impacts of this racially biased exposure have been felt at home. The increasing threat of child removal and trauma from the actual removal of children have led to a growing stress upon mothers, which

has in turn increased the stress load of children living at home. According to the interview data, mothers are single-parenting without spousal support more often than a generation ago. Mothers do not function optimally under stress (Barrett & Fleming 2011), and children have difficulty regulating their own stress when their mothers are stressed (Borelli et al. 2015; Halevi et al. 2017; Tarullo, St John & Meyer 2017). Children who are removed to out-of-home care do not fare better. Out-of-home care is known to be highly stressful to children (Wulczyn, Ernst & Fisher 2011) and is associated with poor life outcomes (Australian Institute of Criminology 2019a) and worsened mental health for children (Maclean et al. 2016). It is an established pathway into the juvenile justice system (ALRC 2017b; McFarlane 2010).

In youth and later in adulthood, this same group is targeted once more within the judicial system. The women are subject to the increasingly punitive turn in NSW 'penal culture' (Cunneen et al. 2013, p. 48), which includes: punitive and shaming policing policies; harsher sentencing, penalties and bail laws; increasing use of long remand (ALRC 2017b; Baldry & Cunneen 2014); and exposure to institutional racism in the justice system that has the women criminalised (Cunneen 2006). Women are now subjected to cycling in and out of prison (Baldry et al. 2015) and as Blagg and Anthony (2019) suggest, consequently subjected to the indignities of 'carceral churn' (p. 161). For the SCREAM group of women, this is a distinctly different pattern from that of their mothers and grandmothers, who generally did not enter the justice system.

Self-medicating patterns changed also. Where the women reported that some of their mothers were alcohol users, they reported high drug use for themselves (Sullivan et al. 2019). This is in line with national trends for Aboriginal people: alcohol use has declined and drug use has increased (AIHW 2020). It is clear from SCREAM data analysis (Sullivan et al. 2019), that that factors that precipitate incarceration for women are changing, and that the group of women did not enter the prison system because prison was culturally or generationally 'normalised' for women. Rather, the increase in this prison group is systemic in nature, primarily reflecting changes in social policy, criminal codes, racial bias and lack of social and financial support.

Grandmother relationships

In talking about her own grandmother, Irene Watson (2007) relates that Grandmother's Law or Grannies' Ways are strong despite violent colonisation and the forced introduction of 'white-washed' laws. She says grandmothers are strong women, with powerful stories. They are knowledge bearers with the responsibility to promote, teach and nurture the next generations. She goes on to say: 'Our grandmother's laws are a continuing strategy for providing a safe and healthy environment for women and children. In the same way our laws of women did when they were sovereign to this land' (p. 96). In recent years the grandmothers have come to the forefront of attention for their advocacy on behalf of their grandchildren. Founded in 2014 by Aunty Hazel Collins in response to her own grandchild's removal, Grandmothers against Removals (GMAR) has been protesting and lobbying for an end to child removal and the restoration of children to their families.

Grandmothers can be an important source of support. Five of the women reported being raised by their grandmothers. Sometimes Grandmothers' care provided an escape from intolerable conditions at home:

> *My mum's partner… when I wasn't in school, he used to lock me in the cupboard. So I was glad to move to my grandparents on the farm.* (2/1/2)

Grandmothers, whether primary caregivers in childhood, or sources of good childhood memories, were a powerful connection point for the women. Many women expressed a fondness for and connection with their grandmothers. Grandmothers were frequently linked in women's narratives around Country, culture and family.

The grandmother's family name and kin connections were often mentioned by women. Women spoke about the landscape features of their grandmother's land. Grandmothers were connected in the women's narratives to tradition, law and keeping youngsters in line. One woman's grandmother was able to speak language and had passed some of her knowledge on to her granddaughter. These women were proud to be connected to their grandmother's place and identity:

> *My grandmother still speaks tribal language, she's trying to teach the kids tribal language. I wrote a song in here for the girls, yeah, in tribal language, so yeah.* (38/8/4)

> [name] *was my blood grandmother, so we grew up, like with all these people, I suppose because of my grandmother and what kind of work and that she did. She worked with a lot of law—like different people, like even the law.* (34/8/0)

Grandmother care as was preferred to other forms of care (that is, other family members, foster care) by most women who had lived with their grandmothers, even when their grandmother was very old. Women's narratives indicated that being under the care of a grandmother facilitated contact with their mother, provided stability, enhanced a sense of belonging within the extended family, and connected women to culture and law. Occasionally, this was not the case: one woman reported that it was damaging for her to live with her mother and her grandmother.

Some of the women expressed the desire to be returned to Community, so that they could care for their aging grandmothers, citing health concerns or that their grandmothers needed help, as they lived on their own. They wanted to maintain contact in a nurturing capacity, and to strengthen this bond.

> *But more take, like I do a lot of things to help my grandmother out, she's old and she's got no-one there with her.* (26/6/3)

> *I mean I'm thinking about—I wanted to go home and watch me—look after me grandmother. Like, my mother's mother passed away, she was the first one passed away out of all her fifteen sisters and brothers, you know.* (29/7/1)

Positive parenting in childhood

These women had insight into their circumstances. Many women had a deep appreciation of the complexity of factors that had eventually led to their imprisonment. The narratives of the women provided a balanced story. A substantial number of women talked about positive qualities of the parenting they received or

other positive aspects of their childhoods. Family life is complex, and positive experiences often co-existed with problems, such as their parents' drinking, domestic violence or a chaotic household. Where parents had been able to meet their most important needs in childhood, women thought that they in turn were needed by their children. Some women made a point of holding onto positive parenting behaviours, and modelling these to their children. These women were inspired by their parents and aspired to positive parenting, but when they could not parent effectively because of trauma, domestic violence or imprisonment, they expressed shame. This selection is provided to indicate how some women talked about their positive childhood experiences:

> *They put me through the Catholic school, I had the best upbringing that I could ever ask for but somehow I think they might have spoilt me too much … I've let Mum and Dad down.* (25/6/1)

> *My parents had—we all had a great relationship, you know. There was no—never been smacked as a child. There was always communication, we'd sit around the table and talk about what can we do to better the environment we're in.* (35/8/1)

> *My mum and dad was always there for me. I really had a good upbringing. Dad was working his guts out, truck driver. Mum was at the house, looked after us all. Never smoked or drank alcohol, my mother. Domestic violence and that too. She's a very strong woman, my mother was … that's why I was saying my babies must think—the way I think about my mum, they not going to think the same about me. I've got to start being there a bit more for them now than normal.* (23/5/9)

Conclusion

Separation, connection and unhealed childhood wounds were key themes in my findings. Family was important in women's narratives, and the women often experienced both connection *and* rupture in their family experiences. The women interviewed endured multiple separations from their mothers and family, and

sometimes from Community and culture during childhood. As children the women also experienced high levels of exposure to violence and abuse from outside the family as well as at times from within. Their major griefs were unacknowledged and little validated by the healthcare system, and they were unsupported by services at extremely vulnerable stages in their development. This lack of attention to and support for their trauma continued into adult life.

Many of the women spoke of the cultural strengths and resilience of their mothers, grandmothers and families. Women told stories of positive parenting and positive relationships with mothers, grandmothers and aunties that were protective and provided strength to the women. The cultural and social role of grandmothers in the nurture and care of children and Community was highlighted in women's narratives about their childhood.

My analysis of the women's interviews, supported by the input for the SCREAM (NSW) project advisory group, concludes that keeping children in families and close to culture is vital to their wellbeing. Long-term sustained support of families is critical to improving SEWB and the outcomes of this group of women. Early detection of childhood trauma by educators and healthcare providers is important. So too is the provision of appropriate culturally safe treatment in consultation with the family. The women observed that they 'fell through the cracks' and felt they were essentially co-opted into incarceration. Grandmothers often meet childhood and nurture needs, and require greater acknowledgement and financial and emotional support for their role in keeping young people safe and mediating the effects of trauma.

6 Trauma and incarceration pathways

Introduction

There can be little doubt from the women's narratives that they suffered significant hardships and distress before, during and between imprisonments, and that this was implicated in their poor health and incarceration. The question that arose from the interviews was how to conceptualise the harm and injury done to the women that caused their evident suffering. It was clear from the narratives that the women suffered from collective disadvantage and hardship resulting from racism and social policies that continue to be discriminatory. The expression of their symptoms was complex and unique to each woman. Psychological symptoms, such as anxiety, depression, worry, not being able to settle or feeling fidgety, were reported by the women. Levels of intergenerational and collective culturally felt distress were frequently raised in interviews. Families had histories of devastating social policy targeted at them, such as child removal, the institutionalisation of children, work and wage discrimination, and political disempowerment. As a result this group of women and their families experienced multiple negative social health determinants (Marmot 2005, 2011; Saggers & Gray 2007) such as racism, lack of life opportunities, difficulty remaining in education systems, unemployment, homelessness, self-medicating illicit drug use and incarceration that manifested in poor health and social and emotional wellbeing (SEWB).

In this regard, psychological diagnoses alone do not adequately frame or elucidate the complex suffering of the women. Such diagnoses on their own can pathologise vulnerable women and obscure the marginalisation to which they are subject (Hunter 2014; Sherwood 2010, 2013). The women themselves are the experts on the experience and conditions of their lives (Sherwood et al. 2015). They spoke for themselves, giving voice to the issues that assailed them. Those who shared their stories expressed their concerns, worries, where they had been blocked by the system, their joys and their mothering experience. Yet, the question remains: who attends to the women when they speak? As Herman (1997) comments:

> The more powerful the perpetrator, the greater is his [*sic*] prerogative to name and define reality … When the victim is already devalued (a woman, child), she may find that the most traumatic events of her life take place outside of the realm of socially validated reality (p. 8).

Ongoing colonisation[17] has created a perception of the women as stigmatised perpetrators, has silenced their distress, and has perpetuated harm upon them. The listening to and witnessing of their story is of vital importance in the Australian context (Atkinson et al. 2014, p. 289).

This chapter introduces the trauma lens, considers the limitations of Western diagnostic categories, and explores the constructs of collective trauma and complex trauma, taking a closer look at trauma through the stories told by the women. Using a case study approach (Yin 2018), three of the women's stories are employed as a method to appreciate the intricate unfolding phenomenon of trauma and how this relates to mothering and incarceration.

Introduction of the trauma lens

From the inception of the Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) project, stakeholders including Aboriginal community members, community workers and service providers have worked with researchers and actively contributed to shaping the methodology and the conceptual lenses through which to consider the data that the women provided (Sherwood & Kendall 2013; Sherwood et al. 2015). The primary vehicle for their advice has been the SCREAM advisory group. Members of the advisory group and Elders from the Community who have long experience working with women who have been in prison repeatedly advised that 'trauma' was the most accurate, valid and culturally

[17] 'Colonisation has had far-reaching consequences on Aboriginal health and SEWB. The decimation of Aboriginal populations, destruction of Aboriginal culture and significant disempowerment and marginalisation following the British colonisation of Australia has resulted in widespread, devastating effects on the physical and mental health of Aboriginal and Torres Strait Islander peoples. The issue of the Stolen Generations is a particular recent example of physical and psychological deprivation visited on Aboriginal children removed from their parents (Parker & Milroy 2014a, p. 27).

appropriate way of considering the difficulties that this vulnerable group of mothers experienced. In working with the women they had noticed the severe state intervention resulting in lifelong patterns that were largely out of the control of women, leading to imprisonment. They were concerned that mental health diagnoses and pharmacological treatment were inadequate to break the cycle of the declining social and emotional health experienced by imprisoned mothers. They were also concerned that any conceptual framework should not further stigmatise women and add further injury to this group of mothers. Finally, they conveyed that alcohol and drug addiction and cycles of imprisonment were *consequences of problems* that were deeply rooted in the effects of colonisation and sustained by racism.

This trauma conceptualisation had the support of the lead Aboriginal researcher, Professor Juanita Sherwood, who had originally conducted the interviews with the women for the study. Professor Sherwood has a long history of work and research in Aboriginal health and has documented the detrimental effects of colonisation on the health of her people (Sherwood 2009; Sherwood 2010). She was acutely aware of the growing national crisis of child removals and the impacts on Aboriginal families and communities, and has worked with the organisation Grandmothers against Removals NSW (GMAR) (Sherwood 2015).

The Indigenous trauma conceptualisation shared by the SCREAM project advisory group is well supported in the Indigenous academic literature and Indigenous healing programs (Waldram 2014, p. 372). In the Australian Aboriginal context, Atkinson, Nelson et al. (2014) conceptualise trauma as individual, family and community trauma shaped by social and political policy leading to being removed as a child, having children removed, alcohol and drug issues, homelessness, and mental health problems. They note that '*all* women have trauma histories' (emphasis in original) (p. 291).

> Indigenous Australians have been affected by extreme personal, collective, and cultural trauma, and the effects are cascading, cumulative and transgenerational … creating a continuous cycle which is very difficult to break (Ranzijn, McConnochie & Nolan 2009, p. 124).

The Healing Foundation, an Indigenous organisation tasked with supporting members of the Stolen Generations, their family members and communities, have placed socially created trauma as the main driver behind self-medicating drug and alcohol use and its consequences, incarceration and family violence (Healing Foundation 2017b). The first recommendation of the National Youth Healing Forum Report states:

> Develop a National Intergenerational Trauma Strategy to underpin all existing and future plans and strategies affecting Aboriginal and Torres Strait Islander people and communities.

There is widespread agreement among Indigenous scholars and practitioners internationally that intergenerational trauma conceptions are necessary to stand up to colonial professional critiques of Indigenous parenting and families (Maxwell 2014, p. 408). It is also agreed that theses approaches counter the deficit models of individual psychology, placing distress within a social and intergenerational context (Brave Heart et al. 2011, p. 284; Crawford 2014, p. 263). They align and concur with the Australian literature which stresses that the trauma of Indigenous peoples is specific, inter-generational, collective and cumulative (Atkinson et al. 2014; Dudgeon, Watson & Holland 2017; Healing Foundation 2019). They emphasise high levels of multiple, unresolved griefs (Palacios & Portillo 2009, p. 18) as part of the intergenerational legacy and the ongoing stress of racism and discrimination (Brave Heart et al. 2011, p. 445; Palacios & Portillo 2009, p. 24).

How can trauma be known?

The field of psychological trauma has been dominated by Western psychiatric diagnosis (e.g. the Diagnostic and Statistical Manual of Mental Health Disorders (currently in the 5th edition) (DSM-5), International Statistical Classification of Diseases and Related Health (currently in the 11th revision) (ICD-11)) (Duran 2019, p. 33; Khoury, Langer & Pagnini 2014; Parker & Milroy 2014b, p. 113). Though not uncontentious (Dalenberg, Straus & Carlson 2017, p. 17; Leys 2000, p. 6; Van der Kolk 2010, p. 19), such diagnoses carry weight in Western medical systems and confer access to medical and health services (Bryant 2017, p. 165). The limitations of formally diagnosed post-

traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (CPTSD) for the Aboriginal women in the SCREAM study will be explored in detail below.

The ways of knowing highlighted in the narratives of the women in the SCREAM study provide a different and culturally nuanced perspective that illuminates trauma and its effects on this group of Aboriginal women. These women are the experts of their own stories, they generously shared the patterns and cycles of their lives, the highlights and the struggles they had experienced. They were intimate with the texture and context of their difficulties. Their stories were filled with stress and hardship, but also with survival and resilience over many generations. The women's knowledge was built as a result of experiencing and witnessing trauma as an embedded lived experience.

Their telling resonates with the concept of trauma as a *phenomenon* with depth and complexity (Alexander et al. 2004; Caruth 2016; Leys 2000), that is, trauma containing a temporal factor that is linked to events occurring within groups and that has sociohistorical origins. The trauma of the women is layered and complexly interwoven with imprisonment, itself a further injury to their health (Kendall et al. 2019). Their narratives place trauma front and centre of how they came to be incarcerated (often repeatedly). Such narratives are a very appropriate way of understanding the phenomenological unfolding of complex social and emotional health patterns (Geia, Hayes & Usher 2013). Moreover, yarning or storytelling is a culturally sound Indigenous way of sharing information, leading to shared understanding of problems, their impacts and the development of solutions (Bessarab & Ng'andu 2010; Walker et al. 2014). I seek to appreciate and weave the Indigenous standpoints (Ardill 2013; Moreton-Robinson 2013) of the women and the members of the SCREAM advisory group into in this inquiry.

No woman interviewed for the SCREAM study said she had 'trauma'. This is not unknown in Indigenous prison research. For example, Waldram (2014) found that people invoked life experiences as part of a combination of events that pointed to trauma, rather than constructing themselves as traumatised (p. 380). This is hardly surprising, as people generally describe their life events and issues, not the paradigms that clinicians and researchers use to interpret them. For example, people typically do

not say they 'live in poverty'; instead they describe not having enough money to buy essential items, living in high-crime areas, leaving school early etc., from which researchers can infer that they live in poverty. However, the women did respond with complex and compelling narratives that highlighted important life themes, were sequenced and connected, and had particular outcomes. Trauma is a phenomenon and can therefore be known phenomenologically (Briere & Spinazzola 2005; Tomb 1994). As a phenomenon it cannot be directly observed. Its presence can be indirectly inferred from (1) social and cultural context, (2) exposure to adverse stressors, (3) clusters of symptoms, (4) outcomes, and (5) the meaning that the person ascribes to their distress.

We cannot know for certain how telling their stories in the context of a research interview affected women participants. The interviewers observed that the women were part of a close-knit group in prison who stuck together and participated with each other in sharing stories, advice and humour. Interviewers noticed that the women felt cared for and culturally safe within the environment that they had created within the prison. All participants were offered counselling, and interviewers inquired about the women's access to counselling for specific traumatic events or distress. It is a mark of the safety that women felt within the project that when the same researchers returned to the prison some years later, a high percentage of women who had participated voluntarily attended the sharing of feedback and responded by sharing their experience of the research.

While there are real ethical concerns around the effects of participating in trauma research generally, the evidence to date does not suggest that participants are re-traumatised by the retelling of difficult events; indeed the majority of those who felt distress were nevertheless glad they had participated (Legerski & Bunnell 2010). It is important to note that the interview guide followed an Indigenous-appropriate methodology (Chilisa 2012; Kovach 2009; Sherwood 2010; Sherwood et al. 2015). It did not contain questions specifically designed to probe the women's trauma exposure or symptoms. Instead, the conversations were led by the women themselves. Women spoke about what was foremost on their mind, with occasional gentle prompting or

steering away by the interviewers, depending upon the preferences and distress signals (if any) of the women. The women were asked about their health, mothering and incarceration experiences and were free to relate the information that they felt was important. As a result, many women displayed resilience in relating trauma experiences.

The uptake of opportunity to participate was high, with 44 women volunteering to be interviewed. The result is that the women spoke with agency and self-determination about their mothering, health and prison experiences. They told their own stories in their own way, at their own pace. The narratives they shared unfolded the great plurality of their experience, but also revealed a deeper underlying hurt and common patterning. It is the meaning and implications of this social and emotional patterning for this group of mothers that is the focus of this chapter.

Problem diagnoses: how Western trauma constructions fail Indigenous peoples

Trauma is an evolving construct (Jones & Wessely 2006; Zoellner et al. 2013). Its wide application, cross-disciplinary use and frequently confusing and fuzzy definitions have evoked criticism (Gold, Dalenberg & Cook 2017; Leys 2000). The evolution of the concept in Western mental health evinces the dilemmas faced in defining criteria for the presence of trauma. While doctors have recognised the links between adverse stressors and persistent symptoms in patients since the late 19th century (Monson, Friedman & Bash 2017, pp. 37–8; Ringel & Brandell 2012, p. 1), PTSD was first included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as late as 1980 (DSM-III) in response to the advocates for war veterans and 'battered' women (Ringel & Brandell 2012, p. 5). Its criteria have been evolving and remain contested and controversial to this day (North et al. 2016).

The current DSM-5 has removed PTSD from its categorisation within 'anxiety disorders' to a new discrete category 'trauma and stressor-related disorders' in recognition of the broad variety of symptoms evidenced by patients (Pai, Suris & North 2017, p. 2). The current definition remains restrictive—it excludes large numbers of patients with trauma symptoms (Hoge et al. 2016).

The following table is a summary of current criteria for PTSD in the DSM-5:

DSM-5 definition of PTSD

Exposure to a traumatic event which must include 'actual or threatened death, serious injury, or sexual violence'.

There are four qualifying exposure types:

- direct personal exposure
- witnessing of trauma to others
- indirect exposure through trauma experience of a close family member or close friend
- repeated or extreme exposure to aversive details of a traumatic event (e.g. at work) (excludes exposure through media)

The presence of one or more of the following symptoms* associated with the traumatic event:

- Recurring, involuntary and intrusive distressing memories of the traumatic event(s)
- Recurrent distressing dreams related to the traumatic event(s)
- Dissociative reactions (e.g. flashbacks) where the person feels as though the traumatic event(s) are reoccurring
- Intense psychological distress related to the traumatic event(s)
- Marked physiological reactions to internal or external cues that the person associates with the traumatic event(s)

*The earlier requirement for trauma of symptoms of intense fear, horror and helplessness was removed from DSM-5.

The DSM-5 diagnosis of PTSD excludes individuals suffering from terminal cancer, the death of an ill child or chronic homelessness, as the diagnosis requires the person to be exposed to a specified, unexpected event, frequently including violence.

Diagnosis via the DSM is not the only widely accepted measure of PTSD. In May 2019 the WHO adopted the ICD-11 and included CPTSD (Reed et al. 2019). Unlike the DSM-5, which diagnoses PTSD primarily on the basis of exposure to specific traumatic events, the ICD-11 diagnoses on the basis of the presence of symptoms. The table below presents a summary of the WHO IDC-11 criteria for PTSD and CPTSD:

WHO ICD-11 definitions of PTSD and CPTSD

PTSD symptoms:

- Re-experiencing the trauma in the here and now
- Avoidance of traumatic reminders
- A persistent sense of current threat, e.g. exaggerated startle response, hypervigilance

CPTSD diagnosis requires all PTSD symptoms to be present *plus* all of the following:

- Affective dysregulation
- Negative self-concept
- Disturbances in relationships

Unfortunately, despite the promise of the inclusion of CPTSD in ICD-11, this new category does not yet adequately capture the totality of the patterns of traumatic experience evidenced by the narratives of Aboriginal women in prison.

Nevertheless, studies show that rates of PTSD in Aboriginal women in prison are high. In the largest systematic study of mental health disorder among Indigenous people in prison conducted in QLD, 32 per cent of the Indigenous women in prison were found to have PTSD co-occurring with high rates of other mental health diagnoses (Heffernan et al. 2015). A Victorian study found that 42 per cent of Aboriginal women prisoners met the criteria for PTSD (Ogloff et al. 2013). Though high (by comparison, around 6.4 per cent of the general population in Australia is believed to suffer from PTSD (Tiller 2013), it is likely that the rates of trauma experienced by Aboriginal mothers in prison are vastly higher than currently reflected in studies using PTSD measures.

Indeed, the restrictive PTSD definitions of the DSM-5 and ICD-11 furthermore fail to capture the full distress and long-term ‘overwhelm’ of this group of incarcerated Aboriginal mothers. The problems with these individual Western diagnostic criteria are as follows: (1) whole groups or populations of people are excluded and their collective trauma experience is rendered invisible, (2) cultural expressions of distress are ignored (Marsella 2010), (3) the social and political context of trauma is absent, (4) the

longevity and intergenerational aspects of trauma are obscured, and (5) outcomes (e.g. high rates of child removal and incarceration) remain within welfare and penal discourses and outside the health ambit. The failure of Western models (American Psychiatric Association, WHO) to recognise Indigenous-specific trauma has effectively excluded Indigenous people from adequately funded culturally appropriate treatment and compensation.

The results of colonisation and the hegemonic perspectives of Western medicine continue to affect Indigenous health outcomes (Sherwood 2009). Ongoing colonisation in Australia has both injured Aboriginal people as well as set the scene for their trauma (Cabinet 2017; Ranzijn, McConnochie & Nolan 2009; Sherwood 2015). Whole families and communities have been exposed to traumatic stressors beyond their control over long periods of time and are now severely and, not surprisingly, deeply distressed (Parker & Milroy 2014a, p. 27). The individual as the unit of PTSD diagnosis is problematic, as is the presumption that traumatic stressors are rare, and that reactions to these are abnormal or aberrant. As critical psychology attests:

> The implicit assumption persists that traumatizing events are uncommon. Correspondingly, someone who acts as if such events are common—that is, someone who acts as if the world is unsafe—is seen as misunderstanding the world and responding inappropriately as the result of a disorder … they (trauma survivors) now know that the world can get at them. What essentially the diagnostic label does is define the cloak of invulnerability as normative and define the knowledge and knowledge-based responses of the survivor as symptoms … While psychiatrists view the DSM as a neutral tool that is simply useful in assessing and helping people who are troubled, it is a tool through which a hegemonic worldview is imposed (Burstow 2005, pp. 434–5).

In short, current diagnostic tools and practices favour a ‘white’ Western view of the world; they ascribe what ‘normally’ happens to people, how often it happens, and how they should react or ought to cope, in the process pathologising some of those the system purports to treat (Andermahr 2015, p. 500).

The women and trauma expression

For the women in this study, stressors and reactions were so common as to be minimally emphasised by many women, but rather considered a feature of life. The number and ubiquity of traumatic experiences related in their narratives do not suggest lack of impact upon the women. The number of stressors and the time frame in which they are experienced do matter. A recent quantitative study showed that the presence of lifetime traumatic stressors and adverse childhood experiences uniquely predicted DSM-5 PTSD and ICD-11 PTSD and CPTSD (Frewen, Zhu & Lanius 2019).

The women's interviews suggested a frequent experiencing of trauma in the here-and-now interview interaction. Trauma had a repetitive aspect in the narratives of the women, not necessarily because women were having invasive dreams or flashbacks (although at times flashbacks were reported and sleep disturbance was very common). Rather they were constantly experiencing new trauma or being reminded of past trauma—their own institutionalisation, the forced separation from their children, or the continual assault of everyday racism and discrimination. As Ranzijin, McConnochie and Nolan (2009) say:

> They (Indigenous Australians) never had a chance to recover from one bad event or policy, because there was always a new one to try to cope with … repeated exposure to frequently recurring trauma eliminates the possibility of full recovery (p. 126).

Despite multiple vicissitudes, many of the women in this study would likely not meet the criteria for CPTSD. Much of the deficit in these established diagnostic categories is a failure to recognise the levels of pervasive and systematic state violence and cultural oppression over long periods of time that have coalesced into poor health, chronic grief and collective trauma for Indigenous peoples (Hunter 1998; 2020). Indigenous scholars and practitioners (Atkinson et al. 2014; Gee et al. 2014, p. 59), and indeed non-Indigenous practitioners (Hunter 2020; Krieg 2009) who have lived experience in Community and treat Community members for a

wide variety of social and emotional problems, have noted the inadequacy of PTSD to capture the range and complexity of problems experienced as a direct result of colonisation.

Indigenous experience of trauma: collective trauma, complex trauma and intergenerational trauma

The 'Trauma Proliferation Pathways' approach (Kira et al. 2018) which investigates the interrelationship between: (1) collective identity trauma, (2) attachment (developmental) trauma, and (3) survival trauma is more appropriate to the trauma experience of Aboriginal women than is PTSD diagnosis. Kira et al. (2018) found that collective identity trauma (e.g. racism, discrimination, adverse historical events, sexism) significantly predicted youth and adult trauma (e.g. survival trauma). Independently, they also found that attachment (developmental) trauma was the second pathway to childhood and survival traumas.

Aboriginal families have been exposed to state-instigated violence which has had a profoundly negative impact on people via a targeted and stigmatised collective identity. Additionally, continual disruptions felt intergenerationally have seen children removed and their parents imprisoned. Despite resilience arising from family connectedness and strong culture, these removals have injured coping ability within some families (National Inquiry into the Separation of Aboriginal Torres Strait Islander Children from their Families 1997). This, in turn, has impacted intergenerationally on parenting and attachment relationships. Even so, attachment relationships are culturally different and children rely on a network of attachments rather than the dyadic Western model (Neckoway, Brownlee & Castellan 1969; Yeo 2003). Here follows a discussion of collective trauma and complex trauma in the context of the women's narratives.

Collective trauma

The racism perpetuated upon Aboriginal people in Australian society is an ever-present group stressor that affects Aboriginal people's lives daily and diminishes their SEWB

(Paradies 2016, 2018). The women's narratives were punctuated by their experiences of accumulated racism and negative stereotyping from teachers, healthcare professionals, police and judges, and from everyday encounters with non-Indigenous Australians (see also Australian Health Ministers' Advisory Council 2017, p. 28). The evidence of this impost is borne out by the higher levels of stress and consequently allostatic overload[18]. Aboriginal people evidence higher levels of allostatic overload markers than other Australians (Sarnyai, Berger & Jawan 2016) and this is true especially for Aboriginal *women* (Davison, Singh & McFarlane 2019). The collective stress of racism and disadvantage is compounded for the women by the increased stress levels that prisoners experience (Massoglia 2008). The mothers in this study experienced the exponential impact of being at the nexus of two groups (Indigenous women and prisoners) each collectively experiencing high rates of stress, distress and disadvantage.

The effects of ongoing colonisation radically shaped the life stories of the women in this study. While each woman's narrative was unique to her, the women interviewed shared common threads of their stories with other women in the group, and beyond the prison group with women in their families and communities. In other words, the women had a cultural collective experience of being Aboriginal women and mothers. They shared strengths in their survival, resilience, culture, kinship, parenting practices, grandmothering and humour. This is testimony to the fact that Aboriginal cultures have retained their adaptability to change under the most extreme and punitive of conditions (Hunter 1992, p. 203). The continuing effects of colonisation and discrimination coupled with insufficient support also meant that they also shared high levels of intergenerational adversity from policies and practices specifically targeted at Aboriginal people. Trauma reaction under these conditions of ongoing colonisation

[18] Researchers McEwen and Stellar first described the concept of allostatic load in 1993. As people are exposed to stress within the natural or social environment, the body tries to regulate internal physiological systems using various mechanisms, such as the secretion of adrenalin and cortisol. If the frequency of stressors increases, then these mechanisms designed for protection, lead to adverse 'wear and tear' and a person is said to have 'allostatic overload'. People with allostatic overload tend to have increased mental health difficulties, such as anxiety and depression, sleep dysregulation and more difficulty with everyday functioning (McEwen, 2005)

(Krieg 2009; Sherwood 2015) is not pathological but a normal reaction to induced (produced) vulnerability, violence and captivity (Herman 1997).

These women had particular experiences of collective trauma evident in the way they spoke about trauma. The first was that the women experienced a greater frequency of actual trauma inducing experiences such as racism, child removal, police oversurveillance, incarceration, and complex grief from the high levels of illness and deaths of family members. The second was that the women suffered as a result of the continuing denigration of their collective (Aboriginal) identity. As a result, women *were* targets of multiple traumatic events, and *felt* targeted as a result of their identity and culture. Each of these traumas is significant, and together they impose a heavy trauma burden. The literature sometimes perceives collective trauma as primarily a social and cultural *identity* issue (see Alexander et al. 2004, p. 10; Hirschberger 2018), whereas the women in this study were both holders of a collective traumatic group memory *and* individuals experiencing multiple traumas enacted upon their group, within their own lifespans.

The collective disadvantage of the women was pervasive. They were excluded from the life opportunities of most Australian women. They suffered inadequate resourcing and opportunities, few school completions, and multiple deaths of family and community members, they were excluded from rewarding employment and were seldom able to raise their children without state interference. The absence of basic life requirements is a result of social and political arrangements, not of the women's making. Successive generations of exclusionary and punitive state policy have effectively manufactured levels of poverty, distress and despair. Social policy and its violent enforcement has set the scene for trauma (Krieg 2009, p. 30), declaring those affected personally inadequate, deficient, criminal or insane.

It was not just the women who are affected but their children, families and communities. Examples of traumatising policy and practices that collectively adversely impact Aboriginal families abound. Forced separation remains one of the primary vehicles for the continued traumatisation of Aboriginal families. One trend that is especially disturbing and indicative of a further escalation of traumatisation is the

removal of ever younger children. Aboriginal children are more than seven times more likely than non-Aboriginal children to be removed to out-of-home care in NSW (AIFS 2019). Nationally, Aboriginal infants are being removed from their mothers at 10 times the rates of non-Aboriginal infants (O'Donnell et al. 2019, p. 95). Aboriginal young people are being removed into the carceral system at 26 times the rate of non-Aboriginal youth (AIHW 2018e). Children are being sentenced earlier and earlier in life: 39 per cent of Aboriginal children in the juvenile justice system are sentenced between the ages of 10 and 13, compared with 15 per cent of non-Aboriginal children (AIHW 2019d). The extent of child incarceration is at crisis level (Standing Committee on Aboriginal and Torres Strait Islander Affairs 2011, p. 7). Nor are Aboriginal young people benefiting from justice improvements. While population rates of juvenile incarceration have steadily decreased in the past decade due to diversionary practices, these have not proportionally benefited young Indigenous people (Cunneen, Goldson & Russell 2016, p. 175).

Increasing separation between generations is also exacerbated by parental incarceration. More and more parents (and grandparents) are being incarcerated (Behrendt, Cunneen & Libesman 2009), removing them from the lives of their children and grandchildren. For some children of the mothers in this project it meant that they lost the custodial care of their mother, for others, contact with their mothers was diminished or extinguished. Children also lost the care and support of their grandmothers and aunties. Ill and infirm community members lost potential sources of care. Altogether, families experienced repeated exposure to the acute and chronic stressors of separation over long periods of time.

Chronic and complex trauma

That the women in this study had survived the adversity they described was a testimony to their survival and resilience skills. The narratives of the women showed that they experienced multiple traumatic stressors from a very early age (see Chapter 5). Such complex trauma develops over a long time, beginning in childhood, affecting the person's development and interpersonal relationships (Van der Kolk 2005a, p. 405). Such traumas are pervasive, repetitive and cumulative (Stavropoulos & Kezelman

2012). It is increasingly recognised that the cumulative dynamics of trauma matter (Briere, Agee & Dietrich 2016; Follette et al. 1996); that is, the way trauma is layered, builds incrementally (Atkinson 2012), interacts with new traumas, and produces an overall effect is significant (Kira et al. 2018, p. 583).

The trauma that the mothers described in interviews was not either a single acute event (such as a motor vehicle accident) or multiple events within a time-limited window (such as a war). Rather, the women experienced repeated exposure to both acute and chronic stressors over a lifetime. Examples of acute traumatic stressors that they revealed included injury resulting in head trauma, life-threatening injury sustained from partner violence, the sudden death of a close family member, the forcible removal of their children, and being taken into custody. Chronic exposure to traumatic stressors was pervasive and lifelong. Chronic traumatic stressors included ongoing poverty, racism, the threat of removal of children, being targeted by the police, domestic violence, stress and grief over family illness and death, cycling between prison and homelessness, and imprisonment of children or other family members.

Intergenerational trauma

The concept of intergenerational trauma takes an even longer, more expanded view of cumulative trauma in considering the effects of trauma passed down through the generations resulting in a 'chain of pain' (Byers & Gere 2007 in O'Neill et al. 2018, p. 177). The impacts of generational trauma are now well documented (Danieli 2010; Lehrner & Yehuda 2018, p. 23). The exact mechanisms for the transfer between generations are still unknown (Klengel, Dias & Ressler 2016, p. 219). However, there is promising current research in the area of epigenetics (see for example Yehuda & Lehrner 2018) and social learning (Folger et al. 2017; Lang & Gartstein 2018) and Indigenous healing (Te Atawhai o te Ao 2019; Healing Foundation 2019).

Indigenous psychologists, community workers and healers have further expanded this conceptualisation. Aware of the genocide perpetuated upon their people, and observing the suffering and symptoms of people in the Community, they noted that

the aetiology suggested by Western diagnostic systems was unmatched to Indigenous experience—that at best these diagnoses were unhelpful, and at their worst made people sicker by ignoring the injury done to them, then pathologising them for the symptoms produced by societal injustices outside of their control (Duran & Duran 1995). The concept of Indigenous intergenerational trauma (also historical; see Maria Yellow Horse Brave & DeBruyn 1998) and transgenerational trauma (see Atkinson 2002; Ranzijn, McConnochie & Nolan 2009) has come to express an Indigenous standpoint: that of the instrumental role of the violence and dispossession of colonisation in Indigenous people's trauma worldwide and its detrimental impacts generationally. Indigenous intergenerational trauma models assert that colonisation and the adversity that it produces is ongoing. Further, they conclude that intergenerational trauma legacies interact powerfully with ongoing current lifespan trauma to produce particular social effects.

With regard to the women in this study, it was clear that women's social and emotional resources were under strain and they were overwhelmed. They were the presenting face of generations subject to various forms of state captivity within living memory missions and reserves, state-run institutions into which children were captured, and prison incarcerations. These women were caught up in the most recent waves of captivity— including juvenile detention and the increasing use of incarceration as a punitive measure against Aboriginal women (Baldry, Carlton & Cunneen 2015). Many women told of legacies of grief and suffering precipitated by dispossession, homelessness and separation. Collectively and generationally they had suffered from the removal of children, interruptions and terminations to their parenting, and illness and death of loved ones. They had managed continued assaults on the integrity and togetherness of their families. They had endured the racism that sought to alienate them from their culture and from themselves. They were worried, tired, depleted, overwhelmed, grief-stricken, and had some of the symptoms of mental illness. They were caught in cycles of homelessness, self-medicating drug use and incarceration that they lacked the resources (or support) to overcome. None of these deleterious health outcomes are personal or criminological; they are complicated and

deeply embedded in problematic social relationships established by the state and perpetuated generationally.

The story of how societal power structures and relationships impact on women, their trauma and their parenting is best told by the women themselves. The complexity of multiple interacting adversities is imbedded in the events and narratives of the women. To this end three case studies have been selected. These three women's stories are unique in the way that specific traumatic stressors combine, and yet not unique in that the women share stressors in common. Each has been chosen because they highlight specific ways that generational adversity, poor health, child removal policies and policing and justice systems combine to create massive trauma.

Case study 1: Kathleen[19] (18/5/4)

Kathleen is a 25-year-old mum. She has a boy aged nine and a girl aged four but even when she is out of prison she doesn't get to see them much.

> *They've been in care, in DoCS care for about two-and-a-half years. I enjoy when I get to have time with them. I only get to visit once every three months a year.*

She has been in prison three times but that doesn't mean it gets any easier; she has felt unsettled ever since coming in and is disappointed at being back in so soon. She broke her curfew after an argument with her dad who was drunk and becoming violent. She ended up staying at a friend's place and was re-arrested and is now waiting out her court date in jail on long remand (13 months). The authorities wouldn't listen to her when she said she was escaping family violence. It's easy to fall back into a downward spiral with her mental health if she thinks about things too much. The first time inside was for a small thing—driving without a licence—but it sparked off a cycle of coming back that even Kathleen battles to fully understand.

Kathleen had a tough start in life.

[19] All participants' names have been changed. Italicised words are direct quotes from interviews.

> *I took off from home very early. Mum had a baby, the one after me and she passed away and I was real good until then. I started going down at school and started smoking pot then, smoking cigarettes. Yeah I went downhill from then.*

Even with everything, she wasn't 'in the [juvenile justice] system' as a teenager. She finished school at the end of Year 8 and was a mother from young, and this role has been an important part of who she is ever since.

> *I had my daughter—I was sixteen when I had her and I've just been a mother ever since then. I didn't muck up or anything until after they took my children … Yeah that was sort of breaking point because I'd been a mother since I was sixteen. I didn't finish school, I didn't really know how to be anything else and I got lost—I was just lost when they were taken.*

Kathleen and her partner (the father of her children) knew they had an issue with drugs and were doing something about the problem. He was weaning off heroin and she off marijuana. They were doing it the right way, 'urines and all', so that they could recover. In the midst of their recovery, her partner had a setback and overdosed. He survived, but they took the kids anyway, even though the children had not been at the house when it happened.

It was all a big shock to them and Kathleen and her partner went straight into rehab to solve their problems and get the kids back. While rehab solved one problem it created another: while doing residential rehab they lost their housing and with it their family home. They were lucky to have family who stepped in to provide accommodation but it wasn't the same. They started off hopeful of being a family once again, only to have their hopes dashed. Without a home or their kids to work for they started using again.

> *when we left the rehab we were supposed to work with DoCS but it's—they made it real hard and said, 'you're going good you'll have your kids back here' or 'we'll give you more visits'. They ended up knocking our visits back to every two months and then we just got into the drug scene again.*

When they took the children Kathleen started self-medicating with heroin, which she hadn't used before. Two rehabs have not solved her more recent heroin addiction and the family has been split further and further apart. Her partner is in prison, she is in prison, and her contact with her children is by letter only. Phone calls are a maximum of six minutes and she hasn't been able to get DoCS to arrange that yet. Kathleen is hopeful that she will get a video link-up soon.

She needs to see her children to feel well. She's worried about the children, her son has a medical condition and he needed an operation and she wasn't even aware it was happening. Not being there for her children is the hardest thing. Time is passing and she's worried they'll miss out on each other—her daughter will be a teenager soon. It won't get much better when she's released. She will have a couple of visits a year but not for birthdays or Christmas when families especially want to be together.

Kathleen's family do all they can to support her, by visiting and being there at court, but they're struggling too. They can't put money into her account for phone calls. Kathleen's incarceration affects them all. When she's stressed and crying, they stress and cry. They don't like to leave her there. She reflects that drugs always put her in the wrong place, and the wrong time and not having the right legal help adds to her worries.

It's hard to come off the drugs.

> *I've withdrawn a lot of times from it, so I know what to expect. I just sort of try and push through it. Keep my mind occupied and just push through it because I know it will only be for a few weeks and then I'll get back to normal, to how I was before I touched it.*

It's a vicious circle. It's even harder to stay off drugs when the reason you take them is to dull the pain of not having your kids.

> *I blame DoCS sometimes for my habit and things I have. Like if they didn't take the kids I wouldn't have used and I wouldn't have got a habit. I just felt really depressed and there was an empty feeling inside, I couldn't stop thinking about it, I*

> *couldn't stop crying. I ended up using and that was the thing that sort blanked my mind from it all.*

Staying on the drugs means you will never get your children back.

Instead Kathleen is being treated for depression in prison. She's not sleeping well. On the upside, she is doing hairdressing and beauty training and as many parenting courses as she can, but this is difficult because she is on remand. Release will bring survival difficulties, as she will be homeless. Social housing waiting lists are years long and private real estate companies don't want to deal with people with a criminal record. Even the forms are hard to understand.

She's not the only one.

> *Well it's hard especially for girls that have been in for a while. It's hard to walk back out into the community, you're always watching your back and you're ready for a go whenever. It's like survival mode, they've been in survival mode for that long in here, then they have to walk out and learn how to be a part of society again. It's hard, it's real hard.*

Discussion alongside Kathleen's story

Kathleen's story speaks back to prevalent narratives which suggest crime *per se* is the dominant causal factor in the growing number of Aboriginal incarcerations (for discussion see Baldry & Cunneen 2014, pp. 283–5). The role of trauma, worsening SEWB, and poor health is significantly implicated in the growing number of women like Kathleen who are incarcerated. The extreme trauma of the forcible removal of her children played a pivotal role in Kathleen's despair and worsening SEWB leading to severe drug addiction. Removal was a cause of deep distress for the mothers across the study. Her story points to the fact that the mothering trauma of separation begins long before prison for many mothers. Her narrative demonstrates the interactions between compounding traumas. Imprisonment itself is a trauma. It also acts as a catalyst that multiplies separation trauma by removing *both* the mother (often repeatedly) and child from their families and Community. Once the mother is 'inside',

the institutional barriers to contact prevalent in institutions (FACS and Corrective Services) (see Chapter 7) increase the loss and separation for mothers and their children still further.

Trauma is both the context and the life experience of the women. Women such as Kathleen suffer from the effects of intergenerational trauma interacting with complex lifespan trauma. Intergenerational trauma promotes vulnerability as a result of being a member of a group singled out for disadvantage, stigma, violence and oppression. At the same time these women also hold the group sociocultural memory of the injury that has been caused to previous generations of family and community members. Intergenerational trauma sits alongside generational disadvantage and government policy that has disproportionally negative effects upon Aboriginal people, and sets the stage for lifespan trauma.

In the context of ongoing colonisation, intergenerationally traumatised groups become ever-increasingly vulnerable and marginalised through a combination of acute events and chronic lifespan stressors that compound over time. For example, the early acute loss sustained with her mother's death had profound implications for Kathleen's adult life. Kathleen comes from a community where deaths and funerals are frequent events causing repeated griefs. She would also be aware that members of her family and community die much younger than the average Australian.[20] Her personal loss (her mother's death) is intertwined with her community's losses and an ongoing feeling of being vulnerable to death. Present, past, individual processes, group dynamics and state interventions are not separate, but part of one continuous experience.

Families too are part of this complexity and shape the context in which women live. Families are carrying much unresolved grief and trauma from multiple ongoing losses (O'Neill et al. 2018). Families remain a vital a source of connection, understanding, warmth and culture. Kathleen and her partner turned to family for support and accommodation when they lost their children and their house. Families can also be a source of hardship when they react with violence. The imprisonment of members

[20] Two-thirds (65%) of deaths among Indigenous people occur before the age of 65, compared with 19% of deaths among non-Indigenous people (in the 5-year period 2008–2012) (AIHW 2015).

places enormous strain on already overburdened families. Prison is a cross-generational and an intergenerational trauma for Aboriginal mothers. Many of the women interviewed had fathers, uncles, partners, brothers and sisters, and cousins with prison experience. Some of the women reported that their children had entered the juvenile justice system already.

The lack of recognition within parole services of family trauma and how this relates to women's gendered needs is itself a cause for worsening mental health and repeated incarceration. Her self-protection measures caused Kathleen to seek safe accommodation, in the process breaching her parole conditions, and resulting in reincarceration. Trauma and punishment can become a vicious circle for families. It is precisely during times of stress and stress reactions that families come to the notice of authorities. According to the women, their situation is not supported but worsens considerably under authoritarian sanctions (see also Bessarab & Crawford 2010; Libesman 2014, p. 80).

Early wounding, overburdened families, threat of punitive state intervention, and lack of service support together create an environment where healing is virtually impossible (Bessarab & Crawford 2010; Walker & Shepherd 2008). This social deprivation generates the conditions for acute trauma to precipitate into a cascade of further traumatic overwhelm. For example, loss resulting from Kathleen's mother's death in the absence of adequate support overwhelmed her ability to cope, she was unable to focus at school, self-medicated by smoking cigarettes and marijuana, and her education ended early. At the early age of 16, with grief from her own mother's death still unresolved, she became a mother herself. Becoming a mother and forming a bond with her own children was highly important according to Kathleen, and may have assisted her healing; however, the untreated wound of loss had her continuing to self-medicate. Long-term trauma and disadvantage were mutually reinforcing in the women's narratives. Kathleen was a very young mother, without support to complete her education, few life opportunities and no maternal support for her mothering. Kathleen and her partner made self-motivated attempts to recover from their self-medicating addictions, but in the absence of treatment for unresolved trauma there

were setbacks and relapse. There followed an acute trauma with the near death of Kathleen's partner through accidental overdose. The child protection system responded to this acute health situation with an assessment of immediate and unmitigable risk of harm to the children, triggering their forcible removal, rather than working to support the family in treating underlying trauma, complete drug rehabilitation, and be reunited with their children.[21,22]

The role of traumatic 'institutional intrusion' (Hunter 1992) into Aboriginal families is powerfully demonstrated in Kathleen's story. Acute personal traumas in a number of the women's narratives set the stage for state 'intervention'. This intervention or intrusion led to a complex set of interactions with state institutions, triggering the collective memory of intergenerational trauma (Bombay, Matheson & Anisman 2009), compounding and worsening existing complex trauma, and creating new acute traumas. (The Northern Territory Emergency Intervention is an example.) The role of continuing surveillance, dominance and control by state services and institutions that permeate the lives of Aboriginal families such as Kathleen's cannot be underestimated (Herring et al. 2013, p. 108). Chronic stress from constant surveillance, and powerlessness combined with acute losses such as the removal of children were common in the women's narratives. Such actions force downward spirals of SEWB and negatively impact cycles of addiction, homelessness and incarceration.

It is not a single state institution but the combination of many that contributes to the layering of complex trauma for Aboriginal people. The sequence of events that Kathleen laid out is instructive in this regard. The initial response of Kathleen and her partner to the removal of their children was to comply with FACS's child protection

[21] The most comprehensive independent review of Aboriginal and Torres Strait Islander children in out-of-home care to date (Davis 2019) stated: 'These data highlight the importance of early intervention, including social, economic, health and developmental support services for both children and families who become known to the child protection system, from the antenatal period through early childhood. As this Review shows, however, there is little targeted intervention and prevention work to prevent this escalation and support vulnerable families and children with the services and casework that they need, including from the time of pregnancy. Instead, all too frequently Aboriginal children end up in OOHC, often displaced from their parents, their family, their community and their country' (p. 41).

[22] The review noted that the child protection system is complex and opaque and that the operation of the Children's Court, through which all care proceedings are conducted prior to removal, is little understood (pp. 56 and 68).

requirements. They entered rehab to resolve their addiction problems and regain custody of their children. This loving and adaptive parental response had consequences that could not easily have been foreseen. The family lost their home owing to the period of time they spent in a rehab facility. As they entered one institution for recovery—rehab—they lost their home as a result of another institution, Housing NSW, and were unable to meet the requirements of a third state agency, FACS, which required both drug desistance and housing as conditions for regaining custody of their children. It is clear from the women's narratives that state institutions and agencies play a significant role in the ongoing traumatisation of Aboriginal women and their families.

Institutional racism is a common experience for Aboriginal people (Paradies 2018; Paradies, Harris & Anderson 2008, p. 6). The mothers experienced child protection systems as a major focal point of institutional racism (see also Cunneen 2015; Haebich 2015; Libesman 2015). It impinged upon their sociocultural identity and fractured mothering identity. This is a double blow that had traumatising effects upon many of the incarcerated women. Certainly, the removal of her children was instrumental in Kathleen's pathway to incarceration. Kathleen's narrative speaks to her identity being firmly bound up with being a mother. Her narrative is divided into the period before they took the children and the period after they took the children. The meaning of her life at that point changed: before the removal she was a mother who took care of her kids; after the removal, she was a mother who hardly even saw her kids. She was lost. Prior to their removal she 'didn't muck up or anything'; afterwards she got sucked into a cycle of incarceration.

The pathways from child removal to prison are not inevitable. With inter-agency coordinated support by FACS, health services and Housing NSW, the potential to create different outcomes exists. As it was, Kathleen and her partner were extremely willing to work with FACS to have their children restored. Instead of working supportively with the family, FACS took a punitive approach. Such punitive approaches ignore the need for togetherness and healing in families. Increasing separation, by enforced time spent apart in different locations, is problematic. The more prolonged their

separation, the more hopeless Kathleen and her partner felt. She self-medicated with stronger drugs, and he at greater rates. Trauma increased both the severity and frequency of their self-medicating drug use. Trauma is strongly implicated in drug addiction and incarceration (Covington 2008; Hammersley et al. 2016; Moloney, van den Bergh & Moller 2009; Segrave & Carlton 2010).

Moreover, incarceration is itself a significant trauma which worsens and perpetuates other traumas (Piper & Berle 2019). Once a woman is inside, the trauma of being locked up, the anxiety of being in a carceral environment, and separation from her children and family destabilises the woman (see Chapter 7). The women's narratives suggest that the symptoms of poor mental health worsen upon imprisonment for many mothers.[23] Missing their children and worry about their children are constant stressors. Once released, women face the stress of homelessness and the ongoing chronic trauma of constant policing and the threat of reincarceration. Cycles of imprisonment intensify their trauma and decrease coping ability (see Chapter 7). Successive periods of imprisonment erode mothers' SEWB and decreases their chances of reuniting with their children.

The pervasive threat of having one's children taken away or being locked up is carried by families intergenerationally. This stress and anxiety is all too often realised by oversurveillance, police violence, removal of children, and incarceration, contributing to patterns of loss and grief in families. Families seldom have a chance to recover, to the point where family coping is continuously overwhelmed and functional parenting becomes difficult to sustain. The individual distress hypervigilance and survival-based strategies that women like Kathleen report are not anomalous symptoms after single events, but grounded in the reality of their everyday struggle to survive.

[23] Many mothers in our study reported increased anxiety, worry, depression, agitation and sleeplessness in relation to separation from their children as a result of incarceration.

Case study 2: Sally (30/7/2)

Sally has lived in different towns in regional NSW all her life. She has three children; her youngest is 17 years old and Sally is 37. Having her kids live with her parents is a weight off her mind, except that her mum and dad are sick. Her dad is very sick with cancer and intestinal bleeding. Sally has no contact with her parents and more recently very little contact with her children. Despondency has been Sally's way of coping with what she sees as rejection by her children.

The first time Sally was inside for three years, out on parole for a month, then back in to finish the rest of her sentence, with six months added, all up 4.5 years. This is Sally's second time in prison and she is on remand awaiting sentencing. Her case has been adjourned five times, so it's been a long wait. She feels well supported by Legal Aid[24] but it's been a hard uncertain road.

Sally feels discriminated against as an Aboriginal person in the court system.

> *But it's the judge, yeah. I don't want the judge, yeah … I have to go to wherever he goes, yeah. If he goes to Darlinghurst, I go to Darlinghurst. If he goes to Blacktown, I've got to go to Blacktown … because it's a circuit judge … He come to* [small town], *they had to fly him down and I had to end up with him … if he was another judge they would have pulled the two girls, the mother and the daughter, you know. She was lying on the stand and all and he still accepted her* [testimony] *… Even a jury knew that she was lying. The jury found me guilty. I never got a fair trial. He* [barrister] *reckons there's nothing we can do but if I get, like, a black—being black, we're going to appeal it … Because I've got grounds to appeal it.*

Beyond her immediate legal problems, Sally has had lifelong difficulty with her hearing (due to otitis media) that has had flow-on impacts in her life. When she was little, Sally's parents moved around from town to town quite a bit. Then her hearing problems meant surgery and recovery and she made frequent visits to Far West, a

[24] The Legal Aid Commission of NSW is a government organisation that assists those without means to obtain legal representation.

recuperation centre for children in the Sydney beachside suburb of Manly, from the age of six. She was far away from home and family for long periods.

> *The first time was a couple of months and—but the sixth or seventh time of being there it was twelve months then.*

Luckily some of her sisters were able to make the trips with her, as she was too young to travel alone in the beginning. She remembers Far West as a warm caring place.

The problem is that Sally's ears have never been fixed up, she still suffers from the effects of not being able to hear properly. School was especially difficult for Sally; even so, she finished Year 10.

> *I ended up being pregnant with my daughter, yeah, and the I tried Year 11 but I couldn't because she kept getting sick on me. Yeah. I tried TAFE, couldn't do that … it's hard. And I was only young, I was sixteen, just turned seventeen when I had her.*

Sally has lived with her children's father all this time. It hasn't been easy living in a domestic violence relationship all these years. Her health has suffered and so have her working opportunities.

> *I couldn't work, yeah, because David* [partner] *kept stopping me. So they put me on a* [disability] *pension.*

Staying is hard, leaving isn't easy either and it's not always a matter of choice. Getting help can be tricky. Sally's dad is Scottish and her mum is an Aboriginal woman. Sally takes after her dad in the looks department.

> *When David kicked me out of his house I asked them* [local Aboriginal Medical Service (AMS)] *for help and they wouldn't help me because I'm not from Newcastle, and I told them but I'm still black. Yeah, I had my bags and everything and they still couldn't help me … so I had to go back and live in domestic violence again because they couldn't help me.*

Eventually David moved out to be with another woman, but Sally lost her house three months after coming into prison anyway. She doesn't know how long it will take to get another house when she gets out—it took her 20 years to get that house.

> *And it's all my stuff in that house, my lounge, my beds and everything that's in that house we paid for you know. It wasn't like cheap … And they just chucked it out to the road. Yeah, so someone's going to be living it up high with my stuff.*

Not surprisingly, Sally has suffered from depression for a long time. Before prison she didn't think it was worth taking antidepressants because she was constantly living with domestic violence and didn't think they'd help. Because she wasn't on them when she was in the community, she had to wait a couple of weeks to see the psychiatrist in prison for a prescription. She takes them every day and they've helped quite a bit. Sally is also on the methadone program. It was easier to get on methadone because she was on it in prison previously and they had her health records.

During her time in prison Sally did the POISE (Personal Ownership, Identity and Self-Empowerment) program. There is an incentive to do this program to have money deducted from fines owed to the government. Sally did it because she enjoyed it; she thinks this is the best motivation.

> *It helped me with my emotions and my lifestyle, domestic violence, yeah, just things that—it made me look on the relationship, you know what I mean, because I was living in it and someone else was looking on the inside it was pretty bad, and it just kept going in circles, yeah. And I was, I kept going back to him, yeah. It just showed me why and everything, yeah … It opened my eyes.*

Getting out is another thing. Sally is worried about where she will live, if she will be able to set herself up again and how she will support herself. She wants to stay away from old neighbourhoods and associates who were not good for her but has no other friends and few supports. She's scared that her ex-partner will find her and be violent again.

Discussion alongside Sally's case

Among the pathways that lead Aboriginal mothers to prison, chronic health problems are under considered. Aboriginal people in Australia have a well-documented health burden that far exceeds that of non-Aboriginal populations (Durey & Thompson 2012; Vos et al. 2009). This excessive burden of poor health and disease has been inter-generationally constructed through devastating policy that has been disadvantaging at best and genocidal at worst (Saggers & Gray 2007; Sherwood 2009). Families seldom have a chance to recover their health. Aboriginal families are known for their support (AIFS 2014; SNAICC 2010, pp. 20–6) of members, but this attribute is compromised when multiple members are seriously chronically ill. Poor community health is a result of negative social determinants, such as poverty and deprivation; it decreases quality of life, is disruptive and perpetuates vulnerability in families (Marmot 2015).

Health problems also differentially disadvantage Aboriginal children compared to non-Aboriginal children (McNamara et al. 2018, p. 1). Otitis media is one such physical condition with potentially devastating sequalae. This middle ear condition is frequently implicated in hearing problems and Aboriginal children are 12 times as likely to be diagnosed with the condition (AIHW 2018b; Sherwood 2018). Their prognosis is worse and Indigenous kids are hospitalised more often and later than non-Indigenous children, meaning that these children live with the condition longer, experience more disruptions from hospital treatment and are 2.5 times more likely to be fitted with a hearing aid than non-Indigenous children that are receiving treatment for the same condition (AIHW 2018b). The flow-on effects jeopardise life opportunities. Hearing difficulties in childhood are associated with poorer social and emotional health, compromised cognitive ability, behavioural difficulties, poor school performance and early school leaving (AIHW 2018b).

Poor hearing combined with social disadvantage is a pathway to prison. More than 90 per cent of Indigenous prisoners in the Northern Territory (NT) have been found to suffer substantial hearing loss (Vanderpoll & Howard 2011). The authors assert that the impact of hearing loss is an insidious but seldom acknowledged barrier to economic inclusion and an 'accelerator' to prison (p. 11). Sally's lack of hearing shaped

her life opportunities from an early age. Her parents relocated frequently, and she was further dislocated and separated from her family when attending a recuperation facility far from home. Early life instability and undiagnosed childhood health problems set women up for enduring difficulty.

Sally struggled with learning at school because of her hearing loss. Combined chronic disability and the failure of educational systems to meet her needs meant that Sally left school in Year 10. School is a vital context for young people and being in an environment where she could not succeed despite personal effort was distressing. The number of role options for many of the women like Sally are severely curtailed through combinations of social disadvantage, racism and health problems. It is not surprising, then, that young women take on the socially approved and culturally valued role of motherhood early in life. For Sally, her young age and the responsibilities of motherhood combined with her hearing disability to deepen her disadvantage. Despite her best efforts to attend TAFE, Sally experienced another traumatic failure of support that entrenched her position. At the systemic level Sally was failed by both the health system and the education system. The numbers of Aboriginal people in prison with hearing loss suggest she is not alone.

Trauma and the overload of women's coping mechanisms narrow opportunities. Diminished choices in life segue into further traumatic stress. In Sally's case, curtailed life options and vulnerability were implicated in being entrapped in a long-term domestic violence relationship. In this relationship she suffered long-term chronic fear of harm and acute trauma when physically injured. Her injuries were so severe that she was granted a disability pension. Injury from the abuse further diminished her chances of employment and harmed her SEWB, trapping her in abuse. The compounding effects of being a young mother with a hearing disability and living with severe domestic violence are hard to accurately estimate. Often chronic trauma remains unaddressed and medicating women for their symptoms without support for their underlying trauma is deeply problematic. As Sally indicated, she recognised depression as a symptom of living in a highly traumatising environment, not the root

problem. Using this insight, she felt that she needed to free herself of abuse and live in a safe environment to benefit from antidepressant medication.

Leaving relationships (including abusive ones) can stem one kind of distress only to produce another. Leaving domestic violence situations is the most common cause of homelessness for women (Bartels 2010a, p. 6). Not having a partner means that there is no-one to 'hold the house' if a woman is incarcerated, and this leaves the woman homeless upon release. Prison reproduces homelessness . Prisons house women while rendering them simultaneously homeless. Waiting times for social housing are seven to 20 years in NSW, so the loss of a house is a significant long-term setback. The homelessness that is produced is deleterious to women's health (Johnson, Ribar & Zhu 2017; Muñoz, Crespo & Pérez-Santos 2005). The women interviewed indicated that there was a strong link between homelessness and return to drug use. They said that homelessness required them to seek support from old associates and stress led them to self-medicate with drugs, which led to cycles of imprisonment (see also Baldry & McCausland 2009).

Racism, systemic discrimination and criminalisation surround and compound the pathways of ill health, intergenerational trauma, child removal and self-medicating drug use leading to incarceration. The criminal justice system was experienced by the women as racially biased, at best capricious and at worst detrimental in the way that it stripped women of their mothering rights and freedom. Women such as Sally pointed to the role of powerful racist individuals within the judiciary in shaping their prison outcomes. The unequal and unjust sentencing of Aboriginal women compared to non-Aboriginal women (Bond & Jeffries 2010; Bond, Jeffries & Loban 2013) and dis-proportionate rates of wrongful convictions (Roach 2015) of Indigenous people in Australia suggest that they are correct in their summation. This points to another truth: it is not just prison that traumatises the women, but the process through which they come to be incarcerated. This process includes high levels of police surveillance, stop-and-search practices targeting them, criminal proceedings that are perceived as unfair, being held on long remand, and being arrested and incarcerated repeatedly.

Racial discrimination was a recurring theme for many of the women interviewed. The women's narratives spoke to racism as a cause of stress from negative bias, discrimination, being ignored, being unfairly punished and from aggression. Racism was encountered by the women in everyday interactions, in places where they sought support and services (Paradies, Harris & Anderson 2008) and in the media (Stoneham, Goodman & Daube 2014) . According to the women, everyday ordinary interactions caused injury and harm. However, when racism and bias informed the practice and exercise of power (state agencies including the criminal justice system), the results were detrimental to the women's health and SEWB. Exposure to repeated racism had three types of traumatic impact: (1) deep—they are intergenerational traumas, (2) wide—effects across family and community members, and (3) widespread—impacts of racism in multiple systems such as health, housing, education, child welfare (FACS) and the criminal justice system.

Case study 3: Roxanne (15/5/1)

Before coming to prison Roxanne lived with her only child, a boy of 12, and her father. This was not her only pregnancy, however; she had had a painful and difficult gynaecological and obstetric history. Her first pregnancy had to be terminated at 16 weeks because the baby's skull had not developed properly. That was when Roxanne was diagnosed with cervical intraepithelial neoplasia. Five years later she was diagnosed with polycystic ovarian syndrome and endometriosis. She had an operation and was told that she would never be able to have a child. She was able to fall pregnant again, but this time she had a miscarriage at eight weeks. Finally, her son was born. Roxanne looks after her health, she has a Pap smear every year.

Driving under the influence (DUI) (of alcohol) has caused Roxanne to be imprisoned twice. Part of her sentence was suspended five years ago, she's in for longer this time —eight months because her suspended sentence kicked in. She's planning to appeal. She talked about her mental health and complicated intertwined drug picture.

Roxanne has been diagnosed with anxiety. Getting treatment while she was still in the community has been a double-edged sword. She came into prison with a benzo-

diazepine addiction from a commonly prescribed anti-anxiety medication (Xanax) and an opiate addiction. She has had treatment in prison for the benzodiazepine addiction and is on an alternative anti-anxiety drug which she takes regularly. Roxanne is not sure if that drug is helping. Getting pain medication for her endometriosis is a problem in prison, as the prison healthcare service restricts a number of common pain medications. A review of her medications is long overdue, she reckons prison health are too busy. It took a month to get on the methadone program, and now established, she is doing well on the program.

Prison is tough at the best of times but Roxanne suspects racial discrimination in her (lack of) treatment.

> *There's another girl in here, I don't know if it has anything to do with culture or not but she is white, and she's been taken to the hospital a lot and anything that's wrong with her they take her straight up. I've had the same things wrong with me and nothing's happened. I'm a drug chaser under their eyes.*

Being mother in prison is stressful too.

> *You just try and—if I don't get out next month or if I don't get a good outcome with court I'm going to be very upset ... I just want to get out there to my son, he needs me. Get out as soon as I can.*

Roxanne is used to living with and parenting her child. Managing contact and emotions in prison is stressful for mother and child.

> *It's hard because I don't get to see him much and there's been times when I've rung up and he sort of stresses at me. He came over for one visit and he was cranky and I just told him to go. I told my mate just to take him. I don't want him here like this. My friend went in to get a drink and I just started talking silly to him to break the barrier down and he was all right then. He was cuddling and we had a good visit, and he was happy when he left and last visit was really good and he's happy.*

Her child has continued to live with her dad while Roxanne is in prison. She feels well supported but her relationship with her father has suffered and they've been arguing lately, since she's been in prison.

Prison is triggering for Roxanne and her family, as there is a history of inter-family and intergenerational imprisonment that has had consequences and impacted them all. Roxanne has been on the outside when her family members have been incarcerated, so she knows that they have suffered from their own incarceration and will suffer from knowing she's inside too.

> *I know it's hard for them* [family], *you know what they'd be going through and, it's not easy being locked up either. It is hard, it's emotional and draining.*
>
> *My dad done four years and my boyfriend done ten months, and my brother done ten months too I think.*

Roxanne has seen the grief and violence cycle play out in the lives of the people she loves. Her dad was abusive to her mum, she was assaulted during childhood, but they were still a family and that means a lot.

> *Seeing that and we were horrible—we weren't horrible people—we were just kids and played up a lot and used to get smacked a lot for it.*
>
> *A lot of violence and after I had my son—my cousin died before I had my child—after that my brother, my boyfriend and my father all got locked up.*
>
> *No my boyfriend done four months I think. He got out and got into me. We had a fight and he left me for dead, I've got a big scar on my face. A lot of violence I suppose is a big factor.*

Coping strategies to keep up your SEWB in prison are important and Roxanne has a couple to share:

> *I pray every night when I go to sleep, and—I don't know—you keep yourself busy, go to classes, have my time out in the room to myself, and sleep when I need to …*

> *the pottery and that. I'm into pottery and painting, it's good. I'm really happy with—that one there with the yellow moon.*

Elder engagement through the Shine for Kids program[25] has been a good support too. Roxanne has been able to strengthen her shared connection to culture and kin through Elder contact.

> *I got to speak to Elders and one old lady up there, I know her grandkids and know of her and she is actually related to my great aunty. My great auntie's passed now but she's a relation to me. She said she's going to try and come up and try and bring my son and her little grandson because they're good friends, her grandson and my son.*

Discussion alongside Roxanne's case

Many of the women in the study related multiple and complex health problems including reproductive health issues and mental health problems (Kendall et al. 2019). Aboriginal women's reproductive health has been a neglected area in strategies to improve the lives of Aboriginal women (Arabena 2006). Moreover, women in this group are underserviced by the medical establishment. Aboriginal people use general practitioner (GP) services at only slightly higher rates than non-Aboriginal people in Australia, and see specialists significantly less often (by 43%) than non-Aboriginal people (AIHW 2016), despite having a much higher burden of disease (Vos et al. 2009), which suggests that health needs of women are frequently unmet. GPs are sometimes the only point of contact the woman may have with a healthcare service. Therefore, primary healthcare specialists also have an important role to play in identifying the mental health issues of their Indigenous patients and providing appropriate treatment, even when these are not the stated reason for the visit (Australian Indigenous Doctors' Association 2016; RACGP 2016).

[25] The SHINE for Kids organisation provides support to children, young people and families affected by parental incarceration. Several in-prison programs are delivered regularly in NSW, including, the Prison Invisits Program, Child and Parent Activity Days and the 'Belonging to Family' Program.

The women's stories suggest that underlying Indigenous-specific trauma is seldom considered when women such as Roxanne present to medical services outside prison. Where women do go to GPs, they are likely to present with clinical problems like complex reproductive issues and sometimes with symptoms of anxiety or depression. They are routinely treated with medication and surgery. Their underlying trauma remains unaddressed. Yet we know that women with complex reproductive health problems have a high incidence of trauma in their histories (Campbell et al. 2006; Golding 1996) and that anxiety is a common symptom of trauma (Suliman et al. 2009). Lack of holistic treatment for the women with poor SEWB exacerbates and perpetuates complex trauma. This untreated trauma was a precursor to the women's self-medicating drug use, which in turn was a pathway to prison.

With the failure of medical systems to meet their needs, it was not uncommon for women to be on a regimen of prescribed medication and concurrently self-medicating with illicit drugs. Correct medical diagnosis, prescription and culturally appropriate care that considers the stresses and complex mental health environment of the women are vital. Vulnerable women require medication that is appropriate to their needs and life goals and that is non-addictive. They require regular review of their psychotropic drug prescriptions to assess efficacy and safety. Medications can reduce associated symptoms, but trauma cannot be simply medicated away. Aboriginal women require access to culturally appropriate trauma counselling and practical support for themselves and their children.

It is not merely individual trauma for which women require treatment, whole family systems are distressed. The effects of intergenerational trauma manifest in their lives today. Roxanne's family has been subject to cycles of violence—state violence and family violence. To dichotomise families as purely perpetrators would be a mistake. Families are complicated, and the women often reported experiencing both warmth, acceptance, support, sharing and togetherness on one hand, and on the other, high reactivity and emotional dysregulation associated with trauma within their families. Untreated and unhealed trauma within families sets women up to become caught in further cycles of victimisation.

The women and their families have been roundly failed by multiple government-controlled agencies by the time they are incarcerated. In sentencing, courts still do not adequately account for the chronic stress of Indigenous systems nor for the gendered impacts of colonisation that include child removal (Behrendt, Cunneen & Libesman 2009, p. 161; Cunneen 2018, p. 5). Moreover, the women are treated as criminal individuals (Anthony, Bartels & Hopkins 2015), rather than as collectively and cumulatively traumatised women and mothers. Where Aboriginality is considered it tends to be viewed as a collective deficit within justice systems (Anthony 2013), potentially further traumatising women. Unhealed trauma and systemic failure have whole families in lock-up. Besides Roxanne, her father, brother and ex-partner have all been incarcerated. Incarceration is especially triggering for the whole family because it is becoming a regular traumatic stressor, as disruptive as it is recurring.

The separation stress of families is present in the stress of mothers. As Roxanne and the other mothers' stories show, being in prison and apart from children is highly stressful (see Chapter 7). Prison provides limited opportunities for contact in unconducive parenting environments. The strain that can accompany telephone calls and visits reflect the stress of separation for both Roxanne and her child. During contact mother and child are reminded of their separation, trauma is triggered, and they are not in a state that enables them to be as calm and close as they may prefer.

Loss and grief are an essential part of the trauma landscape. A woman's separation from her child(ren) may trigger grief around old losses. This is especially so for mothers who have already sustained the loss of a child through removal or death. Untreated, old wounds are reactivated and coalesce into traumas. Roxanne had the grief from the loss of two pregnancies and was led to believe that she would never have a child. When she did have a child, the birth was foregrounded by the death of her cousin and by the loss of her father, brother and partner in short succession to prison. Families have lost so much for so long that each new loss and grief resonates deeply socially and emotionally with past losses. Families are overwhelmed by old hurts and current traumatic stressors. Together these increase the trauma complexity for the women and their families, adding to the repository of intergenerational trauma.

Discussion: trauma and its conclusions

Political and social context of trauma

The dramatic increase in incarcerations of Aboriginal women is a foreseeable consequence of the social and political environments that shape the women's experience. The increase of women in prison is not a mystery, nor is it as a result of their criminological propensities. At the sociological level Aboriginal women (and men) have been systematically categorised, dispossessed, discriminated against and traumatised for generations. Frequent unpredictable and punitive shifts in national politics and policy have shaped the social and emotional experience of Aboriginal families for more than 200 years. Aboriginal cultures are resilient and adaptive but the requirement that families and communities endlessly absorb the distress of state-created poverty and adversity is unrealistic and harmful.

Deficit models of Aboriginal people

Deficit models of Aboriginal people permeate health, social welfare and education systems (Fforde et al. 2013; Lowitja Institute 2018) that Aboriginal people have been forced to rely upon as colonisation progressively removed their livelihoods. The implication that equality exists for all Australians is untrue (Kirby 2011). Insufficient or inadequate housing, education that does not promote success, social welfare systems that remove children instead of providing support to families, all play their part in the traumatisation of Aboriginal women. Deficit models not only result in needs being chronically unmet, but result in punitive actions. Punitive actions include the removal of children and the incarceration of their mothers.

Health and trauma

Poor health is the result of entrenched disadvantage (Marmot 2015). Health, not criminality was a major driver of the women's imprisonment. Some health problems lead to life trauma and others are worsened by life trauma. The health conditions that the women suffer from are not arbitrary, but socially mediated. Health conditions like otitis media are differentially impactful upon Aboriginal people. Left undiagnosed or

diagnosed later, treatment is less effective and the lifelong consequences of hearing loss are severe, adversely affecting the women's childhood, increasing complex trauma and diminishing life opportunities. Other common health issues are gender-specific. Complex reproductive health problems, for instance, were prevalent among the women (Kendall et al. 2019). These health problems are not inherently 'Aboriginal-specific', but their severity, frequency and complexity are related to the inter-generational disadvantage and trauma of Aboriginal women.

Trauma is front and centre a social-health-related driver of imprisonment. Trauma forms both the context for and the lived experience of the women. Trauma is collective and intergenerational for the women. Trauma has a psychological expression *and* a sociological dimension (Boynton & Capretto 2018; Herman 1997), and it this very intersection that creates the potency and longevity of intergenerational trauma. The women inherit a trauma load, then experience renewed trauma from repeated exposure to adverse life events and racism. There is a complicated phenomenological interplay between intergenerational trauma and complex lifespan trauma, the exact expression of which is unique to each woman.

Trauma has a deeply collective, gendered dimension also. Motherhood is a gendered cultured experience. These mothers experienced high rates of child removal and high levels of domestic violence. They were traumatised both from within their familial partnership relationships, as well as from without, by state welfare agencies. Child removal is positioned at the epicentre of gendered and collective Aboriginal trauma for mothers. The distress felt by mothers at having their children removed and the threat of removal have a significant impact on their SEWB both inside and outside prison.

Scrutiny, removal and captivity

The continual surveillance that many of the women reported outside prison is a constant reminder that they can never let their guard down. Under these conditions a calm non-vigilant resting state is difficult to achieve (Sewell et al. 2016). Herman (1997), writing of prisoners, elaborates: 'But she has learned that every action will be watched, that most actions will be thwarted, and that she will pay dearly for failure' (p.

91). There is much at stake; women found transgressing are imprisoned, mothers found wanting have their children removed. The mothers experience terror not only at the removal event but through their expectation of removal of their children. The intergenerational trauma experience (the Stolen Generations) attests to the veracity of this fear. In the women's narratives terror was followed most often by helplessness, then hopelessness at their inability to operate to FACS's satisfaction or effectively oppose removal orders. It has long been recognised that helplessness binds the victim to traumatic events: 'helplessness constitutes the essential insult of trauma, and that restitution requires the restoration of a sense of efficacy and power' (Herman 1997, p. 41).

The separation of child removal and captivity of maternal incarceration recapitulates the trauma of generations. Captivity and separation are not new to Aboriginal peoples. While changing shape and form in Australia over the generations, they have always involved one essential element: being separated from family and being held against one's will. From early colonial kidnapping, to confinement in lock-hospitals, relocation to reserves, being removed as a child and now increasingly for women being imprisoned (see Chapter 7). Captivity remains traumatising regardless of how 'normalised' some sources believe it is within Aboriginal communities (see for example ALRC 2017b, p. 23). 'Normalised' in this rendering means that many Aboriginal people consider it usual for a high number of community members to be imprisoned. They are empirically correct in their observation. This does not mean they believe the prison has no ill effects on the incarcerated person. From an emotional perspective, prison shares in common features of other types of captivity such as kidnap or political imprisonment. At the heart of the distress of women are the imposed 'organised techniques for disempowerment and disconnection' (Herman 1997, p. 77) including the use of violence, destruction of autonomy, scrutiny and control of everyday functions and separation from family and children.

Criminalisation, negative experiences of the justice system, and incarceration create harm to the mothers, their children and communities. Incarceration makes the removal of the child from the mother's care a certainty. It worsens traumatic

separations from removal that are already in place. Incarceration further separates mothers from their children. Children are frequently placed with distant family in-laws or in out-of-home care with strangers to the family, in environments that are unknown or alien to their mothers. Mothers in turn are held in prisons far from their families and communities.

The trauma of state betrayal

According to the seminal work of Herman (1997), the trauma dynamic is exacerbated by betrayal (p. 55). Betrayal within important relationships is particularly problematic. While this may be true at an individual level it is also true for collectives of people. Aboriginal Australians have been forced into a closely bound relationship with the state since the arrival of the first Europeans and the colonisation of Country (Altman & Sanders 1995; Stanford & Taylor 2013). Appropriation of lands and destruction of livelihood has forced large numbers of people into dependency relationships with the state, which has not served them or their interests well (Bainbridge et al. 2011, pp. 14–5). In a very real sense, the government has repeatedly betrayed the responsibilities and obligations that it created in relationship to Indigenous Australians (Couzos & Delaney Thiele 2007).

This failure of care includes a lack of culturally appropriate services, including rehab services that were frequently unavailable (Haber & Day 2014, p. 307). The women were wary of approaching mainstream services because of their perceptions or previous experiences of racism. Stigma from having previously been incarcerated or having had a child removed increased their reticence. Mothers were afraid to approach welfare agencies for support with their children at times of temporary crisis for fear the children would be removed. The result was that the women were wary and afraid to seek help from health and social services. The failure of services to meet their needs resulted in worse health and parenting outcomes than had mothers received timely support.

Intergenerational trauma

There is a juncture where intergenerational trauma and complex lifespan trauma meet and interact, producing the symptoms of depression, anxiety, PTSD and other mental illness (Brave Heart et al. 2011, p. 283) and the outcomes of drug and alcohol addiction, incarceration and self-harm. PTSD, for instance, is strongly associated with major depression, complicated grief (Maercker, Neimeyer & Simiola 2017), other anxiety disorders and psychosis in the literature (Ford 2017; Luyten et al. 2017), suggesting that trauma presents a complex bundle of difficult-to-manage symptoms and adverse outcomes.

This trauma dynamic is intensified for Aboriginal mothers. The women live with the narratives and SEWB consequences of removal and incarceration that have scared mothers and scarred families for generations. The fear and anxiety created by these mothering disruptions down the generations blends with the current struggles that families are having with the removal of their children and the incarceration of parents and grandparents. Constant cycles of stress and grief have become the norm for whole families.

There is a clear and cyclical pathway that leads directly from family trauma to imprisonment. The state's response to family trauma is the removal of Aboriginal children, now in crisis proportions (HREOC 2015, p. 138). Children who are removed are more likely to land in the juvenile justice net (Malvaso, Delfabbro & Day 2017), and that those who have juvenile justice experience are more likely to be imprisoned (Livingston et al. 2008, p. 538). Overall, children who have been removed are much more likely to be incarcerated later (National Inquiry 1997, p. 164; RCIADIC 1991, p. 52).

These children are experiencing developmental trauma through early adversity compounded by attachment trauma (Spinazzola, Van der Kolk & Ford 2018) when they were removed. Removal from their parents may in many instances compound the very trauma that it is supposed to relieve. When their mothers are imprisoned, the impact of trauma is spread, not lessened. Whole families and communities lose care takers, children lose parenting, sick and infirm parents and grandparents are without

caregivers, siblings and other family members fail to receive support for their parenting, and partners are deprived of their mate. The cycle of captivity is synergistically reinforcing.

Intergenerational conceptions of trauma are important because they are emic, they derived from shared understandings of lived experience, rather than imposed conceptualisations. PTSD measures, for instance, do not adequately capture the dimensions, experience or origin of the traumas for Indigenous peoples (Atkinson 2002, p. 51; Keane et al. 2007, p. 296). Nor do they consider the outcomes of trauma, including the intensive imprisonment of a single group and the cyclical imprisonment of individuals from that group. One major consequence of incarceration is that large numbers of Aboriginal children now have imprisoned parents and family members, leading to the perpetuation of intergenerational trauma.

Trauma outcomes

As previously mentioned, current widely accepted trauma diagnoses (DSM-5, ICD-11) rest on an individual's exposure to life-threatening events and/or specific symptoms. My research with the women suggests that considering trauma from the view of the outcomes it produces is critical. The outcomes of trauma for the women are poverty, frequent child removals and cycles of imprisonment. From an outcomes perspective there is narrative evidence from the women that cumulative intergenerational trauma deepens over time, and results in higher rates of incarceration. Likewise, that higher rates of incarceration are contributing to greater intergenerational trauma in a mutually reinforcing cycle. These cycles of trauma and incarceration create the conditions for sustained high rates of mental health problems, interpersonal and parenting problems, family dysfunction, and self-medicating drug abuse.

There is also evidence in the literature that incarceration is growing among sections of the Aboriginal community that were previously less affected. Alongside the increase in Indigenous women in prison in NSW is the developing trend of increasing numbers of Aboriginal prisoners over 50 years of age. A 452 per cent increase was recorded between 2000 and 2015, significantly higher than the 191 per cent increase for

incarcerated non-Indigenous people (BOCSAR 2017). Traumatic stressors and symptoms are known to decrease with age (Phoenix Australia 2017, p. 152), rates of imprisonment also typically decrease with age (Rakes, Prost & Tripodi 2018). The fastest growing group of prisoners in Australia are Aboriginal women aged 45–49 (Baidawi et al. 2011). It seems likely that generational trauma keeps the stress load for older Indigenous people high as their children are imprisoned and their grandchildren removed.

Trauma prevention and treatment

The current PTSD diagnostic criteria simply do not adequately describe the trauma of the women or their families. Such systems perpetuate trauma by excluding many Aboriginal people from the condition (PTSD) that has been defined and is maintained by the cultural West. The consequences of exclusion are potentially severe, ranging from lack of recognition of trauma and inadvertent exacerbation of trauma, to the withholding of appropriate treatment. My analysis of interviews with incarcerated Aboriginal women indicates that they are a group highly traumatised in specific collective and gendered ways and that child removal and incarceration are major drivers of this trauma.

Trauma prevention for this vulnerable group is vitally important. Regimes of punishment cannot replace flexible trauma-informed support for families. Punitive cycles have come to dominate the lives of families with child removals, incarceration and housing loss. It is nearly impossible for families to recover, stabilise and function well under these conditions. There is an urgent need for non-punitive culturally appropriate trauma-informed parenting support.

A holistic approach to health and SEWB with the women is vital. Inter-agency collaboration with women to support them to meet their parenting goals is necessary. Cooperative working with parents to keep children at home and in Community is critical. Whole-of-life approaches to working with mothers and their children are needed. FACS, health services, drug and alcohol rehabilitation services and housing services coordination is required to meet the needs of mothers and their children.

Coordinated practical support should go hand in hand with trauma-sensitive approaches to help mothers and children grow strong and flourish in their communities.

Conclusion

The American Psychological Society (Gold, Cook & Dalenberg 2017) recently published a two-volume 1200-page *Handbook of trauma psychology*, of which 10 pages were devoted to 'critical psychologies', and Indigenous intergenerational trauma was barely mentioned. The DSM-5, as previously noted, excludes many of the traumas experienced by Aboriginal mothers in the colonised Australian context, and certainly precludes the understanding of how trauma unfolds within colonised contexts for this group of women. These apparently authoritative exclusions legitimise the failure to observe the traumas underlying the increasing number of incarcerations of Aboriginal mothers. Moreover, the removal (or threat of removal) of children, combined with the imprisonment of mothers, strengthens the adverse effects of separation and creates renewed stress and trauma responses in mothers and families. In this way intergenerational trauma patterns are being intensified.

7 Mothering and prison

Introduction

> *Now I'm a mum, it's not about me any more. It's about my little girl and what's best for her and she needs me. You know, she has very—you know, I'm very lucky she has a supportive family and the family love her but she needs her mum, and I am trying to do everything so that I fix my problems and then—and then be a good mum for my daughter. And I think about what I can do every day to better my life with her.* (37/8/3)

Mothers participating in the Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) study self-selected and defined themselves as mothers. They spoke about mothering in very particular social and cultural ways that defy common Western conventions (Jones et al. 2018, p. 227). Indeed, within the scholarly literature no single definition of mothering exists (Power 2012, pp. 2–4). The analytic school of psychology has traditionally concerned itself with mothers' intrapsychic experience of motherhood (Chodorow 1999, p. xiv), and later with the dyadic relationship between mother and child (see for example: Ainsworth 1969; Winnicott 1957). Sociology has widened the lens to include the impacts on mothering of class issues, gender positioning, the economy, institutions and policy. None of these disciplinary approaches accurately captures the way the Aboriginal mothers in this study conceptualised what defines a woman as a mother or of being in the 'state of motherhood'. Nor do they capture the complexity and diversity of Aboriginal mothering in Australia today (Parkes & Zufferey 2019, p. 113).

Instead, my research was interested in the women's Indigenous standpoint on mothering (Atkinson & Swain 1999). This perspective is powerful, as Annapoorna (2016) asserts:

> Aboriginal women's standpoint inherently emerges from their everyday experiences which not only provides a clear-cut 'angle of vision of self, community

> and society' but also effectuates the Aboriginal mother 'to counter the dominant discourse of black womanhood' (p. 16).

The women in the SCREAM (NSW) study's narratives suggested that mothering was primarily a way of 'being', though mothering could also be a way of 'doing'. It is with ways of being and doing that this chapter is concerned. The women in this study were clear that mothering concerned their cultural identity.

Consideration and analysis of the women's narratives regarding their role with their children suggest that in this social and cultural context mothering and parenting are *related but different concepts* (for discussion see Kennedy 2011), and that one or both were operative for the women. Parenting in this instance refers to a process of active work of regular care and meeting of the child's daily needs (Brooks 2013, p. 6). Mothering as a 'way of being' was present throughout all of the narratives; however, some mothers had had a greater opportunity to parent than others.

Historically this deprivation of mothering opportunity has been enacted by colonial policy and enforcement from the time of arrival of the Europeans, with Aboriginal women misrepresented and ignored and their mothering unrecognised or denigrated (Cutcher & Milroy 2010, p. 156; Dudgeon 2017, p. 117). The mothers in this study remain impacted by punitive social policy. A significant number of mothers in the study had their babies removed at birth, children of other mothers were removed in early childhood, and some mothers reported being under the threat of the permanent removal of their children when they entered prison. These findings are consistent with Lawrie's (2003) study, which found that 'a significant proportion of the Aboriginal female prison population have been excluded from their traditional roles as mothers and carers' (p. 23). Only a small minority of mothers interviewed for the SCREAM project were confident that they would be reunited with their children upon their release. Notwithstanding these considerations, every woman interviewed considered herself a mother.

This group of women nevertheless took a large share of the responsibility in the childcaring role with other women's children (frequently family members) and identified as mothers in the study, even though they may not have had official custody

of the child and may have had no biological children of their own. As Lawrie (2003) found:

> The issue of Aboriginal women being removed from traditional or cultural responsibilities can also be illustrated through the care of other family members, in particular children, and mothers, fathers, and other extended family members. Kinship responsibility is largely still a part of Aboriginal culture today (p. 23).

The ways in which the women interviewed for the SCREAM study described mothering suggest that they drew on social, cultural and biological constructs, as well as their own unique lived emotional experience, and that mothering was linked to a strong cultural identity (see also: Cutcher & Milroy 2010; Jones et al. 2018; Lawrie 2003). While collective childrearing practices (Lohoar, Butera & Kennedy 2014) are a central part of Aboriginal cultures, researchers who have worked closely with Community emphasise the primacy and enduring nature of the mother–child bond and the cultural responsibilities that mothering carries to nurture children (Brandl 1983, p. 29; Brooks 2013, pp. 46–7).

The literature investigating Aboriginal mothers' perceptions about motherhood suggests that two ways of constructing motherhood often predominate: the 'resilient mother' who copes with trauma and social stress, and 'the good mother' who is transformed by becoming a mother (Larkins et al. 2011; Ussher et al. 2016). These constructs are confirmed in Parkes and Zufferey's (2019) study and are resonant with my results. However, the criminalisation of women (Bartels 2012; Bartels, Easteal & Westgate 2020; McCausland & Baldry 2013) makes transformation through being a 'good mother' extremely difficult for the women to achieve, as their mothering is stigmatised and largely unsupported (Kennedy 2011). In this case of this group of mothers, it is vital to appreciate that the criminalisation of women results from a long and intense history of usurpation and erosion of the roles of parents and families, as state authorities and institutions progressively took control of the parenting space (Brandl 1983, p. 29). In the carceral context, Aboriginal mothering is therefore shaped by both traditional cultural mothering practices and the state's punitive response to mothers. Accordingly, and as my results revealed, mothers are resilient in culture but

were also forced to adapt in their mothering to cope with separation from or removal of their children and their own incarceration.

The frequency with which the women narrated stories of mothering throughout their interviews, without interviewer prompting, indicates that mothering was, and is, a highly significant and enduring state with a sense of continuity for the women. Mothering is a culturally gendered experience (Larkins et al. 2011 p. 25) and socio-culturally very important. As one of the Aunties (Robertson, Demosthenous & Demosthenous 2005) related in a yarning circle, all mothers are held in high esteem and reverence within Community. Robertson et al. go on to explain:

> In these Aboriginal families, mothers are teachers, nurturers, and are integral to the kinship system that binds communities and culturally and spiritually links individual, environment and land (p. 37).

It was usual for the women to begin mothering during their teenage years,[26] a mothering state that was enduring throughout their life spans and remained an important role. Some women in the study had been through many iterations of motherhood, mothering their own children, other women's children, and grandchildren.

This group of mothers are distinct from other Aboriginal mothers in the community without significant drug and alcohol problems and who have never been to prison. As the results that follow show, they are a vulnerable group of mothers with connections to their children that are repeatedly disrupted. These mothers experience a high frequency of traumatic ruptures, for example the forced removal of their children, their own incarceration, or the incarceration or death of their children. Owing to structural disadvantage, intergenerational trauma (Atkinson, Nelson & Atkinson 2014; Sherwood 2015) and cycling in and out of prison (Baldry et al. 2015), the number of ruptures with their children are high, which sometimes made stabilisation of the

[26] Indigenous mothers tend to be younger than the Australian average. They are seven times as likely to become mothers in their teens (14% compared with 2%) (AIHW 2018c). Anecdotally, from the women's narratives, the proportion who had become mothers during their teenage years was significantly higher for the group of mothers in our study.

mother–child relationship difficult, contributing to still further disruptions of mothering.

The aim of this chapter is to develop a picture of Aboriginal mothering from the point of view of the mothers who have experienced incarceration and what they say about how they relate to and keep contact with their children. Many of the mothers said that incarceration had severe impacts upon themselves and their children. This chapter addresses the location of the mothers' children and the care arrangements that were in place at the time of the interview. The following section considers how mothers kept contact with their children from prison, then progresses to discuss how the women understood mothering from a social and emotional perspective and how they enacted the mothering of their children.

Results

Care arrangements for children

Most mothers in the study had spent at least some time as the primary caregiver of children. A few mothers reported intermittent care of their children, regulated by their drug use patterns. Some mothers reported physical injury (e.g. brain injury, fire burns and domestic violence) as severely limiting their ability to care for their children. Still another group of mothers said that early removal of their children or continual incarceration (either a long sentence, or more usually short-stay cycling in and out of prison) was the explanation for their inability to perform the parenting role. Of the three mothers who reported giving birth while in custody, none had been able to keep her baby with her in prison.[27] A substantial number of mothers had experienced the removal of their child(ren) prior to incarceration, other mothers had made care arrangements with family years previously for the wellbeing of their children, and still others had their children in temporary foster care.

[27] Emu Plains Correctional Facility (NSW) operates a purpose-built centre for mothers and their children from birth to 12 years of age to live with their mother on a full-time or occasional residence basis.

At the time of the interview, a number of mothers were uncertain and worried about the threat of having their children removed from their care permanently while they were in custody.[28] Mothers in this group are severely disadvantaged through the social health determinants of poverty, racism and powerlessness that are socially constructed around their Aboriginality (Atkinson 1999; Baldwin 2018; Goldsmith, Martin & Smith 2014). Incarceration further erodes any parental agency and control they may have had prior to incarceration and curtailed the mother's ability to advocate for her parental right to custody. The women were not well resourced for advocacy, lacking support and funding for legal advice and even money to pay for use of the telephone.

More than 75 per cent of women said that they had at least one child in the care of a family member at the time of the interview, demonstrating that extended family is a valuable source of support for the mothers and their children, though the nature of care arrangements were varied. Some mothers had some say in their childcare arrangements, and others had no voice or control in the decisions that were taken, depending upon whether their child was taken by forced removal, their family's ability to care for the child, and the quality of their relationship with their family. Women related that their families were not always able to care for some or all their children. In explanation one woman said:

> *My little boy is in foster care. He did end up going to—this all went through court last year, all the same things. His dad was still in jail, I was in jail. His aunty on his dad's side ended up getting him but she's at an age where she was worried about his medical condition.* (22/5/8)

Another woman related:

[28] The Children and Young Persons (Care and Protection) (NSW) Amendment Bill 2018, since replaced by the Children's Guardian Act (2019), seeks to place children in permanent adoptive care within two years, after which time parental consent is not required. This amended legislation disproportionately affects Aboriginal children and their parents, as 38 percent of children in out-of-home care are Aboriginal.

> *Yeah, he ran away from—well, he's with my mum and my sister and he ran away from them because it's too overcrowded at my mother's. She's got all the kids there.* (21/5/7)

While women in this group are vulnerable as a direct result of intergenerational disadvantage and trauma, so too are their families. The reasons that families were not able to take their children included illness of a family member, lack of funds, over-crowded family homes, illness of the child, other children already in their care and their own incarceration. The mothers and their families were innovative in their solutions. Many mothers had mixed care arrangements, where the father was the primary carer of some of the children, while the remaining children were cared for by extended family members such as a sister, cousin, aunt or the woman's in-laws. Other combinations of care included: care by the father and a trusted friend; father care and foster care; and grandparent care and foster care. Approximately 40 per cent of mothers had at least one child cared for by grandparents, making grandparents a significant resource for the mothers and their children. One mother said:

> *Yeah, but I've kind of been in between places. My mum lives up in the* [place name] *so yes, she—like I've come to jail a fair bit so—but I had a four-and-a-half-year break … my mum's stepped in* [to care for younger grandchildren] *… so I'm really fortunate …yeah. To have that family support.* (39/8/5)

When family care was not available mothers were forced to accept foster care[29] for their children. Forced removals *and* foster care were a deleterious combination, and negatively impactful for the mothers on a number of levels. The women said that the forced removal of a child was emotionally devastating. Having children live with non-family and strangers was an additional stress. Women were worried about what would happen to their children in foster care. One mother said:

[29] 'Out-of-home care' in NSW includes all care arrangements made by the state on behalf of children when they are no longer living with their parents. These include foster care, kinship care and institutional residential care.

> *Yeah, I'm worried … because she had things happen to her when she was in foster care, so when she's eighteen she's got quite a bit of money coming to her. I want her to go and live her life, go down the right path, do the rest of her schooling. Be something …* (22/5/8)

Increasing their stress further was their awareness of the impacts of multigenerational trauma of child removal upon their families and communities (the Stolen Generations). A number of women and their families had experienced institutional care or foster care themselves, and some women identified as being part of the Stolen Generations:

> [We] *went to all different foster homes, I was in and out of juvie. I just wanted to go back with my grandparents.* (2/1/2)

> *I was with the Catholic nuns in Grafton for a few years, then just foster homes, foster homes, foster homes until I was probably about eleven or twelve. Then I came home. So all that bit from five until about eleven means I was twelve when I came home.* (6/5/2)

The women expressed a marked preference for Aboriginal carers[30] to keep their children connected to the social and cultural fabric of their people. However, mothers were more inclined to be satisfied with foster care if they knew the carers or had previous interactions with them. These mothers reported feeling reassured:

> *Yeah. He's with a Maori couple … Yeah. I know, like, him because he was a transport driver to bring my son to me from visitations at the centre.* (24/6/1)

[30] Section 13 of the *Children and Young Persons (Care and Protection) Act 1998* provides for a general order of placement for Aboriginal children. The aim is to ensure that if possible and assessed as safe, Aboriginal children and young people are placed within their biological family, extended family, local Aboriginal community or wider Aboriginal community and culture. The *Bringing them home* report was instrumental in making recommendations for change that would place greater control over child placements with Aboriginal communities. However, Aboriginal peak body SNAICC is concerned that the Aboriginal and Torres Strait Islander Child Placement Principle is not well understood or consistently applied (Lockwood 2013). More recently, *The Family is Culture* review report (Davis 2019) made substantial recommendations with regard to the removal of Aboriginal children and the implementation of the Aboriginal Child Placement Principle (ACPP).

> *She* [the foster carer] *works at the post office in* [place name]. *I usually see a fair bit of her because I use the post office a lot. She's a lovely person—because she's got her own kids and she's got another little boy that she's got care of until he's eighteen. There's a photo of me and I can't remember what she said, one of us is mummy and one of us is mum.* (22/5/8)

Keeping in contact from prison

Incarceration of mothers imposed severe restrictions on mother–child communication. Prisons impose limits on the length and frequency of telephone calls and face-to-face contact. Mothers confined to prison had very little power over the nature of their contact with their children. The only power available to them was to refuse contact if they felt it was not in the best interests of their child. Very few women exercised this option. Rather, mothers reported missing contact with their children. One woman said:

> *I did ring my brother and said please dad to bring her* [daughter] *back in, you know, because I really want to see her. It's very hard, it's so hard, yeah … So depressing, you know, but it's really hard if I think about her.* (1/2/5)

While contact with their children was overwhelmingly welcomed, contact brought up mixed feelings for many mothers, as it simultaneously brought their children closer and at the same time reminded them that their children were very inaccessible to their everyday nurturance and care. This woman reflected both her longing for her child and the depression that followed contact:

> *But it's always when I get on the phone it depresses me because it's 'Mum when are you coming home'? The other day I said: 'you know, here I am saying five more months and the doctor's going to let me home but I'll say five months' and he'll [woman's young son] say 'Is it that long, Mum? Is it that many?'* (25/6/2)

The criminalisation of mothers and the institutional restrictions that follow from incarceration limit contact that is essential with children. Many of the reasons that women say brought them to prison, such as trauma, removal of a child, self-medicating drug use, and economic hardship, make contact more labile and unreliable. Such

hardships impacted on the woman's normal parenting rights, ability to organise and advocate for her parental rights, and sometimes resulted in problem relationships with relatives under whose care her children lived, all of which impacted on contact.

Furthermore, removal of the child to foster care (outside the family) had profoundly negative consequences for contact between mother and child, which became even more pronounced once the mother was incarcerated. Children in NSW are placed in foster care by the NSW Department of Family and Community Services (FACS). Some of the profound challenges of maintaining basic contact are illustrated by this mother's comments:

> *DoCS* [now FACS] *won't give me phone calls or anything like that. I can write letters and things to them and send photos, but that's it … I rang them and asked if I could get phone contact so I could just—the carer can listen to the thing that comes on the front of telephone, you know, and then they can put the kids on. But you only get six minutes …* (8/5/4)

The following extract highlights the progressive contact impediments and resulting distancing that occurs when children are placed in foster care.

> *My little boy is in foster care. He did end up going to—this all went through court last year, all the same things. His dad was still in jail, I was in jail ... Yeah. I just keep on sending his birthday cards and all that while I'm in here and whatever I can, like a card just saying hello and that I'm thinking of him all the time. But he's only four so I can only say so much because he doesn't really understand.* (22/5/8)

Children placed with or cared for by family members had a greater chance of regular contact with their mothers. Supportive families with whom the woman had been able to maintain a good relationship greatly assisted in sustaining contact and strengthening the bond between mother and child despite her absence from her child's daily life. As one woman related:

> *No, it's a very hard time and very hard time and very hard time for my dad [caregiver], for me, for my little girl. But we keep the contact regularly, yeah. I have visits every weekend.* (37/8/3)

Another woman said:

> *So my mum actually came out and visited with my nineteen-year-old. I've got a really great nineteen-year-old, he's so supportive, he loves me … It doesn't cost anything, you know, I mean it's just a little time with your kids and that and it just gives you that little bit of extra support, like strength.* (39/8/5)

Some of the women's families provided support by caring for her children, but did not support contact with her children under their care. Sometimes family relationships with family caregivers were severely strained, or had broken down, resulting in the loss of contact with a woman's family and by extension, her child. In other cases the rupture in family relationships was temporary and over a specific issue and did not permanently affect contact with her child. These women talked of the difficulty:

> *Yes I talk to them* [my family], *I don't really speak to my daughter much because my brother keeps her separated at the moment.* (4/14/2)

> *It's hard being in here … You know, especially when you get no support. Like when—my sister and I, we don't really talk now. I don't know what that is, I don't know why. We just—when Mum died we all just sort of went our own ways, but she's got my kids and she's doing a great job with them … But I mean they ask about me, they would like to come and see me more.* (34/8/0)

Methods of contact

It was evident from the mothers' narratives that they worked within the systemic restrictions of prison, at the same time employing innovative communication practices with their children. Documents such as letters, photos and report cards formed a vital link between mother and child, particularly where the child had been removed to foster care and other forms of communication were limited or non-existent.

Letters and documents

For some mothers, photos and letters could be a painful reminder of the distance between themselves and their children. One woman explained her complex feelings as follows:

> *I've written a couple of times to her but then that puts me back in that whole depression thing … I've got her photo on my wall, I can't even look at it sometimes. Yeah, it's really hard, that's the only thing. I could handle living here if I could have her come and visit me, yeah, that'd be all right.* (11/2/5)

Mothers whose children were in foster care were not able to contact their caregivers directly and were forced to rely more heavily on photos and report documents to follow the progress of their child. When welfare systems failed to promote connection, the mother was easily left in an information vacuum regarding her child. Women without information were naturally very worried about their children's welfare and wellbeing. One mother spoke of not having received photos or reports that she was entitled to:

> *They just got transferred over to X* [place name], *the Aboriginal DoCS. He [Aboriginal DoCS worker] was telling me I'm supposed to get copies of my daughter's report cards and things from school to say how she's going. Well I've never gotten any of them with the white DoCS that did it. But he said I'm supposed to get copies of her school photos and photos of him at preschool, but I haven't gotten any of that.* (8/5/4)

In sharp contrast, mothers who enjoyed a good relationship with family carers and were able to talk over the telephone about their child's progress and wellbeing could ask for photos and reports. A mother whose children were cared for by family who lived some distance away from the prison and did not have a car said:

> *Yeah, they've been good. I ring them up and that, yeah … so that's good. Still waiting on more photos to be—yeah, sent in, so …* (40/8/6)

Some mothers were innovative in their use of this form of communication. One mother took a class in writing skills and wrote her life story for her children to read when they were older. Another wrote a long letter to her children explaining her feelings, feelings that she said she struggled to put into words when she spoke to them. A third woman was hoping to send a photo taken at art class showing the class's paintings and the women artists (of whom she was one).

Telephone contact

Most women who had telephone contact with their children said they looked forward to it and enjoyed the experience very much. Telephone contact was more immediate and intimate than letter writing for many mothers.

Not all mothers had telephone contact. Two of these mothers responded:

> *My son's with his grandparents, like his dad's parents, his dad lives with him and my daughter, she lives with her grandmother. With my son I don't; one, I don't know the phone number and two, he is like a five-hour drive away.* (5/1/5)

> *Yeah. My two youngest ones but not the eldest … I've tried to get the number on but she [woman's step-cousin] won't accept it.* (27/6/4)

Limited funds in prison and family poverty also restricted the mothers' ability to connect over the telephone. In one woman's words:

> *… living on ground maintenance* [outdoor prison work] *and they* [family] *can't put money in for me. I only just put two dollars in the phone and that only gets one phone call.* (21/5/7)

Some mothers who were able to phone daily kept sustained connection with these conversations. They were able to share in birthdays and hear about big events in their children's lives such as job seeking, going to boarding school or obtaining their driver's licence. Telephone contact was also used as a strategic parenting tool to provide advice and encouragement on matters ranging from behaviour to interview technique and dealing with police discrimination. Sometimes telephone contact yielded

unexpected or negative information about the child, such as contact with the law that could be upsetting for the mother who was powerless to intervene from prison.

Visits

Of all types of contact, visits were highly valued by many mothers, yet only approximately 10 per cent of women reported they had regular visits from their children. Some women talked about the stress associated with lack of face-to-face contact. One woman related to the interviewer:

> *I have good days and I have bad days. I've been a lot worried about the two boys lately, I think that's what's getting me down, and not having no-one come and see me yet, which is really, yeah. So I don't know, I was happy this morning and this afternoon and I just burnt myself out real quickly …* (20/5/6)

A number of women talked about the value of visits for strengthening their connection with their children and increasing their social and emotional well-being:

> *my mum actually came out and visited with my nineteen-year-old. I've got a really great nineteen-year-old, he's so supportive, he loves me—like he loves me, he looks at me with love in his eyes and like that's really special to me, so that gives me strength, you know.* (39/8/5)

Despite the many positive effects that mothers reported from visits, some women had marked ambivalence about the visitation experience. During a visit, an idealised version of mothering could often not be sustained. At one level the women were subject to internalised cultural ideals of mothering, and at another incarceration discourses have been found to promote an ideal concept of mothering, in the hope that mothers will be transformed into non-offending citizens (Vallido et al. 2010). The gap between the social and cultural ideal of mothering and the reality of mothering with institutional restrictions was very stressful. For women with younger children the focus of their dissatisfaction was the lack of appropriate visiting facilities for young children. These mothers explained it this way:

> *It is hard. It's even harder when they come up to see you here and you don't want them to come up to see you in this sort of place, like to me anyway but I just get happy to see them.* (26/6/3)

> *No, not much for kids. They just give them colour-in things with pencils, crayons. Not much going for kids here.* (26/6/3)

One mother recommended that certain visiting times be reserved on a regular basis for children, advocating the following:

> *The visits are a hassle I reckon. They should have certain visits for the kids, especially—Shine for Kids*, *this is the first time that they've done it that I've been in.* (18/5/4)

As this woman suggests, moving mothers outside their community, away from their cultural ties and distancing them from their family and children is potentially a triple blow to women who are already vulnerable, battling to cope, and struggling to maintain parenting. Location of the prison relative to the location of her children and their family caregivers is an obvious and important factor in frequency of visits. Many women had children living with different sets of family members in different locations, meaning that it was frequently the case that at least some children were living at a distance. Poverty resulting from colonially originated, generational systemic disadvantage (Goldsmith, Martin & Smith 2014) restricted families' ability to support visits. A number of families had no car, could not afford a taxi, or found complicated public transport arrangements too stressful. Some family members were too chronically ill to bring children to visit.

Enacting mothering

Mothering is a universal phenomenon as old as humankind. It is hard to speak of children without invoking the concept of mothers. According to biologists it is a biological phenomenon, to medical doctors it begins with pregnancy and is confirmed by a birthing event, to mythologists it is a timeless organising archetype (Jung 1991; Neumann 1963). The question that this study seeks to answer is what mothering is to

this group of Aboriginal women who speak from the context of their experience and culture, from within the prison system. What do their voices illuminate about the way they consider mothering, their values, connection and obligations and the importance that they place on mothering? How do these women invoke and enact mothering within the constraints that incarceration imposes?

All the women in the study were asked questions about their children. Mothering was a sensitive topic for many women, as they had each experienced substantial repetitive and cumulative losses connected with separation from their children, as mothers and also intergenerationally in their families. A number of women spoke of their grief at the early removal of their babies, the forced removal of an older child or children, the death of a child, the stress of domestic violence while mothering, and the difficulty of their separation during incarceration or repeated cycles of incarceration. Mothers responded in the interview dialogue with engagement and courage despite these hardships. They were strong in their belief about the central role of mothering, despite separation and incarceration, and their advocacy for fewer separations and a system of improved support in their mothering.

Describing mothering

It is not possible in a research project such as this, informed as it is by the women's Indigenous ways of knowing and being, to conceptualise mothering from prison as a distinct and discrete experience. Such an approach would negate the ways women viewed and spoke about mothering as a holistic integrated experience. Their narratives spoke of mothering before the time of incarceration, between episodes of incarceration, and during incarceration, and also their mothering hopes for the future. Taking an Indigenous yarning approach (Bessarab & Ng'andu 2010; Walker et al. 2014), the women wove these elements together seamlessly through their narrative, often beginning with mothering themes, then discussing other health-related topics only to return in a circular fashion to deepen their mothering discussion.

Mothering as a social, emotional and cultural way of being

Loss

The theme of loss was ubiquitous in woman's mothering stories. Loss began at different stages of the mother–child relationship: for some women at the birth of a child, or in infancy when a child was removed, and sometimes even later as a woman's trauma increased and self-medicating addictions took hold, and older children were removed. Punitive methods of frequent and cyclical incarceration are in urgent need of reform, as they compounded and amplified the women's separation losses. For a few mothers in this group, incarceration signalled the start of their separation from their children. Incarceration invariably created additional barriers to connection with children, whether these children were young or adults, as this woman articulated:

> *They've been in care, in DoCS care for about two and a half years. I enjoy when I get to have time with them. I only get to visit once every three months a year … That's just coming into jail and I'm unsettled all the time … this is my third time* [in jail]. (18/5/4)

Incarceration generated many kinds of losses, some emotional, others material. It had a destabilising effect—the mothers described feeling 'unsettled'. Acts of incarceration deepen and entrench the poverty cycles (DeFina & Hannon 2010; Neumann 1963) begun by colonisation, and lessen the women's parenting opportunities after release.[31] As this mother related:

> *But the really main thing is when we do get out of custody we definitely need a house, you know, so we all stabilise in a respectable way and it's not really easy, you know, we're struggling as it is … not only that. Our personal photographs and, you know, your kids' photos as they're growing up, you lose it all … I mean they can't be just shoving them in jail and taking advantage of their money situation. I mean we've got to survive too, you know. And our kids have got to have that*

[31] Being Aboriginal, living with poverty, lack of access to adequate housing and unemployment all substantially reduce the likelihood of reunification with children after removal has occurred (Baldry 2009; Fernandez & Delfabbro 2010; Fernandez & Lee 2013).

> *bondage with us and it's not really easy when you get taken away that way.* (31/7/3)

Longing

Despite successive losses, or perhaps because of them, mothers felt keenly the separation that incarceration imposed. Nearly half of the women interviewed articulated missing or longing for their children in their interviews. It is important to note that it may be the case that not every woman who missed her children explicitly told the interviewer. There could be many reasons for this: the strangeness of with the interview process, lack of trust from past experience, distress, ongoing grief, or 'shutting off' as a coping mechanism. Before incarceration, even though they may have been separated from their children, many women felt that they could bridge the separation gap by visiting their children more often, or desisting from drugs, or enforcing their parental rights, but once they were incarcerated these options were taken away.

As expected, the mothers who had care of their children prior to incarceration, and particularly mothers who were in prison for the first time, reported missing them intensely. Examples of what mothers said are as follows:

> *My kids, definitely. My kids. I nearly cry when I say that … I've never been away from them.* (38/8/4)

Another mother said:

> *Yeah, I'm struggling. Really struggling, just with my kids and being away from them for so long. This is my first time in custody.* (3/1/3)

Missing and longing were not confined to this group of first-time incarcerated mothers. Similar dynamics were expressed by mothers who had already experienced separation prior to incarceration, or had been incarcerated multiple times, as well as older mothers with adult children. Their narratives lend credence to the appropriateness of applying a whole-of-life perspective to the definition of mothering.

Separation for Aboriginal mothers is compounded and amplified in the Australian context by a long and painful history of racially determined systematic removal of children, the 'Stolen Generations' (see National Inquiry into the Separation of Aboriginal Torres Strait Islander Children from their Families 1997). As mentioned in previous chapters, the impacts of child removal on Aboriginal families are both historical and current. NSW has the highest number of Stolen Generation removals, with up to 40 per cent of Aboriginal people having been removed or having a family member removed (AIHW 2018a). In Lawrie's (2003) study, 52 per cent of the incarcerated Aboriginal women participants said they came from a family affected by the Stolen Generations. In line with these removal histories, a number of older mothers who were interviewed reported that they were of the Stolen Generations. Likewise, a number of women reported that their mothers, grandmothers or family members were of the Stolen Generations. The Stolen Generations has touched every Aboriginal person and remains a lived experience within families, adding a layered complexity to separation and longing. As this mother and grandmother said:

> *I'm Stolen Generation and I never bought up my kids, they were reared by their father and their uncle and aunties, so I never had that mother–son/daughter relationship with them until a couple of years ago, till they was grown up. So even then when I put them in the foster care with their aunty and uncles, I didn't think I was a good enough mother for them and I find sometimes today I think I'm not a good enough mother for them.* (36/8/2)

Removal from family and institutionalisation creates lifelong social and emotional scars and trauma. For this woman it had impacted her belief in her ability to mother, inhibited her parenting skills that perpetuated the intergenerational separation cycle. Disadvantage and fracture did not, however, prevent this woman from establishing a significant relationship with her (now adult) children, nor did it protect her from missing her children and grandchildren while she was in prison.

> *Because of how far they are, yeah, like I try to do it all in a fortnight going from one state, cruising through … I'm a Supermum ... It is. It* [incarceration] *has a lot of impact on me…Makes me feel really down.* (36/8/2)

Mothering from prison is inherently complex and emotionally difficult for many women. For some mothers there was a real conflict and tension between the pain in contact and the suffering in the absence of contact. Such was the experience reported by this mother:

> *You know, like that just—when I hear the second beep [telephone], the first beep 'I've got to go baby, Mum loves you', and I feel bad sometimes when I can hear that and he just—I just want to keep talking and he doesn't understand that I'm getting cut off the phone like after the second—and it breaks my heart, I have to walk away from the phone when he's on the phone. But sometimes I'll just ring up there and if I can hear him on the background …* (25/6/2)

Love and bonding

Most of the mothers interviewed had spent significant time separated from their children, as a result of child removal or their own incarceration, or both. Despite these separations, love, bonding and connection were a significant theme for many mothers. The women's narratives indicate that while bonding may have been impacted, the connection they felt for their children was very much present. As this mother and grandmother put it:

> *And building that bondage with your kids is another, so it's a big thing on them too I reckon, it's got to be. Like trying to get them out of a bad cycle too, you know, having that connection with them again and making everything all right.* (31/7/3)

Another said:

> *When I get out of here I'm going to spend more time with my kids now too, and my grandkids. I've always been there for my grandkids, and my kids—I've been*

> *back and forth sometimes with my kids, you know? But they know I love them.* (23/5/9)

Not every mother was able to have the experience of feeling close to her children. Loss and deprivation was pervasive in the lives of the mothers and their children. Continuing, unrelenting intergenerational colonially induced privation was the norm in the women's narratives. The forced removal of children, non-familial foster care, relationship problems with family caregivers, and repeated incarcerations put the mother–child relationship at risk. As a result of these systemic disruptions, a few mothers had lost contact with their children, and some did not have their contact details or location. Emotional rupture, either through loss of contact or difficult bonding, was both a sadness and a grief for these women over which they had very little control. Women revealed the following in relation to bonding difficulty:

> *at the end of the day I know that I'm not a bad mother, I wasn't emotionally attached but, you know. I know—the main thing is that I love my kids, they had everything, they never went without.* (5/1/5)

> *And guilt and shame too of things that I've done in the past, on drugs and to get drugs and I suppose like downers was my worst like, things I've done to get them. My son's always had anything he wants pretty much, except for my quality time—my emotional …* (15/5/1)

Enjoyment and pride

Beyond acts of mothering, women expressed a real enjoyment of their children and grandchildren, the memory of which was sustaining for them in prison. Many spoke of their children with the warmth and humour well known in Aboriginal communities as a positive expression of culture, a resilient defence against racism and colonising incursions into family life (Behrendt 2013; Duncan 2014). In expressing their pleasure in their children the women also brought balance to their stories of separation and hardship in mothering. Mothers reflected the following:

> *Yes, went to* [place name] *High, finished Year 10 … Then I fell pregnant with my daughter the following year … Been a mum since then, yes. Good fun. Hard but …* (19/5/5)

> *That's why I said to them, don't you leave my grandkids, you bring them round here to me. That's* [unclear] *fucked every time, babysitting. But I didn't care, I love it. Just let them run around, smiling, laughing, playing. That makes my day. That's what I live for, my babies.* (23/5/9)

Many mothers expressed appreciation and pride in their children and their achievements. Some mums spoke of their children as 'good kids', sometimes even when they called them 'ratbags' (an Australian colloquial expression of exasperated affection). They were proud of their children's progression through school and of their educational achievements. Two women had children who had earned scholarship places in boarding school. Other mothers talked of their children's employment with pride. In an environment where they themselves had had limited opportunities, they cherished their children's attainments.

Guilt, shame and worry

Mothers frequently reported guilt when talking about their children. Feelings of shame and unworthiness were common also. Women felt guilty about what they did do, most particularly drugs and alcohol, and what they did not do. They worried about 'not being there' physically, and 'not being there' emotionally, because they had been unaware of their children's needs or were unable to meet them.

A number of mothers battled to form a clear picture of their mothering. These mothers were uncertain; they knew they had done some things right, such as providing for their children for instance, but had a sense that other things had gone wrong in their parenting. It was confusing for them. One woman said:

> *I know. I'm still trying to make sense of it all. I'm thinking maybe I did spoil him too much. Maybe I did fucking—it's very confusing. But I've got no-one to blame but*

> *myself. I know that. I've left—the biggest worry is that I've left my children. I've put myself in here … (17/5/3)*

This confusion may be related to the fact that some of these mothers were institutionalised as children and others had very chaotic family lives, sometimes in desperately disadvantaged communities with high levels of exposure to violence. Their own broken childhoods, trauma and exposure to racism and discrimination made it very difficult to achieve clarity around their own mothering. For some mothers, not being able to shield their children from the effects of family violence caused confusion and guilt even though they were powerless to protect themselves even.

Many worried about their children from prison. They worried about the unknown, what would happen to their children. They wondered what their children were doing, about their daily lives and safety. The mothers were all too aware of the negative outcomes of drug and alcohol use and were concerned that their children would 'go down the right path'. They wished for their children not to repeat the patterns and mistakes they said they themselves had made. Reports from relatives regarding their children's school suspension, drug use or trouble with the police were particularly concerning to mothers in prison. Hearing worrying news increased the mothers' reported anxiety and promoted an urgency to parent without the adequate means to do so.

Women's concerns were not confined to the past; they worried about what they might not be able to provide in the future for their children. They were upset over the systemic barriers and social policy that kept them from their children, such as lack of suitable housing upon release. Mothers were concerned that these government deficits might be viewed as personal deficiencies by their children, and impact their relationship negatively.

Powerlessness

Women in prison shared in common a sense of powerlessness around mothering. Mothers who had custody of their children prior to incarceration had typically experienced more control in relation to their children. Incarceration reduced the

mothers' sense of efficacy and control as parents. Other mothers were disempowered from the outset via involuntary, and sometimes very early, removal of one or more of their children. In this instance incarceration magnified these mothers' existing sense of powerlessness.

As mentioned, being subject to the state process of involuntary removal of children was profoundly disempowering for mothers. If no family members were available to care for their children, or if their family members were deemed unsuitable by welfare agencies, then their children were placed in foster care. This mother told of her distress:

> *I don't want to agree to it* [foster care for her son] *but no matter what there's going to be that—it'll just go ahead if I do or don't agree … because I'm in here and his dad's in here too. There's no other family members that can take him.* (22/5/8)

Such an 'other'-determined process stripped mothers of both their self-agency and agency as parents. Disempowerment was however not confined to state intervention. Custody battles, or the removal of a child by the child's father without the consent of the mother, was experienced as very distressing and disempowering by one mother in her interview. As she explained:

> *The kids' father is trying to get custody of my boys through the courts and that … I can't do much in here. I can do some parenting courses, there's a couple of classes you do in here, but other than that I can't do much. I'm worried about him just getting them while I'm in here, because there's nothing I can do.* (16/5/2)

Once incarcerated, mothers were automatically disempowered in their mothering roles. Every mother was separated from her child(ren) with no power to determine the duration of the separation or the frequency of contact visits. Distance, disconnection and disempowerment were amplified by incarceration where a mother had children placed in non-familial foster care.

The actions of mothering

Popular opinion negatively stereotypes incarcerated women as passive victims of the state stripped upon incarceration of their mothering role (Baldwin 2019). The interviews with this group of women told a different mothering story. In their narratives women indicated a number of actions that they considered to be part of their mothering role in relation to their children.

The women spoke about attending to their children as 'being there', including listening, supporting, teaching and encouraging. Some of these actions were performed in part from prison via telephone, but were not considered as effective as parenting in person. Mothers were frequently concerned about not 'being there' to attend to their children. As this woman elaborated:

> *Don't know, I think my kids fall apart too because I'm not out there. Because I noticed they go off,* [child's name] *is playing up now and back and forth to Acmena* [juvenile justice centre]. (21/5/7)

'Being there' was not always a matter of being physically present. 'Being there' could be parenting at a distance and from prison. For example, there were points in their children's lives and development when some mothers were particularly apt to provide strategic advice and encouragement, such as when children were applying for boarding schools, being bullied or having trouble with the law.

Mothers also recognised the impacts of Intergenerational trauma. The women were aware of the intergenerational cycles of removal, cycles of trauma, cycles of drug use and cycles of incarceration targeted at families and Community, affecting Aboriginal people. They were keen to put an end to negative cycles. Many related the grief and trauma that they and family members had endured, and many women appreciated the causal links between cycles. These mothers had an acute perception from lived experience that these shared experiences and systemic problems were intense, frequent and recurring. They were worried for their children's future. As these mothers put it:

> *Never put your kids last. Never put your man before your kids. Put your kids first ... They're our future. You don't want things happening to them like happened to us.* (23/5/9)

> *I'll make sure myself when I get out, I don't want my daughters to come up and see me like this. Never know it might lead them to this sort of place if they keep visiting and, you know, they might think it's all right when they're grown up, oh my mum was in there, I seen it, yeah.* (26/6/3)

As a result, mothers spoke often about protecting their child from harm, recognising the multiple levels of vulnerability faced by their children. If the mothers were not in a position to offer this protection, they wanted others (caretakers or the state) to provide it. Where mothers had been living with their children prior to incarceration, some were able to create environments that would keep children safer, such as setting some boundaries and rules for living together, as illustrated by this mother:

> *We had our little rules, if I smoke, I go outside and smoke. There was no running and jumping on the bed, no running in the house and just little rules—I make up a rule every day for them, get off that clothesline, they'll break the clothesline.* (21/5/7)

Beyond setting protocols for living together, some mothers talked about the pedagogical function of mothering. Children were taught through demonstration of practical life skills, such as how to use public transport. Mothers were cognisant that often their own actions did not provide a preferred role model for their children to follow. A number of mothers spoke about the need to model appropriate behaviour for their children and the need to minimise inappropriate behaviour in front of the children.

> *I don't like my kids seeing me in that kind of state and I choose not to drink around them and let them see me in that kind of, yeah it's not good. I grew up with all of that around me and I just don't want my kids to see that.* (20/5/6)

Given the women's disadvantaged circumstances, a surprising number (25 per cent) of mothers spoke about providing for their children. These mothers talked about how they had previously provided for their children and/or how they would like to provide in the future. Provision included intermittent gifts, such as birthday presents, and sustained provision, such as housing. While it is assumed that adults *cannot* provide material resources from prison, this did not prevent mothers from concentrating on, or worrying about, their ability to provide while inside. One mother made a point of saying:

> *And I've got to make sure I've got money on there for my daughter's birthday and the two boys in September.* (25/6/2)

The inability to provide from prison was a source of anguish for these mums. This mother highlighted the problem:

> *Them poor mothers, just like me, we can't walk out of here, go and take our baby shopping. The first thing I said to my kids—when I get out, Mum, I'll come and take you shopping because I'll get my first pay. I can't do that now because of them. I haven't even explained it to my kids.* (17/5/3)

The mothers' narratives linked the act of providing to a strong mothering identity. According to their narratives, provision was an act that mothers could, and if circumstances permitted should, do, but mothers could also provide gateways to and connect their children with their extended families' resources, and group provisioning was emphasised. Provision was not, according to the women interviewed, a responsibility confined to young children only. Mothers spoke of providing housing for adult children. This mother said:

> *I know I get out before my son, so I want a roof over my head so when my son walks out, he can walk straight in house.* (36/8/2)

Improving their child's environment required a sense of agency and a degree of power, resources that many incarcerated mothers had lacked since childhood. For instance, women in the interviewed group had poor schooling experiences, resulting in low

levels of high school completion. Notwithstanding these facts, a number of mothers spoke about how they had intervened to positively shape the environment of their child.

Mothers were dismayed at their children's ongoing experience of discrimination and injustice. Some mothers spoke of their children being targeted for minor offences of the kind that, when accumulated, had typically led to their own incarcerations. The mothers acknowledged the balance between their children's responsibility to steer clear of criminal activity *and* the state's responsibility to desist from racial targeting and the policing of minor, everyday offences which disproportionately affect Aboriginal people (Behrendt, Cunneen & Libesman 2009; Blagg 2008; Cunneen 2011). Here is an example of how mothers dealt with their children's contact (or potential contact) with the law:

> *Just for fines. It's only yesterday I got on the phone and my son said to me, 'you're not going to believe this. I got pulled over at four a.m. coming home from work', because he works for mining. He got a three hundred and fifty dollar fine for* [his] *P-plate not being showing properly … Yeah. If I'm out there, I take it to court. I make them take it to court. But I'm not there so they're not doing it.* (8/2/2)

And at school:

> *They* [the woman's siblings] *all thrived even with the discrimination. You can't tell me they didn't suffer it … because my kids suffer it. They're not even very dark at all. They're like me. But just because they identify as Aboriginal, they get put in this category at school. Like my sons, the two youngest ones, they've spent nearly their last high school years either expelled or suspended. They weren't bad. They went on to get good jobs.* (8/2/2)

Becoming reunited

Becoming reunited with their children is a driver of hope for many of the women in prison. Reunification did not mean the same things to every mother. Reunification may mean having children restored to custody, improving their lives or being able to visit

them more often. The mother quoted below was separated from her only child through incarceration when her child was a toddler. When she says: 'stay-at-home mum', she does not mean a mother who is home all day with her children and is not employed elsewhere, as in common usage. She is referring here to being a mother who lives with her child and is not detained elsewhere. Her conception of being reunited included the action element of providing for her child through employment.

> *I want to be a stay-at-home mum. I want to get work. I want to, like, get a traineeship in warehousing for some part-time work, and then I want to—I'm thinking about being a childcare worker.* (37/8/3)

Likewise, the mother quoted below had custody of her children in between a number of incarcerations and had a positive relationship with her mother, who was supportive. For her, being reunited involved action steps to improve their lives once she and her children were together again.

> *my plans for the—like when I get out is to get a place and to get my sons back and just like get my licence and then I can be that—because I am a very positive person. So that's my goal.* (39/8/5)

A few women had the insight to recognise that a sequential approach to being reunited, containing a number of steps, was important to mother and child wellbeing. Beginning with becoming drug-free, obtaining housing, stabilising her mental health and following the legal process to obtain custody of her daughter who was born to her while in prison.

> *But once I get out with clear urines and I'm stable and I've got my own place and it's furnished and, you know, I'm doing well enough and mental health thinks that I'm well enough, well then I can have my boy back. And I'm allowed to go for custody of my daughter then, but I've already got full custody of my two eldest.* (24/6/1)

The mother quoted below had eight children living in the care of her sister. For her being reunited meant regular visits to her children. It was about increased contact, not having her children live with her.

> *I promised my children that I'd start regularly visiting them once I got out … And yeah, I did me thirteen rehabs and I never completed any of them because I went and I did the programs for the wrong reasons. It was for my kids but it was also—I needed to put myself first and deal with what led me to drugs, and deal with those issues.* (34/8/0)

Discussion

Connection–fracture continuum

If mothering was to be considered primarily as a custodial issue, the discourse on the subject of incarcerated Aboriginal women's mothering would be severely and unnecessarily restricted. Moreover, such a way of considering would not fit with the lived experience of this group of women who have been injured through generations of child removal. Child removal policies disproportionately and unjustly affect Aboriginal children and their families, reflecting ongoing systemic bias (Libesman 2014; Lewis et al. 2018). It is therefore more useful for this group of mothers to theorise a connection–fracture continuum between mother, her family and children. This approach provides a more purposeful and socially relevant framework. Such theorising results from the way that the mothers themselves conceptualised their mothering and is more apt to provide a foundation for the practical support of women in their mothering. Moreover, found a strong link was found between the mothers' health and social and emotional wellbeing (SEWB) and the degree of fracture from her children.

The concept of motherhood disruption is well established in the literature on the context of relinquishment of children (Jackson (2000) in Power 2012) and in healthcare settings where the illness disrupts mothering (Vallido et al. 2010; Wilson 2007). The concept of 'fracture' as I have used here refers to disruptions to motherhood beyond

the mother's control that lead to significant injury. Lockwood (2013) has elaborated the concept of 'biographical rupture' for mothers in prison, as a temporary suspension of mothering. My conceptualisation informed by the project advisory group is somewhat different. The mothers who were interviewed carried intergenerational histories of severe ruptures to motherhood caused by child removal policies (*Bringing them home* report). The ruptures in mothering that prison evokes are part of a pervasive pattern of the disruption of Aboriginal mothering in Australia.

Mother's narratives evidenced clusters of experience on a connection–fracture continuum. These were not categorical, but rather experiences or feelings that were more likely to situate a mother on the continuum towards greater contact and connection with or fracture from her child. The objective is not to stereotype mothers, no single mother had all the experiences listed. Nor is it to blame mothers for their loss and grief at separation from their children that is politically, generationally and systemically punishing to mothers. Rather, the purpose is to generate an appreciation of the variability of the mothering experience within this group of incarcerated mothers, and to serve as the basis for developing insight into how mothers with differing experiences might best be served in the future.

Table 1

Connection	**Continuum**	**Fracture**
Family connection	Family distant	No contact with family caregivers
Connection to Country	Child in foster care	Has lost contact with her child
High levels of family support	Relationship to caregiver ambivalent or fractious	Child removed at birth
Close relationship with caregiver of child	Knows child's location but does not have contact	Unable to re-establish contact with adult children or grandchildren
Felt involved in child's life	Contact with child is tenuous and easily lost	Feels powerless

Emotionally positive connection with child	Unsure of parenting skills	Loss and grief
Mothering promotes self-esteem	Stress and worry about the children's wellbeing	Untreated mental health problems
Considers herself valuable to her child	Frequently reports anxiety and depression	High levels of unresolved trauma
High anticipation of active parenting after release	Not sleeping well	Struggles to cope without self-medicating with alcohol or illicit drugs
Anxiety and depression related to the prison environment and separation from her child		

On one end of this connection–fracture spectrum (see Table 1) were mothers who had been able to remain in regular contact with their children, with the support of their family during their incarceration. It was typically the first time these mothers had been incarcerated, or they had experienced relatively few incarcerations. Women from this group tended to frame their crime as a 'mistake' which had let down their family, and as something that they were not keen to repeat. These mothers had custody of their child immediately prior to incarceration. During their incarceration their child was placed with a close family member, such as a mother or father, and they received high levels of family support for themselves and for their mothering during incarceration. They reported having a sustained and good relationship with family caregivers. These mothers had the most contact, including the most frequent visits from their children. They felt actively involved in their children's lives despite incarceration. They reported a positive emotional connection with their children and greater self-esteem around their mothering. This group of mothers saw themselves as valuable to their children and strongly anticipated resuming an active parenting role upon their release.

While injury and harm from colonisation (Ranzijn, McConnochie & Nolan 2009; Sherwood 2013) and racism (Paradies 2016; Paradies, Harris & Anderson 2008) affect all of the mothers' SEWB, their health and their relationships with their children, some

mothers had become very ill as a result of systemic trauma (Goldsmith, Martin & Smith 2014) which left them worn out, worn down and sometimes without hope. Mothers at the opposite end of the spectrum had experienced multiple systemically induced fractures in their relationships with their children over which they had no control. These women are intergenerationally severely disadvantaged and discriminated against throughout the course of their lives because of their Aboriginality. They had experienced the compounding of multiple systemic failures of education, healthcare, social welfare and the justice system. The result of these compounding failures was that this group of women were chronically poor and under-resourced, had access to few life opportunities, high levels of trauma, poor mental health, high levels of self-medicating coping response and limited alternative coping strategies. Their families and Community had been similarly affected. Many families were fractured and communities broken and ill through state neglect. The effects of intergenerational trauma (Raphael, Swan & Martinek 2010; Sherwood 2015) and unresolved trauma were pronounced. Many had difficult relationships and disrupted contact with the family caregivers of their children. Some mothers did not know the location of their children and were desperate to find them. Lack of money in prison made it difficult or impossible for these mothers to make the telephone calls required to liaise with social welfare agencies or family members to find their children. Many of the mothers had no, or very limited, opportunity to nurture their children. Child removal policy crushed the mothers when their children were taken away. Many of the mothers with the most severe disruption to mothering had had children removed at birth or very early in their children's lives, and some had struggled to reconnect with their young children, adult children and grandchildren. They experienced feelings of frustration, extreme powerlessness and grief over the fracture and loss of contact with their children.

In the mid-range the women had some family support, but their relationships with the family caregivers of their children were fragile and changeable. They were vulnerable to loosing connection with their children when their family changed location, and many did not have enough money to make the necessary phone calls to re-establish connection from prison. Many of these mothers knew where their children were located but were not able to have regular contact with them. Frequently their children

were living a considerable distance from the prison in which they were incarcerated, with more distant relatives (or in-laws) than the high-connection group. All such factors predicted less contact. Contact with their children was out of the mothers' control, and connection to their children was vulnerable and easily disrupted. These mums were less likely to report confidence in their parenting ability, and more likely to be highly worried about their children, leading to stress and high anxiety levels.

Structural violence and the resulting deprivations (Atkinson 1999 p.14) were the key driver of the women's inability to sustain contact or care for their children. Unsurprisingly, the women said that physical separation from their children *was* the major disruptive experience to their mothering. The mothers belonged to a group targeted for *both* the removal of children *and* the incarceration of parents from Aboriginal communities, creating the loss of caregivers as well as the loss of the next generation of children. These compounding losses were more than individual griefs, they were intergenerational, systemic and deeply rooted in discrimination, and their effects impacted the whole community.

Lack of housing was most strongly associated by the women with the inability to reunite with and care for their children. Women needed safe living environments to be able to parent. In the absence of safety and the ability to fulfil the social, cultural and emotional roles of mothering, the women were reincarcerated. Repeated incarceration was next most closely associated with separation from their children in the women's narratives. Cycling between incarceration and housing insecurity was the everyday experience of the mothers interviewed (Baldry 2010). The insecurity and stress of these repeated cycles of homelessness and institutionalisation contributed to the women's overall distress and trauma, and to their experience of unsatisfactory mothering outcomes.

Conclusion

The Aboriginal mothers in this study shared culture that informed their mothering, but they were not a homogenous group with the same experiences or identical needs. Each woman's narrative around mothering is unique to her. Mothers were adaptive in

their responses to mothering from prison. However, being confined in prison limits the ability of mothers to respond to their children in ways that they would prefer and limits their social and cultural roles as parents, teachers, caregivers and providers. Incarceration imposes separation and limits contact, which is stressful and distressing to mothers. The greater the number of systemically imposed fractures upon the mother and her children, the worse the mother's SEWB and the more often those women cycled in and out of prison. The combination of removal of children *and* removal of mothers is especially deleterious to the connection between children and their mothers.

Part D Conclusion

8 Summary and discussion

Introduction

The aim of this study was to investigate the experiences of Aboriginal mothers in prison from their own perspectives. This study is timely. Recently the Public Health Association of Australia released a policy position paper acknowledging that hyper-incarceration of Aboriginal and Torres Strait Islander peoples is a public health issue, that vulnerability to incarceration is determined by social determinants, and that keeping people out of prison is a priority (PHAA 2019). The objective of this PhD study has been to broaden knowledge about the lives of incarcerated Aboriginal women, turning the lens toward health and speaking back to the prevailing limited positivist discourse around criminality and recidivism, with the intention of informing culturally safe models of practice and direction for policy change. This expanded knowledge, favouring the voices of the women themselves, and guided by the participation of Indigenous and non-Indigenous community and government organisations (via the project advisory group), is vital to developing longer-term culturally safe supports that work towards keeping mothers out of prison and in Community.

There is widespread agreement that the high numbers of Aboriginal women in prison present a significant discrimination issue and are a pressing equity and Indigenous human rights issue (Australian Human Rights Commission 2018; Human Rights Law Centre 2017). Numbers alone, while disturbing, do not give a full sense of the impact of incarceration on already stressed and overburdened mothers, children and families struggling with colonial legacies of poverty, exclusion and trauma. Nor do statistics give a sense of the impact of removal of the women who are central to the passing on of culture, mothering and caregiving, that is, to the social and emotional wellbeing (SEWB) of communities (Lawrie 2003). Mothers are vital in the growth, nurture and transmission of culture to future generations, and in the care of Community (Cutcher & Milroy 2010). These women, made vulnerable through the ongoing effects of colonisation, require targeted, culturally safe emotional and practical support to enable them to do that work.

The SCREAM (NSW) study in which this PhD research is nested interviewed 43 women incarcerated in six regional and urban NSW prisons. Mothers were interviewed in depth about their health, mental health, childhoods, children, prison experiences and worries and hopes for release. A multi-method (Morse 2009) framework was designed for the analysis of interviews, employing grounded theory (GT) (Charmaz 2014), and a case study method (Yin 2018) for the study of trauma. An embedded, but nevertheless equally important, objective of this study was to work within an overarching Indigenous paradigm, creating knowledge collaboratively and respectfully that would be culturally and empirically sound (Laycock et al. 2011; Sherwood 2010). This objective was well supported by the overarching SCREAM (NSW) project, whose investigators had established an active project advisory group through years of dedicated community engagement (Sherwood & Kendall 2013). This framework, together with my own engagement with the advisory group members, including co-authoring of a journal article (Sherwood et al. 2015), set up the basis for a good collaborative working relationship that has proved personally enriching and fruitful to this research. An iterative review approach was applied. The project advisory group reviewed, commented and provided in-depth input as the PhD study progressed on three occasions, substantially shaping the methodology, analysis and interpretation of results.

This research approach is vital, as colonial contexts have created a space in which there is ongoing impactful racism, a scarcity of opportunity and a plethora of unmet needs for Indigenous women. Mothers in prison are a group particularly vilified by popular opinion for their supposed disregard of the law and dereliction of parenting duties (Kennedy 2011). This negative gaze is intensified for women of minority groups (Roberts 2011; Willingham 2011). As without the prison walls so within; the racism that women feel in their lives is magnified when they come into contact with social welfare agencies (Libesman 2014, pp. 79–80) and judicial and carceral systems (Blagg & Anthony 2019, pp. 171–2). It is therefore critical to work with Aboriginal Community on research to ensure that the issues that the women revealed are dealt with sensitively, accounting for the ongoing social and emotional impacts of colonisation.

One of the distinct contributions that this thesis makes is in carefully documenting the relationship building and thoughtful approach to developing a culturally safe (AIATSIS 2013; Curtis et al. 2019) methodology. I have explored the requirements of working as a non-Indigenous researcher within an overarching Indigenous paradigm. While there is substantial research literature that discusses research engagement with marginalised groups (Bhopal & Deucher 2016; Montesanti et al. 2016; Wilson & Neville 2009), the ethics of research between non-Indigenous and Indigenous people (Christie 2015; Sherwood 2010; Smith 2012) and participatory action research (Baum, MacDougall & Smith 2006; Kemmis, McTaggart & Nixon 2013), there is little published research that my supervisory team and I are aware of that has documented in detail the process of 'working together' in the way that this thesis does—that is, of a non-Indigenous researcher working within an Indigenous paradigm, documenting relationship building and how this impacted the decision-making rationale and the creation of a collaborative methodology, in the context of Aboriginal health. While each research process will be different, it is hoped that the roadmap of our work together will inspire and guide others who undertake research journeys together, and that it stimulates researchers to go beyond the incorporation of social justice principles, and towards working within Indigenous paradigms, even if this moves them out of their comfort zone.

This final chapter revisits the research questions briefly, then summarises the research findings of this study, dealing with women's childhoods, trauma and mothering and prison. It then moves to link the findings to construct a picture of the women's experiences, as whole as it can be, despite research limitations. The complex relationships between the emerging themes are explored. The unique contribution of this thesis to the literature is made clear. Finally, recommendations are made which flow from the research findings.

Research questions

The following questions were inductively developed from the interview data, using a constructivist GT method (Charmaz 2014). In line with the employment of an

overarching Indigenous paradigm (Laycock et al. 2011; Sherwood 2010), emerging research questions were then reviewed with the Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) (NSW) project advisory group for validity, veracity, cultural appropriateness and alignment with Aboriginal community priorities according to the National Health and Medical Research Council's (2018) *Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders*.

1 How did women describe their childhoods?

2 What was the phenomenological unfolding of trauma, if any, and how is this implicated in incarceration pathways?

3 How did incarcerated mothers express 'motherhood' and describe their mothering?

These questions facilitated the exploration of the phenomenological unfolding of trauma as active phenomena, rather than a general construct, which is the way it is normally employed in the prisoner health literature. Specifically, new knowledge was grown concerning the relationship between the trauma this group of women experienced and their imprisonment. The data analysis guided by these questions further allowed new understandings of how incarcerated Aboriginal mums viewed mothering, and for the development of novel theory around the 'disruption continuum' and its effects on Aboriginal mothers in prison.

'The gap'

In defining the 'gap' that this thesis speaks to, it is vital to first bring a sense of critical awareness to the health, education and income gap between Indigenous and non-Indigenous Australians. Australians are, for instance, well aware of the 'gap' between Indigenous and non-Indigenous citizens thanks to the Close the Gap Campaign (beginning in 2006), later taken up by the Council of Australian Governments (COAG) in 2008. COAG's Close the Gap measures key health, education and employment outcomes (Quinn 2019). A comparison with the WHO report (2008) *Closing the gap in*

a generation: health equity through action on the social determinants of health is revealing. The WHO report contextualised the 'gap' in detail, making reference *inter alia* to social equity, healthy places to live, fair and decent work and political empowerment and voice. COAG's original version of Close the Gap contextualised the gap less well. A 10-year review (Holland & Close the Gap Steering Committee 2018) concluded that much of the 'gap' that exists is a failure of governmental strategy and implementation of existing strategy; it was unequivocal that the 'architecture' did not exist to fulfil the targets. This failure has led to the conclusion that a 'critical examination' approach to the 'gaps' between Indigenous and non-Indigenous health and why they exist in the first instance is vital for change (see also Sherwood 2010).[32]

More recently, as a result of consultation with Aboriginal peak bodies, the number of Close the Gap targets were extended in 2020 to include 16 new targets (Markham & Williamson 2020). While all targets have bearing on the health of the women in this PhD research study, some new targets are of specific note, these include: reducing the over-representation of Aboriginal young people and adults in the criminal justice system, access to appropriate and affordable housing, the over-representation of Aboriginal children in child protection systems, reduction in violence and abuse against women and children and increases in SEWB.

Some of the newly included 'gaps' have specified targets others are less readily quantifiable. Housing and incarceration, for instance, have specific targets. The target for increasing SEWB however, is the reduction of suicide towards zero. It is not clear that a reduction in suicide alone is a marker of the overall increase of SEWB of Aboriginal people. Nor, as Muriel Bamblett, chairperson of peak Aboriginal organisation, SNAICC has pointed out, have specific targets been set for mental health or a reduction in alcohol and drug abuse (Australian Broadcasting Corporation (ABC) 2020). While violence against women and children is a target, there are currently no

[32] The Closing the Gap Partnership Agreement (2019–2029) is a relatively new formal agreement between Commonwealth, state and territory governments, the National Coalition of Aboriginal and Torres Strait Islander Peak Organisations, and the Australian Local Government Association, which enables Aboriginal and Torres Strait Islander people equal voice to shape Close the Gap frameworks through their peak organisations.

explicit quantifiable measures for reduction. As mental health, substance abuse and lack of support at times of domestic violence are some of the prime drivers behind the removal of children to out-of-home care and the criminalisation of women, not targeting and not providing resourcing to ameliorate these 'on the ground' first-order issues is deeply problematic.

The legitimacy of Australian governments' conceptualisation that associates Aboriginal people with 'a gap' has not been uncritically accepted (Stanley, McAullay & Eades 2020). Indigenous expert commentators point out that a strengths-based approach and one that acknowledges the achievements and resilience of Aboriginal people through more than 200 years of colonisation is vital (ibid.). Taking into account such insider perspectives, an expanded more reflective view of 'the gap' and where and how it presents itself, is warranted.

In my research, for instance, I notice that the gap in the literature that concerns incarcerated Aboriginal mothers in Australia is appreciable and, I believe, symptomatic of other 'gaps', oversights, and plain neglect of this group (Baldry & Cunneen 2014; Bartels 2012; McCausland & Baldry 2013). The social determinants that drive the 'health gap' are in my view also implicated in the 'imprisonment gap', and the effects flow on to the 'research gap'. The social determinants which render this group poor, undereducated and unemployed, coupled with racism, Western knowledge bias and colonisation, are drivers of the invisibility of this group, as they work to shape research agendas in particular ways. This bias is particularly evident in official prison statistics that frequently do not delineate the categories Indigenous *and* women, with the result that one can appreciate facts about incarcerated people who are Indigenous *or* who are women, but not specifically statistics that pertain to Indigenous women as a distinctive group (see ABS 2019).

At present, research agendas are skewed toward publications that contains investigation of illness and disease rates and mental health diagnoses of Aboriginal women in prison in NSW. Very little is systematically documented in the literature concerning the SEWB or context of the lives of these incarcerated women and their mothering, with the exception of the work of Lawrie (2003) and Baldry and co-authors (Baldry, Carlton

& Cunneen 2015; Baldry & McCausland 2009). The SCREAM project is timely research, considering the increase in the numbers of incarcerated Aboriginal mums since the last large-scale prison research that involved Aboriginal women, that is, Lawrie's (2003) study. This PhD study, embedded as it is within the SCREAM (NSW) project, goes some way to filling this knowledge gap, capturing the perspectives of the women themselves as a distinct First Peoples group, both gendered and cultured, and embedding the women's distinct worldviews and mothering perspectives—and, finally, conducting a collaboratively informed analysis and interpretation of the women's patterns of SEWB, influenced by the resilience of their spirit and the intergenerational privations of colonisation.

Generating knowledge together that matters

It is repetitive and perhaps even redundant to state the obvious in saying that incarcerated Aboriginal mums are a group in great need. The complexities of frequent return to prison (Baldry & McCausland 2009), poor mental and physical health (Indig et al. 2010; Sullivan et al. 2019) and parenting and community care responsibilities cannot be underestimated, especially as these are underpinned by the social determinants of health: racism, poverty, homelessness, exposure to violence, child removal and cognitive disability (Baldry et al. 2016; Saggers & Gray 2007; Silburn et al. 2006; Zubrick et al. 2014). That the women have survived at all is probably due to the cultural strengths of resilience, family connection, their mothering role and the support of culture, spirit and Community.

Recognition of the uniqueness, disadvantage engendered by colonisation, and the gendered and culturally mediated position of Aboriginal women in prison is beginning to develop. Pressure is building to include mothering and holistic public health within the purview of prison systems. The Anti-Discrimination Commission Queensland (2019) tabled a report entitled *Women in prison 2019: a human rights consultation report*, in which Recommendation 14 reads:

> Queensland Corrective Services undertakes a comprehensive review of services and programs available to Aboriginal and Torres Strait Islander women prisoners …
>
> Aboriginal and Torres Strait Islander women have access to fewer facilities and services than men, or appear to be systemically disadvantaged (on the basis of both race and gender) during their imprisonment.

In relation to parenting the Commission recommended the following:

> Queensland Corrective Services:
>
> facilitates prisoners' contact with their children, their children's guardians, and legal representatives;
>
> encourages and facilitates children's visits to women prisoners; and
>
> ensures decisions about early conditional release (parole) favourably take into account women prisoners' care-taking responsibilities (Anti-Discrimination Commission Queensland 2019, p. 15)

The Australian Law Reform Commission in its report *Pathways to justice—an inquiry into the incarceration rate of Aboriginal and Torres Strait Islander peoples* (2017) delivered a raft of recommendations aimed at keeping Aboriginal and Torres Strait Islander people out of prison and in Community. Recommendation 11 concerns Aboriginal and Torres Strait Islander women specifically:

> Recommendation 11–1 Programs and services delivered to female Aboriginal and Torres Strait Islander offenders within the criminal justice system—leading up to, during and post-incarceration—should take into account their particular needs so as to improve their chances of rehabilitation, reduce their likelihood of reoffending and decrease their involvement with the criminal justice system. Such programs and services, including those provided by NGOs, police, courts and corrections, must be:

- developed with and delivered by Aboriginal and Torres Strait Islander women; and
- trauma-informed and culturally appropriate (Law Reform Commission (2017) p. 16).

Collaboration to form an empirically sound knowledge basis that informs the development of such programs from a position of appreciation, cultural strength and appropriate evidence is vital to the health and SEWB of Aboriginal mums in prison.

How SEWB knowledge was generated

In the interviews conducted for the SCREAM (NSW) project, the women gave narrative and voice to issues that were originally identified by community organisation workers (who became members of the project advisory group). The SCREAM research project is conceptually a highly unusual research program in prison health, focused as it is on culturally safe, community collaborative research (Sherwood & Kendall 2013; Sherwood et al. 2015). Moreover, this PhD research has provided the space and latitude to explore and theorise select issues first identified in Lawrie's (2003) report, including women's narratives around childhood, exposure to violence, trauma pathways and connection between mother and children, in significantly greater detail. Such an in-depth analysis has not previously been attempted with incarcerated Aboriginal mothers. Moreover, while Australian Indigenous trauma is frequently named, it is infrequently systematically investigated as a complex unfolding phenomenon, and never previously with this incarcerated group. Likewise, there is a scarcity of knowledge generation around Aboriginal women's mothering from their own perspective and scant literature concerning Aboriginal mothers in prison (Jones et al. 2018). This PhD research fills these particular gaps, creating knowledge that is available to inform the policy and create the changes recommended by the Commissions cited above.

Research findings: summary and discussion

Women's childhoods: broadening the lens

It is hardly in contention that Aboriginal women and mothers need to be kept out of prison and in the community (Australian Law Reform Commission 2017). To facilitate this social and judicial change a shift in perception is required. This shift is best informed by knowledge that is expansive and holistic, takes a whole-of-life perspective, and appreciates the strengths, challenges and pathways into prison which are unique to this group of mothers. Moreover, such knowledge building needs to appreciate the women's narratives and voices equally with the factual content that they generously shared. The themes that follow arise from what the women told the SCREAM (NSW) study investigators about their childhoods—reflecting on a time when they were not in prison, but one that provides a broader perspective and insight into the social and cultural narrative of the women.

Finding 1: Both connection and adversity/disruption are present in family settings

The women had a range of childhood experiences, some nurturing and connecting, others disrupting, and some plainly traumatising. A significant number of women noted the warmth and the strength in their families. At the same time, virtually all women described some or all of the following experiences: exposure to violence, abuse, grief and loss, and parents self-medicating with alcohol and drugs. The results show that the women experienced adversity/disruption *and* connection within family settings. Family relationships were not described as static by the women, but as dynamic, adjusting with changes to individual members and to evolving circumstances. For instance, it was not uncommon for women who described a troubled early-life relationship with a parent to report improved relationships in their adult lives and reliance on a parent or parents to care for their child(ren) while they were in prison.

These findings resonate with the clinical and research position of Helen Milroy, Indigenous professor of psychiatry, that it is not only Aboriginal adults who suffer loss and trauma, but the *children* embedded in families with pervasive unrecognised and

unhealed generational trauma as a result of colonisation, who are affected (Milroy 2014 p.376; see also: Swanson Nicolai & Saus 2013).

- **Hence this study found that the women experienced both adversity/disruption and connection as children. This dynamic occurred within a traumatic environment that was not directly constructed by parents or family, but was part of a larger sociopolitical context.**

Finding 2: Removal from family and culture is especially injurious

Despite recurring adversity in the childhoods of the women, the women interviewed most often wanted to retain a connection to their family and/or broader kin, and with their identified cultural group. The women were aware of the strengths inherent in family and cultural group connection. The issue of sustaining family connection was more fraught for the women who had been removed from their families and placed in institutional care or non-Aboriginal adoptive families. Importantly, all women self-identified as Aboriginal when they volunteered to be interviewed. Many had resiliently found alternative ways to connect through relationships with their contemporaries, who had been through and understood the pain of their institutional experiences. Likewise, many of the women who had been denied knowledge of their Aboriginality through adoption found ways to connect with culture and Community through community mentors and role-models.

Indigenous families offer different and more expansive parenting models than are found in Western-centric nuclear families including; collective child rearing, allowing children freedom to explore, active grandparenting, and reinforcement of culture and spirit at home (Lohoar, Butera & Kennedy 2014). Children who are removed from their family *and* culture are at a severe disadvantage not well recognised by Western perceptions of socialisation. Prison rates alone do not reveal the outcomes of removal. Children removed are substantially more likely to be incarcerated in juvenile justice systems and as adults (NSW Justice Health and Forensic Mental Health Network 2017).

- **The narratives of the women in the SCREAM study (NSW) make clear that their own removal as children had deep negative effects and that it had implications for the removal of their children and later their own removal to prison.**

Finding 3: Early-life exposure to patterns of violence is linked to imprisonment

The women initiated their own observations about the links between early exposure to violence and imprisonment. They reported families of origin stressed by poverty and systemic institutional violence, both of which created stressful environments for growing up. Following on from the previous finding, state-sponsored systemic violence, such as child removal and surveillance of parents by police and social welfare authorities, was extremely prevalent. Women reported that racism and bullying at school impacted them. During childhood, a very high proportion of the women said they were exposed to violence among family members and in the community. Community and family violence has been strongly linked to Indigenous-specific intergenerational trauma resulting from ongoing colonial privations (AIFS 2016; Atkinson, Nelson & Atkinson 2014).

The women's narratives support the view that the link between being exposed to childhood violence and committing crime is not linear or direct. Exposure to violence at a particularly young and vulnerable stage of life increases stress (Moffitt & Klaus-Grawe Think Tank 2013), abuse increases trauma (van der Kolk 2005b), and each have poor health sequelae (Maschi et al. 2013; McLaughlin et al. 2016). When grief and loss from removal, the death of a parent, or frequently changing location was compounded upon stress and trauma, the women reported resorting to drugs and alcohol in their teenage years to cope. Their life chances were frequently further diminished by teenage pregnancy and their victimisation extended by violent partner relationships. The compounding effects of pain, material survival struggle and ongoing victimisation (racism and domestic violence) were implicated in committing crime in the women's narratives. Adult Indigenous trauma has a particular and discrete patterning of its own, influenced by the severely disadvantaged structural position of the women and their families resulting from the ongoing effects of colonisation (see Atkinson et al. 2014).

- **A high number of women were victims of violence and abuse as children both within and outside their families. The women linked exposure to childhood violence (frequently compounded by grief and loss) with self-medicating drug and alcohol use in their teens. Only a small number of women linked early exposure to violence to assisting or committing crime that involved violence. Conversely, some women had used their own childhood history of victimisation to teach their children strong values so that cycles of violence were halted.**

Falling through the trauma cracks and into the imprisonment trap

Why investigate trauma? The first motivation was to strategically enter a developing conversation. It is an important conversation, because most universities and state agencies have not embedded knowledge of colonially induced intergenerational trauma into their curriculums or praxis (Duthie 2019; Quinn 2019). Meanwhile, understandings of trauma are developing as key precepts within Australian Indigenous mental health and SEWB. In the *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2017–2023*, guiding principle 4 states:

> It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have inter-generational effects (2017, p. 3).

The second motivation was to follow Community leaders and Elders closely in their estimation of distress. The SCREAM (NSW) project advisory group were abundantly clear that trauma was a highly significant factor in their work with Aboriginal women and warranted further investigation. The Indigenous literature concurs with them (Atkinson 2002; Atkinson et al. 2014; Dudgeon, Watson & Holland 2017; Sherwood 2015). Lastly, the formative inductive GT analysis (Charmaz 2014) of the women's narratives about childhood, undertaken early in this PhD study, suggested high levels of early-life trauma. The final results of this study recognise that while this group of women may share some common features (poverty, for instance) with other

incarcerated women, they are substantively socially, historically and culturally different from other groups or populations. Further, their specific trauma patterning is grounded in intergenerational collective experiences of colonisation.

It can hardly be overemphasised that the incarcerated mothers who were interviewed for this study are in a precarious and vulnerable situation, with multiple contributing factors. Mental health is one component. Beginning in childhood, mental healthcare fails Aboriginal people. For instance, little is known about the mental health trajectories or mental healthcare for Aboriginal young people (four to 17 years old). One review (Kilian & Williamson 2018) concluded that young Aboriginal people with mental health issues were not flagged within systems for help, GPs failed to recognise mental health issues and underdiagnosed mental illness, and consequently young people were undertreated. These findings are supported by the Western Australian Aboriginal Child Health Survey, which similarly reported low contact with mental health services for children and youth (Zubrick et al. 2005, p. 425).

It is not surprising, then, that outside prison, Aboriginal people have up to three times the distress levels of non-Aboriginal people (Jorm et al. 2012, p. 119), and distress is high for Aboriginal mums too (Prandl, Rooney & Bishop 2012). The distress of Aboriginal people is not well treated within healthcare systems (Kelly et al. 2009, pp. 28–30). For instance, the NSW Auditor-General's office recently released the report *Mental health service planning for Aboriginal people in New South Wales* (2019). The report was highly critical of NSW Health's lack of mental health policy regarding cultural safety, provision of appropriate targeted services in the right locations, support for patients to stay at home, and the lack of post-release continuity of care for Aboriginal mental health patients.

Inside prison the mental healthcare shortfall is not substantially better. A 2019 systematic mapping of prison mental health services across Australia found that, with the exception of the Australian Capital Territory (ACT), mental health services were seriously inadequate to meet the prison population need, a shortfall that the authors believed constituted a human rights breach (Davidson et al. 2019; see also Hanley & Ross 2013). Moreover, prison is a counter-therapeutic space for women (Carlton &

Baldry 2013) and fails to provide culturally safe healthcare (Kendall et al. 2020; Pettit et al. 2019). Treating women for mental health conditions *before* they come into contact with the carceral environment is important to their long-term health. Established patterns of contact with mental health services before sentencing strongly predicted post-release service use in one Australian study (Sodhi-Berry et al. 2015).

While the presenting symptoms of emotional trauma such as suicidality and extreme anxiety are sometimes treated in hospital emergency rooms, emotional trauma itself is not an acute diagnosis, nor are there medications to treat trauma per se (for discussion see Hunter 2020). The treatment of Indigenous-specific trauma requires a culturally safe, multimodal, longer-term approach. It is evident that NSW Health services are inadequately informed, underfunded and lack policy (NSW Auditor General's Department 2019) to enable the adequate delivery of basic mental healthcare to Aboriginal people. Compounding this deficit in care, trauma is inadequately addressed within existing healthcare systems (Westerman 2008, p. 137) and that Aboriginal conceptualisations of health do not have equal integrated standing in our healthcare system (Bishop et al. 2012; Parker & Milroy 2014a). Trauma care for incarcerated Aboriginal women is further hampered by the use of Western-style diagnostic categories.

Finding 4: PTSD diagnosis alone is inadequate for this group

Indigenous peoples fall within the cracks of Western health diagnosis and healthcare with vexing and worrying regularity. One of the reasons is apparent: many indexes, diagnostic categories, inventories and measures simply do not capture the colonised health experiences or their effects upon Indigenous peoples (Adams, Drew & Walker 2014; Westerman 2008). It follows that diagnosis and treatment of Indigenous people is inadequate. In the case of the women who were interviewed, the trauma prevention and treatment gap was implicated in cycles of imprisonment, with direly disruptive implications for this group and their families.

The women were failed by diagnosis from early in life. While childhood adverse experiences[33] were not specifically measured in the SCREAM study, it was clear that many of the women had suffered from adversity and disruption in childhood. It was also evident that frequently noted adversities, particularly those related to colonisation, fell outside adverse childhood experience criteria, including racism, bullying, poor educational experiences, the loss of grandparents or other caregivers, and poverty. Where adult PTSD is concerned, the literature suggests that around 30 to 60 per cent of incarcerated Aboriginal women meet the criteria for PTSD (Heffernan, Andersen, Davidson, et al. 2015; Heffernan, Andersen, Kinner, et al. 2015).

- **My examination of diagnostic categories compared with the women's narratives concludes that many of the women in this study, while suffering from the effects of trauma, would probably not fit either the DSM-5 or the ICD-11 criteria for PTSD.**

Finding 5: Indigenous trauma is a pathway to prison for women

Over the past four decades writers have populated the literature with an appreciation of the social and political contexts specific to Indigenous intergenerational trauma (Atkinson 2002; Brave Heart et al. 2011; Duran et al. 2010; Hunter 1998; Menzies 2019; Raphael, Swan & Martinek 2010) and have pointed to the effects of colonial trauma upon First Peoples. The context of Indigenous trauma is therefore well described. What is less well described is the unfolding of complex intergenerational trauma as a phenomenon, particularly for Aboriginal women in prison. To this end, this PhD study has investigated the implications of this trauma complexity upon imprisonment.

- **Trauma was found to aggregate in very particular and discrete ways for this group of mothers. The women's narratives indicate that there is a complicated**

[33] Ten types of childhood adversity are measured in the Adverse Childhood Experiences (ACE) study, a large-scale longitudinal study and collaboration between the US Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Health Appraisal Clinic (1995–present). Investigators seek to understand the links between childhood maltreatment, family dysfunction and health status and behaviours (see CDC web reference).

interaction between lifespan complex trauma and Indigenous intergenerational trauma resulting from the effects of historical and ongoing colonisation that form specific pathways to prison for this group. This is compounded again by the mothers' removal from their families and communities due to incarceration and the removal of their children without parenting support being provided to keep families together.

The women in this study reported severe disadvantage, limited life opportunities, grief and families overburdened with similar problems. High levels of chronic health problems like otitis media, cognitive impairment, reproductive issues, depression and anxiety were common. It is important to note that many of these health problems are known to disproportionately affect incarcerated Aboriginal women (Butler et al. 2007; Indig et al. 2010; McCausland, McEntyre & Baldry 2018; Vanderpoll & Howard 2011). Poor health and social disadvantage were implicated in the women's coping abilities, their mothering resources and their parenting. Moreover, whole family systems were overwhelmed and exhausted, limiting some families' ability to provide for children materially and emotionally. Colonisation, as it turns out, *is* bad for your health (Sherwood 2013).

The mothers overwhelmingly reported that removal of their children was a major source of grief and stress. In my analysis the removal of children was significantly implicated in women's trauma and self-medicating drug use leading to crime and imprisonment. The separation of the mother from her children was found to be a major factor in trauma and incarceration for this group. As removal occurs with relative frequency prior to incarceration for this group (Lawrie 2003), the grief and stress are chronic, ongoing and traumatic. As many of the women's families had a history of removal, current removals likely interacted with intergenerational trauma to increase traumatic stress.

Two systemic factors magnified and increased trauma. The first was the high reported incidence of social service and police surveillance. Women reported ongoing stress around the possibility of having their children removed and around child welfare compliance requirements, where decision making was opaque and often considered

discriminatory by the women. Women further reported lack of support from state agencies for their mothering and parenting. I conclude that surveillance and domination coupled with lack of support was traumatising to mothers. The second factor concerns incarceration. The women said the imprisonment experience was stressful to themselves, their children and their families. Frequent imprisonment and/or long periods on remand pending sentencing was stress-inducing and added to their trauma load.

Finding 6: Mothering disruptions are experienced on a continuum

The mothers in this study did not define themselves by standard disciplinary definitions (e.g. medical, legal, sociological). They did not perceive that the importance of motherhood ended with birth or infant feeding, or at the end of childhood, or when the child reached 18. Nor did they consider that mothering was confined to nurture by biological mothers. Rather the women's view of mothering was cultural, social, inclusive and enduring. The lack of contact with children (beyond the women's control) did not diminish narratives around mothering or mitigate the grief they frequently expressed, even where that child was a mature adult**.**

- **Analysis found a continuum of contact between mothers and their children that was associated with particular states of SEWB.**

I theorise that mothers' narratives evidenced clusters of contact experiences that placed them on a connection–disruption continuum with their children. These were not categorical, but rather clusters of experiences and feelings that were more likely to situate a mother on the continuum towards greater contact and connection with, or fracture from, her child, with particular attached states of SEWB. While all of the women were impacted in their mothering by racism, criminalisation, incarceration and punitive child welfare systems, the mothers' individual narratives demonstrated that they had substantial variability of experience.

At the beginning of the continuum, women reported frequent contact with family, feelings of connection to Country, high levels of family support, a close relationship with the caregiver of their child, feeling involved in their child's life and an emotionally

positive connection with their child. For these women, mothering promoted a sense of self-esteem, a feeling of being valued by her child, and a strong associated anticipation of active parenting post-release.

Very often this was the woman's first time in prison. While incarcerated she was able to retain a feeling of self-worth, even though she might express shame about crime. She was optimistic that reincarceration would not occur. Depression and anxiety were largely associated with sudden separation from her child and the stress of the incarceration environment.

For women mid-way on the continuum, their families were more distant (by location or infrequent contact), their children were more often in foster care, and the relationship to their children's caregivers (whether family or foster care) was ambivalent or fractious. Mothers knew where their children were but did not have regular contact. When they did have contact with their children, contact was tenuous and easily disrupted or lost. These mothers felt more unsure of their parenting skills.

Narratives suggested that a woman in this position felt more isolated. Her experience was one of separation from her family, Country, and often her children. She experienced high degrees of worry and fretfulness about her children's whereabouts, safety and wellbeing. Depression, anxiety and sleeping problems were common. This group expressed being worn down through surveillance and control of state authorities and systems and incarcerations.

Further along the continuum, through no fault nor intention of their own, many of these mothers had lost all contact with their children. Not knowing where their children were was a critical stressor that they likened to torture. They typically had no contact with caregivers of their children. Some mothers had had a child taken from them at birth. Older mothers from this group had often been unable to re-establish contact with their adult children. Mothers frequently cycled in and out of prison and a number of women had family members in prison at the time of their incarceration. For some, there had been more time 'inside' than 'out' in the past decade. Women in this group expressed extremely high levels of cumulative loss and grief beginning early in

life and perpetuated by incarceration. As a result, the women felt deeply powerless and had little sense of control over their lives.

These women appeared to carry the greatest burden of untreated mental health problems and unresolved trauma. As a result, they had ongoing difficulty, frequently coping with use of self-medicating use of illicit drugs and alcohol. The women were vastly undersupported by health and social systems, providing no alternatives to their predominant coping mechanisms.

In the narratives of women, the effects of colonisation, trauma and harm from exposure to social welfare systems and carceral systems were deeply disruptive, taking many of the women from their sustenance, children, sources of family, and for some, access to cultural support. There is evidence in my findings that the greater the loss of contact with family members, country and children, the less well women fared with their mental health and SEWB, and the more often they returned to prison. Frequently returning to prison, in turn, set the women up for isolation, further limiting contact opportunities and creating unhealthy cycles while diminishing social, emotional and cultural wellbeing.

Key messages and implications

- Strengthening the ability to connect with children, family (where this is desired, appropriate and perceived by the woman as non-harmful), Community and culture remains important and is likely to increase SEWB.
- Trauma and diminished SEWB are key pathways to prison for the women
- Current trauma diagnoses do not capture this group adequately, and limit available treatment options, doing further harm to these women, their families and communities
- The women's trauma is complex and intergenerational and aggregates in very specific ways, underpinned by ongoing racism and colonisation.
- Sustained culturally safe, Indigenous-specific trauma-informed practice and care are vital for the women and their families, beginning early in life.

- Mothers require ongoing culturally appropriate parenting support, instead of cycles of removal that further injure SEWB.

Concluding statement

The narratives of the women and the findings and conclusions of this PhD study show that incarcerated Aboriginal mothers are subject to sustained health inequity, based upon ongoing systemic disadvantage, resting on the collective disadvantage of colonisation. Health and social inequality, and racism substantially shaped the trauma, criminalisation and unsupported and disrupted mothering experiences of the women. These represent substantial social determinants of the health and wellbeing of incarcerated Aboriginal mothers. Important also was the evidence that systems of social control such as policing, when it involves constant surveillance and harassment, and child welfare when it devolves into 'child removal' instead of support for parents, was seriously implicated in the trauma and criminalisation of the women. Punitive systemic and institutional actions formed pathways to imprisonment in very particular ways that were illuminated through the case studies presented in the findings chapters. Lack of trauma support and parenting support was implicated in sustaining the cycles of incarceration that, in turn, negatively impacted women's ability to parent.

The women are currently thoroughly failed by healthcare systems in the community and in prison. Healthcare systems most often fail to diagnose trauma and lack insight into the colonial, gendered and intergenerational trauma that specifically affects Aboriginal women. This PhD study has contributed specific knowledge around the complexity of trauma patterns and their implications for the incarceration pathways of the women.

Acknowledgement of culture, trauma prevention, keeping families together and keeping women out of prison are social and health imperatives that are closely linked, even inseparable, if women are to be kept in the community. The voices of the women themselves and the Aboriginal-led community services that support them are critical to the creation of the interdisciplinary, inter-agency space that is needed to support mothers. With this in mind, the methodology of working together as Aboriginal and

non-Aboriginal people is laid out in detail, in the belief that it is these types of collaborations that will open the space ahead in the future.

One of the key issues that has been reinforced in this study is that Aboriginal definitions of health and SEWB matter to the lives of the women. Aboriginal standpoints on the strengths, resilience and nature of the issues that affect the women matter also. Collaborative praxis, respect and sharing will continue to be vital in shaping a culturally safe space that identifies trauma specific to the women, supports the cultural, social and emotional wellbeing of families and parents, and provides expanded life opportunities for mothers.

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ABC *see* Australian Broadcasting Corporation

ABS *see* Australian Bureau of Statistics

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AIATSIS *see* Australian Institute of Aboriginal and Torres Strait Islander Studies

AIFS *see* Australian Institute of Family Studies

AIHW *see* Australian Institute of Health and Welfare

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Appendices

Appendix 1

INDIVIDUAL PARTICIPANT CONSENT FORM

Project: Social and Cultural Resilience and Emotional wellbeing of Aboriginal Mothers in prison (SCREAM)

Principal Researchers: Professor Elizabeth Sullivan (UNSW) and Professor Juanita Sherwood (UTS)

Research Organisation: Perinatal and Reproductive Epidemiology Research Unit (PRERU), the University of NSW

I, ...
have consented to participate in the above research project on the following basis:

1. I have received the Participant Information Statement and have had the opportunity to ask questions. I understand the purpose of the research and my involvement in it.
2. I have the right to withdraw my consent and cease any further involvement in the research project at any time without giving reasons and without any penalty. This will not affect any services that I receive.
3. Any information I provide during the course of this research will remain confidential. Where the results of the research are published, my involvement and my personal results will not be identified
4. I understand that interviews may be audio-taped, but the tapes will be secured and then destroyed at the completion of the project.
5. I understand that if I have any complaints or questions concerning this research project I can contact the principal researcher, the Chairperson or CEO of the local Aboriginal Community Controlled Health Service; or the Chairperson of the AH&MRC Ethics Committee as follows:

   The Chairperson
   AH&MRC Ethics Committee
   P.O. Box 1565
   Strawberry Hills NSW 2012
   Telephone: 9212 4777

Name: .....

Signature: ..... *Date:* .....

Witnessed by: ..... *Date:* .....

Researcher's signature: ..... *Date:* .....

Attachment Eighteen

Appendix 2

Social and Cultural Resilience and Emotional wellbeing of Aboriginal Mothers in prison (SCREAM)
Interview Guide for Aboriginal Mothers in Prison and Post-Release

The researchers will ask prompting questions to encourage participants to share their story. The researchers aim to cover the following topics in the interview:

1. **Mothering:** What does it mean to you to be a mother? Where/how did you learn about mothering? Has prison changed how you see yourself as a mother? Do you think your experience in prison will change/has changed the way you mother post-release? If issues come up for you around mothering, who do you talk to? Has any of your friends/family had children with them in prison while you've been here? Do you ever care for them?

   What are some of the challenges you face mothering from prison (and post-release)? What are the processes for decision-making around the care of your child/ren? Are DOCS involved? (If Yes) Do you feel supported by DOCS to maintain your relationship with your child/ren? Are you comfortable with who is looking after your children? Do you trust them? Do you/did you feel supported by the prison to maintain your relationship with your child/ren and be a mother? (If YES), how does this prison do this? Are there any ways the prison can do this better? What information do you get about your child/ren in prison and who provides the information? Will your child/ren be returning to live with you when you are released? How does, or could DOCS assist you with this?

2. **Child/ren in prison:** Do you or have you ever had your child/ren with you in prison? Can you describe the process for applying to have your baby/child with you in prison? How did you feel about the process? Is/was this your first child? How's your baby's health? Can you access healthcare for your baby in prison? Has your baby experienced any health issues in prison? Can you tell me a bit about this? What did you do? What did the prison do? What works/doesn't work in the mother/baby facilities? Do/did you have any concerns about having your child in prison with you? What is DOCS role (if any) with your children? Who supports you to mother your baby/child in prison? Has your baby ever had to leave prison to get healthcare? If so how did this work? Did you feel comfortable with how it was done? Do you think these processes could work better? If yes, do you have any suggestions as to how? Who cares for your baby if you have to attend education or a program? Are you happy with this arrangement? (If NO), why are you not happy?

   Do you have any children who are eligible to reside with you in prison? Did you apply to have your child/ren with you in prison? (If YES), what is the status of your application? (If the

APPLICATION WAS NOT APPROVED), do you understand how the decision was made? (If NO APPLICATION WAS MADE), why did you decide not to apply to have your child/ren in prison with you?

3. **Mother's Childhood:** including schooling, health, contact with family, contact with DOCS, home life, exposure to violence (self or others), exposure to alcohol abuse (self or others), exposure to drug use (self or others), relationships (supportive and unsupportive)

4. **Mother's Pathway to prison:** including housing, education, employment, remoteness of usual residence, contact with DOCS, exposure to violence (self or others), exposure to alcohol abuse (self or others), exposure to drug use (self or others), contact with the police, contact with juvenile justice system, generational incarceration, relationships (supportive and unsupportive), access to support services

5. **Health Care:** including perceptions of own general health and wellbeing, access to and use of health care services before and during time in prison, medication in prison, pregnancy and birth experiences, cultural safety of health care services in prison (for self and children), culturally safe sexual and reproductive health care, urban and regional differences in health care access and services before and during time in prison (for self and children)

6. **Experience(s) of prison:** including health in prison, impact of prison on wellbeing, generational incarceration, contact with family, impact of incarceration on family and community, contact and experience with DOCS, impact on relationships (friends and family/supportive and unsupportive), access to information about services available in prison, service use in prison, specific services you have had contact with

7. **Experience(s) of transition from prison:** including health and wellbeing, supports and challenges, access to information about services available during the transition period, contact with health and transitional services, specific services you have had contact with, contact and experience with DOCS, reintegration to family and community

8. **Post-release:** including health and wellbeing, supports and challenges and contact with health and post-release services, access to information about services available for women who are post-release, specific services you have had contact with, contact and experience with DOCS, reintegration to family and community

9. **Impact of incarceration on family and community:** including challenges, strengths, availability and access to support, reintegration to family and community

10. **Strengths (resilience):** a range of strategies, including open-ended questions and case scenarios, may be used for engaging women in discussion about
    a. how they maintain hope
    b. their goals, priorities and strengths
    c. how they cope with and manage the challenges that they face
    d. access to support and advice

Attachment Five