

Yarning with the Deadly Nannas about safe practices and trauma affecting Aboriginal perinatal parents: Healing the past by nurturing the future (HPNF) research

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The Healing the Past by Nurturing the Future (HPNF) project aims to co-design safe, acceptable and feasible strategies for parents in the perinatal period (pregnancy to two years after birth), who have experienced trauma. An integral aspect of the project involved yarning with the Deadly Nannas, a senior group of Aboriginal grandmothers, to guide safety and the development of engagement with Aboriginal parents. A group of eight Deadly Nannas were consulted in Murray Bridge, South Australia in July 2018, utilising safe and creative methods of qualitative enquiry. Eight themes were identified from thematic analysis: a continuous trauma cycle in Aboriginal communities; service-need gap is getting wider not closing; fear of the child protection system; importance of nurturing the resilience of Aboriginal parents with support; importance of acknowledging the difficulties of becoming and being a parent; strong nannas also need care and support; parental education and learning is critical; and empowering by safe and creative engagement. Findings will inform the development of key strategies for the HPNF project to work safely and effectively with Aboriginal parents.

Key words: complex, intergenerational, trauma, Aboriginal, perinatal, Nannas, parents

Understandings of Complex and Intergenerational Trauma

Recently, Complex Post-Traumatic Stress Disorder (Complex trauma) has been formally recognised in the 11th edition of the International Classification of Diseases (ICD-11). This has six core symptom clusters that include issues relating to intrusions, avoidance, hypervigilance, disorganisation, worthlessness and relationships. These disturbances are also associated with significant impairment in personal, family, social, educational, occupational or other important areas of functioning (Karatzias et al., 2017).

The persistent, severe and chronic nature of complex trauma is consistent with Australian Aboriginal understandings of collective (Krieg, 2009; Ratnavale, 2007) or intergenerational (Atkinson, 2002) trauma. Trauma within Aboriginal contexts is linked to the impact of historical and continuing oppressive policies and practices. For example, Aboriginal peoples have endured frontier wars, dispossession of land, and the forced removal of Aboriginal peoples to government institutions-reserves and removal of children from their families and culture. Whilst the documented legacies of these remain, successive policies

continue to oppress and contribute to health inequalities and ongoing socio-economic disadvantage (Atkinson, 2002; Dudgeon, Wright, Paradies, Garvey & Walker, 2014; Ralph, 2010).

This is the context for other impacts of trauma including: community disconnection (feeling isolated and disconnected from ones community); identity loss/fragmentation; profound grief and loss (unresolved or unintegrated grief); suicidality, drug and alcohol abuse (Atkinson, 2008; Gee, 2016; Holmes & McRae-Williams; 2008), child maltreatment and violence (Atkinson, Nelson & Atkinson, 2010), as well as infighting or lateral violence within the community (Clark, 2017). These impacts and manifestations of trauma contribute to Aboriginal peoples' experiences of vulnerability and heightened risk of experiencing further trauma on an everyday basis (Atkinson, Atkinson, Wrigley & Collard, 2017; Krieg, 2009; Ratnavale, 2007). Consequently, Aboriginal peoples' experience of social health issues and psychological distress is proportionally higher than the non-Aboriginal Australian population (Australian Bureau of Statistics (ABS), 2021) and is relative to a high number of and types of stressors (i.e. upset by family member, housing issues and death in the family) (Weetra et al., 2016) along with lower levels of social and emotional wellbeing (Australian Indigenous HealthInfoNet, 2020).

Accordingly, social, environmental and even biological mechanisms of trauma transmission may be passed on from generation to generation (Sotero, 2006 cited in Roy, 2019). The perinatal period is a critical time for preventing intergenerational transmission of trauma. Parental vulnerability can affect the capacity to nurture a child, respond to the attachment and day-to-day needs of their infants (e.g. breastfeeding, soothing a crying baby), and can 'trigger' trauma responses in parents (Alexander, 2016; Chamberlain et al., 2019a). As a result, children's physical, social, emotional, and psychological development can be compromised with wide-ranging and often life-long implications for their health and wellbeing (van der Kolk, 2007). Therefore, skills and strategies are necessary to promote positive development of children into adulthood to combat future self-destructive, pain-based behaviours (Atkinson et al., 2010). If not curbed, the cycle can continue from the perinatal period, in part, because it can become normalised within a culture and embedded in the collective, cultural memory of a people.

Healing the Past by Nurturing the Future (HPNF) Project

The HPNF project aims to co-design perinatal (pregnancy to two years after birth) *awareness, recognition, assessment and support* strategies for Aboriginal parents experiencing complex trauma. Indigenous Research methodologies underpin the conceptual framework and guides the overall HPNF project. The framework includes core values of safety, trustworthiness, empowerment, collaboration, culture, holism, compassion and reciprocity (Chamberlain et al., 2019b; Clark et al., 2020).

The HPNF Aboriginal-led and focused community-based participatory action research (action research) project is being conducted in three Australian jurisdictions; the Northern Territory, South Australia and Victoria. An Intervention Mapping (IM) approach is used in this project to frame the co-design process. IM uses theory and evidence as foundations for taking an ecological approach to assessing and intervening in health problems and prompting community participation. The first four (of six) IM steps corresponded to four action research cycles. The first cycle included stakeholder mapping, community engagement and consultations to build strong foundations for the research. These processes occurred through active contact with key people and services, a co-design workshop in Adelaide, South Australia and consultation with a group of senior grandmothers in South Australia (*Deadly Nannas*) – a group who understand about parenting issues and initiatives, as well as intergenerational trauma.

Community Consultation and Engagement

Consultation and engagement with Aboriginal communities is an integral part of Aboriginal research and recommended in national and local key guidelines and protocols (see National Health Medical Research Council, 2018; South Australian Health and Medical Research Institute (SAHMRI), 2014). These documents advocate for research that is safe, respectful, responsible, beneficial, of high quality and designed to ensure ongoing connections among Aboriginal peoples and culture.

Consulting and yarning with Aboriginal Elders is often the starting point. Elders have an unparalleled role within their communities, and there is increasing recognition of the significance of story-telling and yarning as a valid research method that can lead to positive effects on practice (Geia, Hayes and Usher, 2013; Walker, Fredericks, Mills & Anderson, 2014)). Certain Elders may be more appropriate and helpful depending on the issue at hand and it is important for researchers to understand local community groups, dynamics and the inter-relationships, in order to contextualise the information and to develop a critical analysis of their own researcher processes (Smith, 2012). Koolmatrie (2010), who gained many of her research skills from her Elder Ngarrindjeri women and family within her grandmother's kitchen in South Australia, noted that once appropriate community engagement protocol is followed, researchers can feel confident that there is a place of welcome in Aboriginal communities. She identified that Aboriginal women are central to research as they have a process to talk to each other, to share information, communicate, heal and exchange skills through story-telling. This is an extension of reciprocal caring and mothering roles particularly when women give back to the community in roles on boards, committees or advisory groups (AHCSA, 2019).

Perinatal support processes

The perinatal period (pregnancy to two years after birth) is often one of optimism, healing and emotional development (Fava et al., 2016), with the potential to prevent intergenerational transmissions of trauma (Choi and Sikkema, 2016). A scoping review found that this period can be viewed with a sense of hope and as a time for new family beginnings (Chamberlain et al., 2019a). The literature suggests that a history of trauma and childhood maltreatment in and of itself does not predict postpartum parenting quality (Sexton, Davis, Menke, Raggio & Muzic, 2017) and most parents can and do provide nurturing care for their children even when they have experienced maltreatment themselves (McCrory, DeBrito & Viding, 2010). Chamberlain et al. (2019a) highlighted various healing models and examples of social, family and professional support strategies of nurturing care to break intergenerational cycles of trauma. For example, within a life-course and intergenerational pathway model, a range of resilience and protective factors may moderate risk factors or challenges, and can increase positive perinatal parent outcomes. These protective factors include: financial solvency, access to resources, attending counselling, volunteer work, and parent training. Some of the challenges included fear of child protection agencies, lack of parenting knowledge as well as lack of trust and systemic barriers to services. Other literature relating specifically to Indigenous contexts highlight the importance of grandmothers' and communities' roles in helping to care for children by passing on culture and keeping children safe and connected, to break the intergenerational cycle of trauma and avoid family disruption and ongoing child removals by the Child Protection system (Cross, Day & Byers, 2010; Hill, 2012).

Aims and objectives of the current study

The overall objective of this study was to gain collective advice and guidance from an Elders group to help build strong foundations for the HPNF project. The Deadly Nannas (or

Ngarrindjeri Muth:ar) were identified for this. They are a senior group of predominantly Aboriginal women who gather in Murray Bridge in South Australia supported by Moorundi Aboriginal Health Service. The specific aims of a formal consultation and yarn with the Deadly Nannas were twofold. Firstly, we aimed to learn from the wisdom of the Deadly Nannas group about the effects of intergenerational trauma for Aboriginal parents during the perinatal period and what might help or hinder a healthy transition to parenting. Secondly, we sought to pilot proposed qualitative methods to use in future research with parents and gain feedback on the appropriateness of these approaches and suggestions for improvement.

The specific research questions related to these aims were:

1. What are some of the things that need to be better understood during the perinatal period for parents who have experienced complex trauma in their own childhoods?
2. During the perinatal period, what might support the social and emotional wellbeing of Aboriginal parents who have experienced complex trauma to nurture healthy happy families?
3. Is this research approach safe for working with parents directly? And are there any suggestions about how we can make this safer, more effective and/or empowering?

Method

Participants and Setting

Key stakeholders for the HPNF project were initially identified during a stakeholder mapping exercise. As part of this, the Chairperson of the Deadly Nannas initiated contact with the principal investigator of the HPNF project to discuss the synergy of their work with the research. The Deadly Nannas actively work in their local community to help address the effects of intergenerational and transgenerational trauma in a culturally safe and confidential environment, particularly by assisting grandchildren to reconnect to culture and language through music. The research project was supported by the Aboriginal Health Council of South Australia (AHCSA) to facilitate further contact with the Deadly Nannas, which progressed to a formal yarning session in July 2018 at the Moorundi Aboriginal Community Controlled Health Service in Murray Bridge. The focus group consisted of six Aboriginal members of the Deadly Nannas and two senior Aboriginal community members who will be referred to collectively as the Deadly Nannas thereafter. The members ranged in age from their middle 40s to their late 60s. All were grandmothers, with extensive and rich experiences of working and/or engaging with children, parents and community.

Research Activities

Procedure

A detailed discussion group protocol and a safety framework that guided the consultation and yarning process with the Deadly Nannas was developed (Chamberlain et al., 2019b; Clark et al., 2020- documents available on request).

The research was approved by the Aboriginal Health Research Ethics Committee (AHREC) within AHCSA in June 2018 (#4-18-774)). Project information and consent forms were explained and provided to the Deadly Nannas group for signing prior to and during the session. The Deadly Nannas were informed about potential trauma responses, safety risks, strategies and resources. A HPNF psychologist from Adelaide was available to support the group along with a safety card with contact details to access other psychological support and local resources post workshop.

Creative and reflective qualitative processes were embedded into the yarn with the Deadly Nannas group to nurture safety, the relationships, conversations, strengths and positive

mood. These processes included: 1) the sharing of their strengths using strength cards (Secretariat of National Aboriginal and Islander Child Care [SNAICC]); 2) the utilisation of a fictional third person scenario of two Aboriginal parents (Mary and Tom) with trauma backgrounds (see Appendix 1); 3) developing a base landscape image (e.g. river, desert, forest with paths) to represent the parenting journey utilising natural materials and sticky notes/pens/pencils for writing and drawing; 4) the provision of cards with key themes identified in the HPNF scoping review (Chamberlain et al., 2019a) for participants to consider if any additional relevant issues should be considered.

Such indirect use of stories, activities, metaphors or analogies and cards are considered a safer, culturally appropriate and comfortable way of communicating for many Aboriginal people. Flexibility was also important because after reading the scenario, the Deadly Nannas decided to yarn about the scenario rather than engage in the planned creative ‘natural landscape’ process on the large canvas sheets. The large canvas was used instead to write notes and to summarise discussion. The change of process was not surprising given the Deadly Nannas are an established and familiar group who naturally preferred yarning, laughing and listening to each other during discussion. The two HPNF facilitators¹ followed the Deadly Nannas natural style of interacting with each other. The facilitators used open-ended questions to prompt discussions, focussing on “issues for parents in the present during the perinatal period” (barriers/concerns/risks) and importantly, the “things that may help” (enablers/healing factors) for the future. The discussions were recorded and later transcribed.

The Deadly Nannas were informed of the de-identified process to ensure participant anonymity and confidentiality. However, the importance of Elders’ status and wisdom needs acknowledgement (Wilson, 2008). The women chose to be identified as part of the collective of the Deadly Nannas as well as individually as co-authors in this article. At their request, their individual responses were anonymised (who said what) and preserved.

Analysis

The transcripts and working sheets were analysed using a thematic process, to report patterns and themes in the focus group data (Braun & Clarke, 2013). This involves a rich description of the recurring (and unique) patterns from the discussion in the study via six stages: 1) familiarization with the data, by reading and re-reading the material. 2) generating initial codes and patterns, 3) searching for and identifying themes, 4) reviewing themes, 5) defining and 6) naming themes.

The material was independently reviewed manually by the two researchers involved in the consultation and analysed separately to stage three. A comparison between the two independent analyses found an initial theme consistency. For further analysis, the codes were then entered in NVivo 12 qualitative software. In September 2018, the Deadly Nannas group reviewed the findings for accuracy, interpretation and presentation style of the material. This review process generated further discussion and several adjustments to the thematic findings were made. The findings were then presented to participants in a session at the HPNF workshop two in Alice Springs in mid-September 2018 in which three of the Deadly Nannas attended and co-facilitated. The Deadly Nannas also provided feedback on the draft manuscript of this paper in October 2019 and again in May 2020.

Findings

Thematic analysis revealed eight key themes: *a continuous trauma cycle in Aboriginal communities; the service-need gap is getting wider not closing; fear of the child protection system; importance of nurturing the resilience of Aboriginal parents with support;*

¹ Both researchers are of Aboriginal background and clinically trained as a mid-wife (Assoc Professor Cath Chamberlain) and an endorsed Clinical psychologist (Dr Yvonne Clark).

acknowledging the difficulties of becoming and being a parent; strong nannas also need care and supports; parental education and learning is critical; and empowering by safe and creative engagement. These themes overlap and are discussed in detail below along with supporting quotes from the Deadly Nannas.

A Continuous Trauma Cycle in Aboriginal Communities

The Deadly Nannas group highlighted many trauma experiences and patterns that exist in Aboriginal communities. Their responses to the fictional scenario of Mary and Tom were that the couple had limited opportunities to learn about parenting, and that chronic trauma could become normalised in communities and passed from one generation to the next. The group also acknowledged that high level family support, keeping families together, and strengthening parent-baby bonding could help break the cycle of trauma:

DN4: *“They probably think it’s normal, the way they live, because their parents lived like that. And you can go back to the grandparents and great grand-parents who were taken away with the stolen generation...and they never got any help or anything. Kicked out of their homes and were at foster places wherever they were. They never got any help too, for them, so they didn’t know any better either...This has just passed down from generation to generation... You know grandparents lived with trauma all their lives, you know, I said, and we never got any help from anybody, you know, it’s a wonder we survived and sane like we are now.”*

DN5: *“This will come through the children too. I find it sad, you can only keep supporting both, not separating the family.”*

The ‘Service-Need Gap’ is Getting Wider Rather than Closing

The Deadly Nannas identified the lack of support from the existing services to the Aboriginal community needs and how this contributed to a gap in health and wellbeing care. Examples included services holding back information, not providing continuity of care, and not being culturally responsive to the historical contexts and health needs of Aboriginal people. Further conversations highlighted the need for services to build trusting relationships with individuals. This was particularly relevant for young parents and those with trauma histories, especially when hospital stays are short and there is little time for engagement or assistance. The group considered that extra service supports maybe needed for those with trauma backgrounds or for members of the ‘stolen generation’². This group may be more vulnerable and likely to find parenting challenging and confusing with insufficient direction, or support for basic parenting responses such as breastfeeding and caring for child. Ideal services were exemplified as: outreach services; holistic or family oriented; integrated; and culturally appropriate by relationship building, and being inclusive of culture, all of which could potentially improve health and wellbeing outcomes.

DN6: *“A big gap... it’s not closing the gap its making it wider.”*

DN3: *“And trust as well because they got to – a lot of people don’t realise that trust is has to be developed with anybody.”*

DN7: *“I think there’s a lot of information out there but it’s not culturally appropriate...to talk to a white person about Aboriginal history or anything, is very hard. I think that’s a barrier for lots of services.”*

² The term ‘stolen generation’ refers to Aboriginal and Torres Strait Islander people who were taken away from their families and communities as a result of past Australian government policies and practices.

Fear of the Child Protection System

The Deadly Nannas highlighted that intergenerational cycles of trauma appear to coincide with intergenerational fear of the child protection system (CPS). This fear can prevent families from engaging with services as they may feel they are scrutinized and targeted, especially if they have had family experiences of child removal. Ironically non-engagement can also have consequences for the parent and child, because service personnel can sometimes make a CPS notification for non-attendances at appointments, laying blame on parents rather than addressing accessibility of the service. It could also be services failing to reflect on what they can do to reach out to families and take responsibility for their non-engagement. The Deadly Nannas also reported that once families come to the attention of a reactionary CPS, their traumas are intensified.

DN5: *“If you take the child away [removed by child protection (CP) agency] that makes that mother worse. It’s not going to help the mother, because what help does that mother get by taking her children instead of working with them together.”*

DN6: *“Yeah- because no doubt, once again, because they [the parents] haven’t engaged with the AMIC [Aboriginal maternal infant care] worker, they going to have a red mark against them for not engaging. What have you [the service] really done to engage?”*

DN6: *“One thing that I think that is going on with Tom and Mary at the minute is that they got this new born baby, at Tom’s parent’s house, all those issues are going on, no doubt there be risk - like notified to the Department for this infant - the newborn and even before that it would have been an unborn notification [to CP agency]...so the Department would know about it. Mary would have that fear as well- re-traumatisation. Her history is coming back. They would be very much panicking that they gonna lose their child.”*

The Importance of Nurturing the Resilience of Aboriginal Parents with Support

The strengths and resilience of the young couple in the fictional scenario were acknowledged by the Deadly Nannas group, despite their need for considerable support. Their resilience and a new start with a baby furnished an opportunity to turn their situation around and potentially break the trauma cycle by engaging in support services and counselling to resolve or deal with some of their past traumas. It was also acknowledged that there might be parental reluctance to engage in therapeutic interventions because of the stigma of being viewed as “crazy” and a questioning of its effectiveness. Despite this, empowerment and support interventions that are inclusive of the whole family were seen as critical.

DN4: *“You know when you talk about send them to psychologists or psychiatrists or whatever, you know, to try and help them - they think I’m not going there - I’m not mad, I haven’t got mental problems - in fact they have, and they need help, but they’re in denial so how do you help them.”*

DN6: *“...the strength areas - resilience to keep going, she knows what she wants you know, she’s engaged a counsellor before - maybe that’s something that she wants to re-address and familiar with counsellors.... It would be great for her. She has got strengths there.”*

DN8: *“I was thinking if the baby is with Toms mum, maybe putting something in place to support Toms mum and networking, networks there. Working together to keep mum [and] Mary connected.”*

Acknowledging the Difficulties of Becoming and Being a Parent

The Deadly Nannas wanted to convey a message of hope and reassurance to Aboriginal parents that even though parenting is hard, they can do it. Many of the Deadly Nannas themselves found parenting hard when they were younger. They emphasised that it is okay for parents to feel that they can't cope at times, and that could be a motivation to seek support. Moreover, they thought that parents need the courage to ask for help and not feel bad or shamed about asking for help.

DN2: *"Then it's getting the courage up, the confidence to go and ask for that help. You know sometimes it's really hard, they just don't want other people knowing their business... You having the same problems as what we having, maybe you don't talk, or people don't know. But to find out we sharing all the same problems and maybe that will start conversations."*

DN4: *"I think you need to say to them, we know how hard it was with children, you know little children, they cry all the time, when they sick and all that, we understand how tired you get, frustrated with children and that. Talk to them and tell them, you know, we weren't perfect parents when we first had children."*

Strong Nannas also Need Care and Support

As trauma is intergenerational, so too is survival, support and caring. The Deadly Nannas exemplified their individual and combined strengths and their tactics to empower families and community. There was strong conviction in their caring roles and they identified themselves as a source of support and advocacy for a community of grandchildren. Many of the Deadly Nannas have volunteered their time over many years to break family cycles of trauma. Despite this, it can take a toll on them and they can experience burn-out. To lessen their burden, the Deadly Nannas also attempt to motivate and involve others in community and voluntary work.

DN5: *"Can I just mention it's the grandmothers that fuel it all and the grandmothers get old quick and we lose our grandmothers... too early in life and that's where the pressure goes into the grandparents ... A lot of grandparents are strength for us all you know- but it tires you."*

DN4: *"We look around in our community and some of our kids have got grandparents or got aunties or uncles who will take in their nieces and nephews whilst their mums and dads aren't coping properly. So that's the way we do it in our community you know, take in these children and help look after them... A lot of the kids, when I've said I drove the bus, for 10 years ... taking them to school- they just loved it. They would stand on the footpath waiting for me in the morning. Pick them up to take them to football or basketball. I guess it was just to get out of their house and go and do something that they love.... Play sport, you know a lot of them were very good at sport, because everybody praises them."*

DN3: *"For the future for us sitting around the table, maybe, we can encourage others out there that might want to become volunteer to work with young families, you know, cooking... helping others and volunteering, that needs to happen."*

Parental Education and Learning is Critical

The Deadly Nannas identified that formal and informal education could assist Aboriginal parents to succeed with their parenting, life in general, and their ability to heal their trauma. Formal education was viewed as staying at school or returning to school, whereas informal education relates to short courses or practical learning.

The Deadly Nannas group acknowledged that chaotic and traumatic experiences in the lives of some parents meant that they didn't have role models to teach them appropriate life and parenting skills. Parents, especially young or first-time parents, could benefit from skills, such as: cooking, budgeting, health, wellbeing skills and self-help approaches. One strategy suggested by the Deadly Nannas group was to teach parents how to prepare inexpensive nutritious meals. Recipes and cookbooks were also viewed as useful.

DN5: *"I was looking at the education side of it all, that's been my fear for young ones, especially our own...On the education side its starting from scratch, its hard for them...Importantly its working with them together to make that good and better direction because its hard enough getting them to school...but really she's not gonna change [without any education] because her mother didn't."*

DN3: *"Lack of parenting, knowledge and skills. People just don't have those."*

DN4: *"The mums or the dads who take the kids to the kindy, they can take in a bag. Pay a couple of dollars or something, take a bag full of food home you know. You can get all your veggies, then you only need to buy some cheap cuts of meat or something. Throw in the pot and make a nice big pot of soup or something. Unless they told these things, I guess you know, somebody teaches them how to do it. Do a couple of times and then they can do it themselves.... need to learn skills- cooking food, managing finances and bills, health and wellbeing, looking after baby"*

Empowering by safe and creative engagement

The Deadly Nannas shared that while they felt confident and safe to contribute to the research consultation due to their years of collective experience engaging with people and systems, younger parents may feel shame and want more privacy. Therefore, future research activities with Aboriginal parents need to incorporate processes that are safe, build trust and confidence and avoid shaming parents.

DN3: *"I felt safe, here I could share, like everybody has a story to share and we're our own editors. So, we edit the stories -we edit what we want to tell people."*

DN4: *"But then again us women sitting here we very strong women, you know we got other people out in our community who's not as forthright as us, as strong as us, so maybe they wouldn't give the feedback what we have, because we have always gotten up and spoke our minds... Because a lot of the young ones now they all shame."*

DN2: *"Then it's getting the courage up, the confidence to go and ask for that help. You know sometimes it's really hard, they just don't want other people knowing their business."*

The Deadly Nannas signified that research activities need to empower parents by meaningful and comfortable practices where parents can start talking about their issues and feel good about themselves. They suggested engagement methods that use distractions, incorporate sharing, have *take home* components, and involve parents receiving an incentive (i.e. gift). Distraction is when there is a focus on an activity to help regulate trauma responses whilst subtly encouraging parents to talk about their issues. This reduces the pressure for parents to tell their stories, until they are ready. Examples include weaving, cooking, making jewellery and art. Incentives could include gift packs or vouchers. Sharing for instance could be to allocate a person beforehand a role to share their account which can 'break the ice' and enable others to impart their story. Encouraging parents to be accompanied by a support person or family member may also help with their confidence. Finally, the way the questions are asked

is important and need to be invitational. If parents resonate with the process, it can lessen shame and demonstrate that it's okay to yarn about issues.

DN1: *"Often asking them, what can we help you with, what would you like?"*

DN7: *"A group activity, you know not talking straight away about issues within their home, build their trust, and then it will eventually start coming out, what people's issues are... I do a lot of activities like writing books, book making and jewellery making. Anything like that, an activity, even cooking. Having a gathering and just relaxing."*

DN1: *"Sometimes that might be a good idea [sticky notes] because sometimes they might think it, but they might be a bit shame, they don't want to say it, you know, so it's a good idea and then just stick it... I think from a lot of people, even if you have shared a meal with someone, well everyone brings a shared meal... and we share it around."*

DN4: *"So that's all you need is one of the younger mothers to start talking and then the other mothers will jump in and start talking about their problems and stuff or where they can go for help for this or that, or whatever."*

Discussion

The thematic content provided by the Deadly Nannas was invaluable to better understand the cultural context and issues faced by Aboriginal perinatal parents as well as helping to lay solid foundations for safe and creative practices. Although many of the key themes identified in this study are consistent with findings from HPNF reviews involving parents nationally and internationally (Chamberlain et al., 2019 a; b; c), themes identified by the Deadly Nannas speak to specific issues in Aboriginal communities related to the ongoing and profound impacts of colonisation.

As highlighted by the Deadly Nannas, intergenerational trauma is a significant issue in their local community. Although complex trauma is now formally defined in the ICD-11 with six core symptom clusters (Karatzias et al., 2017), in Indigenous communities, trauma is often discussed in terms of its chronic and intergenerational nature, stemming from oppressive forms of colonialism and continued vulnerability. The consequences of intergenerational trauma for many in the Aboriginal community was linked to the Child Protection System and the gaps in services.

The Deadly Nannas confirmed that local Aboriginal parents are fearful of attracting the attention of the child protection system. They identified that this fear may be present despite the parents' capability, continually adding to trauma that the family may already be facing. This fear is warranted given the historic and ongoing overrepresentation of Aboriginal children involved in the Child Protection systems in Australia (CFCA, 2020). It also coincides with many of the stories concerning Aboriginal people in Australia, is reminiscent of the past and reflects some stories conveyed in the "Bringing them Home"³ report (HREOC, 1997) where Aboriginal children were forcibly removed from families and culture causing not only trauma to the child but the parents and families that were left behind. It is possible that such fear is ongoing through the generations, may be normalised, unconscious and exacerbate the intergenerational nature of risk that can elicit the attention of the Child Protection system. Fear of Child Protection Services was also a feature in the international literature (Chamberlain et al., 2019a) but the intensity described in Indigenous communities where systematic removals have been part of political histories is evident in the narratives of the Deadly Nannas. Conversely, such fear can lead to conscious coping strategies with the avoidance of health and

³ A significant report in Australia as a result of a national inquiry into the forced removal of Aboriginal children from their families and culture. It marks a pivotal moment toward healing for many stolen generation members.

other services for fear of being reported to the Child Protection system. This is ironic as the parental fear of being reported to Child Protection can also elicit avoidance and non-engagement in services and systems of support, resulting in families not receiving the potential benefits of engaging with health and social care services. Consequently, an important role played by the Deadly Nannas is to assist in keeping children in the community safe. This is consistent with the role of Elders and grandmothers in other Indigenous communities in Australia and overseas (Cross et al., 2010; Hill, 2012).

Strength and internal resilience served as protective factors for many parents and enabled parents to access resources and support. Financial resources and counselling can moderate risk stemming from childhood trauma (Chamberlain et al., 2019a). Seeking external resources therefore can strengthen the parents, family and community. This is reflected in the Deadly Nannas' practices focusing on positive community connections and support to reduce risks. One of the Deadly Nannas' particular strategies to support parental resilience was to help them understand that parenting is hard and there is no shame in asking for help. Merrit (2007) has argued that resilience related to survival has rarely been recognised in the literature as a significant source of resilience. Such resilience is exceptional and has enabled many Aboriginal people to survive by shielding against the devastating effects of colonisation and intergenerational trauma and still be here today.

The strength and support of grandparents toward parents hardly featured in the HPNF scoping reviews, with only one article that mentioned "othermothers" amongst those in foster care in which grandmothers may be included (Aparicio, Pecukonis & O'Neale, 2015, p. 50). However, there is some recognition in the literature of Aboriginal grandmothers' status, strength, resilience and survival and their ability to provide culture, help and support grandchildren and others in the community, as well as recognition of the toll this may take on grandparents and their need for nurturing care (Kilcullen, Swinbourne & Cadet-James, 2012). Indigenous American and Canadian literature discussed the caring of their grandchildren by grandparents in the child protection system to reduce intergenerational trauma. Grandmothers' "strength and resiliency" was noted along with their stressors. Despite this, the rewards outweighed the stressors providing grandparents with a sense of purpose in caring and relief in keeping their grandchildren on track and engrossed in culture (Hill, 2012; Cross et al., 2010).

The Deadly Nannas highlighted the inadequacies of the perinatal health care systems that can be both confusing and culturally inappropriate. These systems were viewed to have a lack of integrated support for families (whole of family approaches), as opposed to individualised support which predominantly focuses on the child (or children). Such an individualised service focus may contribute to a sense that the service gap is getting larger and not closing. Targets to improve the lives of Aboriginal people have been part of "closing the gap" national strategies. Whilst there has been slight improvements for Aboriginal parents in maternal and infant health over the last decade (2008 to 2018) disparities between Aboriginal and non-Aboriginal people still occur. There is an understanding that service access is a protective factor and there is a commitment by the Australian Government to grasp the inequalities and work toward change (Australian Government, 2020).

The call by the Deadly Nannas for integrated, caring, safe and culturally appropriate services are aligned with findings from the HPNF scoping review (Chamberlain et al., 2019a). This is where one can feel connected and empowered, with conscious strategies to build safe places and relationships for baby and parental protection and where parents can potentially heal and prevent intergenerational transmissions of trauma (Chamberlain et al., 2019a). In Australian Aboriginal communities current research is being translated into more sustainable and culturally responsive maternity services for Aboriginal parents. For example, models of care that focus on providing culturally safe, continuity of midwifery care are offered in various locations. That include: Victoria with the *Woman's journey: Baggarook Yurrongi, Nurragh*

Manma Buliana program (Judith Lumley Centre, 2020); in Queensland, the *Indigenous birthing in an urban setting* (IBUS) which looks at models of ‘birthing on country’ (Hickey et al., 2018) and in South Australia the *Aboriginal Family Birthing Program* (Middleton et al., 2016) and the *Metropolitan Aboriginal Birthing program* (Department of Health, 2020). Whilst these programs and research are at different stages of development or operation, none are currently available in the Murray Bridge area where the Deadly Nannas are located.

The Deadly Nannas identified that formal and informal education could assist Aboriginal parents to succeed in many aspects of their life. They identified returning to formal school, tertiary education, life-skills, cooking and parenting courses as all having a role in helping to break the cycle of intergenerational trauma for the whole family. A focus on social determinants of health inequality such as education, employment, child mortality and life expectancy has been recognised as part of close the gap initiatives (Australian Government, 2020). There has been headway in terms of education for Aboriginal people with improvements in early childhood enrolments and Year 12 attainment with further recommendations for improvements to other sectors in the Aboriginal community. Parents in the HPNF qualitative review indicated mixed opinions in relation to formal education and employment which was linked to seeing parenthood as a chance for a fresh start yet also challenging due to their own lack of education or employment (Chamberlain et al., 2019c).

The Deadly Nannas indicated that they felt safe in the research and were empowered in offering information to guide future approaches for working with parents. Safe and respectful practices are not an easy process to get right, especially to Aboriginal community members with past negative experiences of research and who can feel judged, misinterpreted, confused and perhaps even exploited in research (SAHMRI, 2014). Stigma and judgment also featured as an issue for some parents in the HPNF qualitative review (Chamberlain et al., 2019c). This feeling of safety can work both ways for participants and researchers and is critical in obtaining high quality data and information (Koolmatrie, 2010). The HPNF research facilitators also felt that they had a place of safety and welcome, to conduct the research in phase one, and have continued to engage with the Deadly Nannas throughout the HPNF project.

Highlighted by the Deadly Nannas was that parents have considerable resilience and strength, and this can be nurtured in a safe, caring and supportive environment especially when utilising creative methods of engagement. They advocated for engagement methods that focus on positive questions, use of distraction, sharing of stories, take home material, and use of incentives. Creative activities, such as art therapy, have been supported for use in Indigenous contexts to mitigate the impacts of trauma (Weinberg, 2018). Thus, parents can be provided with creative methods of education and skills not only to empower them but also to improve their wellbeing and abilities to raise strong healthy children. This theme corresponds with the core element of *Creating Safety*, as identified in the HPNF qualitative review. Within this theme, it was emphasised that parents can see the world as an unsafe place, may not trust others, and can use conscious strategies to build safe places and relationships to protect themselves and baby (Chamberlain et al., 2019c).

Research Strengths and Limitations

Strengths of this study include use of a qualitative process that relies on the strength of the group and the stories they tell. Yarning with a purpose is increasingly being recognised as a valid research method and contact with such an inspiring group of women was enhanced by their familiarity with yarning and comfort engaging in research in this way. Many of the themes and findings resonate with results of other research processes and sources of information in the HPNF project.

Although many findings from yarning with the Deadly Nannas are consistent with the findings of HPNF reviews, it is worth noting that most of the studies included in these reviews did not involve Indigenous parents. The focus and content of the Deadly Nannas was specific to Aboriginal parents and their cultural values, behaviours, and histories. The Deadly Nannas offered unique insights into the experiences and needs of Aboriginal community and parents. For example, fear associated with child protection exists for many parents with histories of trauma - across many cultures - yet the intensity in Aboriginal communities may be greater due to the systematic child removal that occurred throughout much of the last century via policy and practices specifically mandated for Aboriginal people, and which is believed to still occur. Another strength of the study is that it specifically focussed on exploring experiences of trauma related to parents during the perinatal period. Furthermore, as this was a preliminary discussion seeking advice on safe approaches, it was an essential start for grounding the research and gaining appropriate cultural permissions before proceeding to work directly with Aboriginal parents.

There are study limitations that need to be noted. The Deadly Nannas are a strong group of Ngarrindjeri women from one of the language groups in South Australia. As such, the participants in our study do not represent the full breadth of diversity of Aboriginal or Torres Strait Islander language groups in Australia⁴. Furthermore, the consultation did not include any Aboriginal grandfathers or other Aboriginal men who might have been able to give a different insight into fatherhood and parenting. The material from the Deadly Nannas was rich and extensive and only the major themes are reported. The consolidated criteria for reporting qualitative research (COREQ)⁵ suggest a clarification of minor themes should also be included. Despite this the study highlights important perspectives of Aboriginal grandmothers that will continue to be triangulated with other sources of information, including insights from diverse Aboriginal parents, other language groups and fathers who will also continue to also be consulted as part of HPNF research proceedings.

Implications for Policy and Practice

There is limited evidence regarding perinatal awareness, recognition, assessment and support strategies for Aboriginal parents who have experienced trauma in their own childhood. Therefore, findings from this study are pertinent to policy, service delivery and public health initiatives. Perinatal care services need to be culturally responsive to Aboriginal families, understand their circumstances and reflect on their service provision rather than 'blaming the victim'. There is also a need for services to be trauma informed and aware to minimize the risk of triggering Aboriginal parents many of whom will have experienced past traumas. In this context of discussion with the Deadly Nannas, the 'triggering' responses may be in the form of the intense fear that families feel and endure when they seek services. It also needs to be recognised that the perinatal period can be one of optimism where a 'window of opportunity' exists for service providers to provide trauma and culturally specific support that empowers Aboriginal parents to thrive and disrupt intergenerational cycles of trauma.

⁴ There were more than 250 Indigenous Australian languages including 800 dialectal varieties spoken on the continent at the time of European settlement in 1788. Currently 13 traditional Indigenous languages are still acquired by children and about 100 languages periodically used by the older generations that are at risk of being lost when Elders pass away (AIATSIS, 2020).

⁵ The consolidated criteria for reporting qualitative research (COREQ) is a 32-item checklist for interviews and focus groups. It can help researchers report important aspects of the research team, study methods, context, findings, analysis and interpretations (Tong, Sainsbury and Craig, 2007)

Conclusion

Yarning, listening and learning from Aboriginal Elders is a valued cultural practice and increasingly recognised as a valid research method of engagement with Aboriginal communities. This process of Grandmother engagement assisted the HPNF research knowledge base whereby insight was gained into safety strategies for conducting research with Aboriginal parents. Insight was also gained around issues, experiences, strengths and needs of Aboriginal parents as well as the strengths and needs of the grandmothers who might support them and their children. Information gained from the study will be triangulated with other sources of information to propel the development of awareness, recognition, support and assessment strategies for Aboriginal parents who have experienced complex trauma. Such information may also be relevant for other research projects working with Aboriginal communities where it is important to start the conversation with Elders.

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Appendix 1

Trauma scenario *Mary and Tom*

Mary (19 YO) and Tom (21 YO) have been in a relationship for 14 months. Mary and Tom have a newborn baby girl (3 weeks old) called Kaleerah. They are living at Tom's parents place in Adelaide. An Aboriginal maternal infant care (AMIC) worker had contact with Mary on one occasion whilst she was in maternity hospital but unfortunately Mary checked herself out of hospital before their follow up visit. The AMIC worker and nurse are scheduled to visit the house next week - but they have been unable to confirm a time with Mary or Tom by a letter or by their mobile phones. Despite this, they will still visit Toms parent's house next week. Tom is also the father of a young boy aged 20 months, from a previous relationship, but he rarely sees his other son.

Mary's background: Mary is the third oldest of 5 children and had grown up under a Guardianship of the Minister (GOM) Order within the Department of Child Protection (DCP) since she was 8 years old. She was originally taken into Care, along with 2 older siblings because of neglect and exposure to domestic violence in the home. The three children were removed after an incident where Mary's mother (Pamela) was beaten by her then partner (Joe) who is the father of the 3 oldest children. Consequently, Pamela was taken to hospital and the police were called. The children were described as extremely distressed and were taken into Care, by DCP. Since her time in Care, Mary was placed in 2 separate non-Aboriginal foster families (alone and not with her siblings). She has a pattern of running away from the foster homes (since the age of 12). This was because of conflicts in the foster homes, where Mary said that the foster carers were racist and aggressive towards her. She was placed in Residential Care from when she was 15 until 18 years old. In residential care she reported that another young female resident had sexually assaulted her. Mary received some counselling at the time, but her issues were not appropriately dealt with.

Mary went to different high schools depending on where she was living at the time, and whether the school would accept her, as she had a record of bad school behaviour. She attended a regular high school to year 10 and had done some extra schooling and courses whilst in Residential Care. Despite Mary's behaviour and School attendance, she has always been described as bright and was able to do the work when she put her mind to it.

Mary's mother, Pamela, found a new man and has two other children (Mary's younger siblings) and is now settled. Mary had some contact with her mother over the years and the early contacts were often supervised by DCP. Mary tried to make her own contact with her family (especially when she ran away from foster home) but the visits to her mother (and two younger siblings) always ended up in arguments and she ran away again and would eventually ring her social worker at DCP for help. Mary has had no contact with her father since she was 8 years old.

Tom's background: Tom has grown up within his own family and is the oldest of 6 children. Tom completed to year 9 at a regular high school but struggled academically. He then attended an alternative school for year 10 (Warriappendi) which was on the other side of town and although he enjoyed it he only attended occasionally because he had to catch two buses to get there. He comes from a large extended family and regularly hangs out with his cousins. He has

also been arrested for a few minor charges in the last 2 years when he was with his cousins. These have been for loitering and swearing in public. When he was 16 he was also a passenger in a stolen car during a car chase with police. So far, he has not been in juvenile justice or prison.

His mother (Ruth) and father (Frank) both drink (alcohol) on the weekends, are everyday marijuana smokers and are believed to take other drugs (mainly prescription drugs). They argue and fight all the time at home and the children have been exposed to family violence since they were young (including Tom).

Frank's behaviour is described as erratic, aggressive and psychotic. Frank refuses to seek help for any of his issues and blames everyone else for them. Frank grew up in a community town and is from a large extended family and maintains contact with many of them.

Tom's mother Ruth was taken away as a child and adopted by non-Aboriginal parents. She met some of her biological family (siblings) about 10 years ago through Link-up and continues some contact with them (the ones she gets on with). Ruth has tried many times to keep her children stable and tried to send the kids to school every day.