

Denial, Rationalisation and Trivialisation of State Intrusion into Aboriginal Family Life



ERNEST HUNTER examines historical processes of state intrusion into Aboriginal family life and the consequences for contemporary indigenous family functioning, and discusses mechanisms by which these events and the ensuing problems are minimised within the wider Australian population.



Picture: Peter McKenzie, 'After 200 Years Collection'. Courtesy AIATSIS.

Bondi Beach, Sydney 1986. La Peruse children and adults on a beach front

One Sunday evening in late April while I was driving to hear a lecture by Professor Richard Hovannisian of UCLA on the politics of genocide denial, a news update came over the radio mentioning a gunman in Tasmania. That I hardly attended may have been because I was preoccupied. But it may also be that I have accommodated to media coverage of mass killings. My complacency was shattered a few seconds later as figures were mentioned of fatalities in the high twenties. Sadly, it seems that it is no longer the occurrence of such an event but its magnitude that rivets attention.

We are all now familiar with that national tragedy which, hopefully, is causing us to look seriously at ourselves and the nature of the society that we wish to live in. To do so we must embrace what happened and claim it as our own. Thirty-five members of our society, our family, were murdered by another member.

As the news broke there were speculations in the media regarding the killer who was

labelled at different times during the first few days as retarded, schizophrenic or evil. Clearly there was a need to sequester this horror in some space that separated it from the normality of our lives and our families. Of course, this is an understandable human reaction. By demonising or pathologising those behind such acts (bad or mad) we sustain the illusion of separateness from that realm where such things are possible – 'not in our family'.

The next day, at a meeting of professionals to discuss prevention and health promotion initiatives in mental health, there was speculation about the young man involved and condemnation of the media's presentation of him. In the meeting, the discussion turned to families and, given my particular interest in indigenous mental health, I tried to concentrate on issues relevant to Aboriginal and Torres Strait Islander families. But both the tragedy in Tasmania and the lecture I had attended intruded.

In the lecture, Hovannisian had explored parallels between the various processes of denial regarding the Armenian genocide and

the Holocaust. To give structure he identified three broad categories: denial, rationalisation, and trivialisation.

Denial is the least subtle: 'it didn't happen, couldn't have happened, there are no documented orders, the gas chambers didn't exist or were too small'; or the Turkish government's uncompromising refusal to tolerate debate.

Rationalisation goes thus: 'they brought it on themselves, started the war, were partisans, collateral casualties – war is hell'.

Trivialisation is the semantic slippery slope of categorisation and comparison: 'what about the kulaks, gipsies, Cambodians, Tutsis and Hutus, there is nothing special about this particular instance'.

While very tired, many of these simplistic arguments continue to get wide coverage and support. And in Australia, before the funerals in Tasmania and elsewhere, spokespersons for firearms interests protested that guns were only incidentally involved. Let us take heart from the decisions of the 10 May, a decision for the welfare of our national family which denies the deniers.

Regardless, I suggest that we have a society – a national family – that, in commercialising violence and using it to influence susceptible populations, allows people to be killed. As shown by the projection of responsibility following the Port Arthur massacre, this violence is then attributed to groups that are both ‘other’ and compromised in their ability to respond.

The mentally ill conveniently fulfil these criteria. So too do indigenous Australians. Indeed, in 1991 I was involved in bringing an action before the Australian Press Council regarding the construction of Aboriginal violence in the *Sydney Morning Herald* which, fortuitously, coincided with the release of the Human Rights and Equal Opportunity Commission’s report on Racist Violence (HREOC 1991) which specifically took the media to task. The article in question, written by a medical professional and based on the work of a psychiatrist who had worked in remote Australia, was titled: ‘Black violence: why whites shouldn’t feel guilty’. It began: ‘Brutality is part of black culture, and it’s time whites shed their guilt for Aboriginal violence’ (Harris 1991). As violence existed before Europeans arrived, and as most violence now is between Aborigines, where, asked the doctors, is European responsibility? In this neat equation, it cancels out.

Of course contemporary Aboriginal society is violent, the homicide rate being greater by an order of magnitude than in the wider society (Strang 1992). This is violence of one Aboriginal person against another, usually in the domestic domain, within the family. However, to erase two centuries of tumultuous history from the analysis is simply victim blaming and denies the intervening and continuing violence perpetrated against Aborigines, the primary arena of which has been the family.

This article will draw on Hovannisian’s typology to explore aspects of resistance to the wider integration of such violence into our national narrative.

Denial

The history of destruction and disease, removal and separation, dislocation and isolation, indoctrination and coercion is fundamentally one of denial – denial of Aboriginal feelings, rights and humanity. Indeed, until recently there was little need for most Australians even to consider these issues as Aborigines were, by and large, mute historical shadows in a ‘Great Australian Silence’ – a term by which Stanner (1979) referred to a national ‘cult of disremembering’ in the European Australian consciousness. Fundamentally, this is a denial of the denial.

Indigenous societies were subdued through systematic intrusion into their fundamental social unit, the family. Traditionally this had been the primary economic unit in which women’s roles were pivotal. By contrast, the domain of the sacred was largely controlled by men. Colonisation invariably challenged and inevitably disrupted that equilibrium by assaulting the foundation of

both economic and sacred life – the abiding relationship to land.

The roles of adult Aborigines as parents and providers, and as the transmitters and teachers of culture, were systematically undermined. Ritual activities and religious beliefs were suppressed or devalued. While the primary economic unit of Aboriginal Australia remains the family, it is no longer an autonomous economic unit. Through policies of isolation and centralisation, family centred small-group autonomy and traditional economic self-reliance was replaced by concentration, sedentism and dependence on the non-Aboriginal economic system.

The best known example of systematic intrusion is the state mandated abduction of children which continued, in certain states, into the late 1960s. This was despite the United Nations’ *Convention on the Prevention and Punishment of the Crime of Genocide*, article II of which defined genocide as any ‘acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group such as . . . (e) Forcibly transferring children of the group to another group’. Australia became a signatory on 11 December 1948.

Thus to denial, one might add duplicity. Through the 1980s this issue and other intrusions into parenting, such as sequestering children in dormitories, has attracted much more attention, particularly with the Royal Commission into Aboriginal Deaths in Custody (1991). Of the 99 deaths, only one of the deceased had completed secondary school, 83 had been unemployed, and 43 had histories of institutional childhood separation. Belatedly, this has resulted in the Wilson Inquiry into the removal of Aboriginal children.

But why this preoccupation with separation when the policies of removal have been rescinded? For a number of reasons. Separation still remains more common among Aborigines. In 1979, the Children’s Bureau of Australia conducted the National Survey of Non-government Children’s Homes and Foster Care (Edwards, Gregory and Oakley 1983). Aboriginal children were more than seven times as likely as other children to be so placed, with the ratio in Western Australia estimated at one child in 35. This did not take into account detention by the juvenile justice systems, where there is also a marked excess. In 1990, Aboriginal youth were over-represented in Queensland by a factor of 12, in New South Wales by a factor of 16, and in Western Australia an Aboriginal youth was 62 times more likely than a non-Aboriginal young person to be in detention (Cunneen 1990).

Young Aborigines continue to be separated by the state from their parents; however, the patterns and reasons for removal have changed. Goodall (1990) has pointed out that, while continuous, the process of separation has been historically gendered, with a shift from policies that saw mixed-descent Aboriginal girls more frequently removed (‘for their moral protection’) to the

current excess of boys in the juvenile justice systems – a shift in focus from immorality (for ‘their protection’) to deviance (for ‘our protection’). Separation remains important as historical fact and lived reality, its significance reaching beyond those directly affected. It constituted a systematic assault on Aboriginal family and community life, on the core of identity. More than any other policy it symbolises racism and colonial aggression.

However, revoking a law does not return children or reconstruct families, and the echoes reverberate through succeeding generations. Thus Lorraine Peeters, removed as a child in New South Wales and now living near Cairns, stated recently: ‘I want to write about my children because people think the suffering stops with me. But I have passed these feelings and teachings on to my children not realising what I was doing’ (Peeters 1995). Only as her own children reached maturity did her panic lest ‘the department’ should come for them in the night recede. Indeed, only then was she free to explore fully the past and her Aboriginality.

Lorraine’s grandchild, Meagan, aged eight, made these poetic observations on her grandmother’s struggle with her own childhood and her confrontation with the recurrence of family separation in the next generation (Peeters 1995:18):

*My grandma says I should never forget my identity,
That’s what she taught me.
But sometimes I forget some of the other things she said,
And go along and forget.
But along with the other tears I shall never forget,
When Aunt Judy had to go back to her daughter Bec
And grandma told me the story.
And she had to stop a few times to fit in a few cries.
When she did I almost cried, But I held it in.
I will never hold it in when someone dies.*

Many who were the victims of these policies, particularly men, did not survive or have been unable to function in parental roles having sought solace through drinking. Early mortality and excess morbidity from alcohol-related causes, enormous rates of arrest and detention, absence from communities and families in the pursuit of alcohol, and the behavioural effects of alcohol all disproportionately restrict the presence and functionality of males as parents. The impact of this for child development, particularly that of boys, should be obvious. Through the medium of unstable early childhoods in alcohol-affected settings is set in train a trans-generational cycle of instability compromising the potential for optimal parenting (Hunter 1993).

Unfortunately the consequences of alcohol on the family continue to widen. While men are more frequently drinkers and consume more when drinking than women, many young women, who are often mothers, are the victims of male violence. Furthermore, the prevalence of drinking among young women is now increasing, with the burden of caring for infants and children in heavy

drinking environments shifting to non-drinking women, often older and already taxed in a setting of limited human and material resources – what Brady (1992) has called the ‘stressed-out granny syndrome’.

Such an environment may thus reasonably be seen as a cause of social and family dysfunction. But it is also a *consequence* of social and family dysfunction. To focus on the causal role of parents and families is to attribute blame entirely to those trapped by such circumstances and to deny the historical and contemporary responsibility of the wider society.

Rationalisation

I have frequently heard it said that those removed from their families probably ended up better off than if they had remained in reserves and fringe camps. This is classic rationalisation. In reality, the pain of separation is enduring and unquantifiable. For example, in an urban Aboriginal population in which I worked, one-half of my patients had been separated as children. Among the women, approximately one-half had been sexually abused in a foster home – that is, by those to whose care they had been entrusted by the state.

Three vignettes from different parts of the country, all involving working women who had ‘done well’ by conventional standards, may capture something of the pain.

The first was a carefully dressed, late middle-aged woman of fairly stern manner who had been removed by missionaries from a station as a young child. As I inquired after family she spoke of her sister, similarly removed, but by missionaries of a different denomination. She cried quietly as she told me that she did not see her mother again and only met her sister in middle age.

The second was a woman who had been removed and sexually abused, but who, despite enormous difficulties and after much pain, functioned as a good parent and was successful in her career. She later located her mother, but only with the aid and presence of her adult daughter, a generation removed from the events, could she reach across the gulf of time and pain.

The third was a woman for whom that gulf was unbridgeable. Raised in an affluent and caring European home by adoptive parents with whom she remained close, she sought out her mother, located her, but on arriving in the town in question and confronted by her family was overwhelmed with panic, and fled. She never returned.

‘At least they were fed properly. . .’, and ‘at the time we thought . . .’ are rationalisations. Hardly more subtle is to exonerate past policy by citing contemporary problems – ‘that’s what “rights” brought. . .’ which avoids the causal role of supposedly enlightened earlier policies and disregards the influence of the enormous waves of social change that washed across Aboriginal Australia in the three decades since those policies were revoked. This social instability has, in important respects, reinforced the existing family destabilisation.

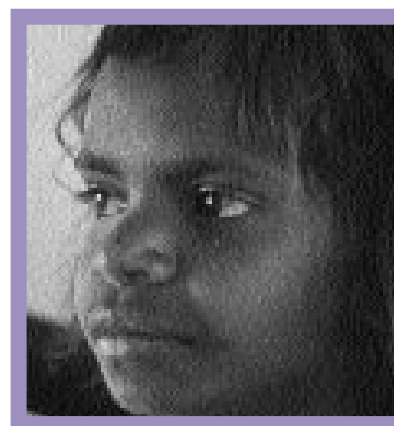
During this period, particularly in remote Australia where locational factors compound socio-economic disadvantage, parental roles

were further compromised in the confusion of changes including dislocation, entry into the cash economy, unemployment, and the consequences of alcohol. Thus the ‘good old days’ has the force of simplicity and the credibility of occasional victim assent as some older Aborigines, confronted by the uncertainties and confusion of contemporary society and its manifest problems, reflect benignly on past superintendents and administrations. It is still a rationalisation, just as in Red Square posters of Stalin are seen again.

Trivialisation

Indigenous Australians confront so many problems, of such magnitude, that a focus on the family may seem to deny more pressing and urgent issues. For instance, the appalling health statistics of Aboriginal Australia should be well known. Michael Dodson, the Aboriginal and Torres Strait Islander Social Justice Commissioner, has probably put it as concisely as is possible in his second report (Dodson 1995:99): ‘Our rate of death – three to six times the general population; our infant and perinatal mortality rates – three times the general population; our life expectancy – 18 to 20 years less. Forty-five per cent of Aboriginal men live to age 65; 81 per cent of non-Aboriginal men live to age 65. Fifty-four per cent of Aboriginal women live to 65; 89 per cent of non-Aboriginal women live to 65.’

However, these figures are a direct consequence of the social circumstances in which most indigenous families are trapped, and the history informing that reality. In this respect the construction of these issues as primarily health problems (and thus a health agenda and health budget) deflects attention from the much more complex, and expensive, social arena.



In addition, besides medicalising or relativising by emphasising other problems besetting Aboriginal communities, trivialising may result from comparisons across groups – ‘what about children in Rwanda?’

Aboriginal disadvantage may also be diminished by being subsumed within the underclass. For example, researching the trajectories of Aboriginal young people through the South Australian criminal justice system, Gale and colleagues found that they

attracted more severe outcomes throughout. However this did not appear to reflect racial discrimination per se, but a class bias impacting Aboriginal youth. ‘Aborigines are already disadvantaged when they enter’ they write, ‘and the very ways in which they are disadvantaged are used by the system itself to compound that disadvantage’ (Gale, Bailey-Harris and Wundersitz 1990). The danger is to obscure the unique vulnerability of Aborigines as a group by controlling for the outcome of that disadvantage.

There are other implications to this process. Kunitz (1994) has compared indigenous populations in areas of what he calls ‘Anglo settler colonialism’ – Eskimo and Inuit, Canadian and United States Indian groups, Pacific Islanders in American states and territories, Maori, and Australian Aborigines. Although there are commonalities in the patterns of morbidity and mortality, Aborigines are distinguished by having the worst health status according to almost every measure.

Kunitz presents a number of correlates including health being worse in those states where a formal treaty was not arrived at between coloniser and the subject group (the denial of terra nullis), and being worse

where states and municipalities, rather than federal or national governments, retained responsibility for indigenous affairs and health. Ironically, Kunitz notes that it is that nation with the least equitable system of health care for the population as a whole, the United States, in which indigenous health is, comparatively, best. By contrast, in Australia, where equity of health care resources across the nation is probably best, indigenous health is worst. Kunitz points to the disadvantage of

the disadvantaged in accessing resources, even when theoretically available, emphasising the importance of a well resourced national program, the Indian Health Service, specifically targeting the disadvantaged population. Clearly, the level playing field may have many potholes, a point long recognised by indigenous Australians who have, as a consequence, since the 1970s, set up their own system of community controlled Aboriginal Medical Services.

Furthermore, filling in these potholes is probably not within the province or resources of the health sector. Unfortunately, given the credibility of health professionals, attempts which (predictably) fail, can have untoward influence. The lack of demonstrable improvements in outcomes for Aborigines following such initiatives may lead to the attribution of responsibility for that failure to Aborigines, rather than to their disadvantage, or to the conclusion that measures aimed at social justice are doomed and unwarranted.

This seemed to be the message of a front page article in the *Weekend Australian* (Ferrari 1996) headlined 'Black or white: poverty's not working', which began: 'Race and culture are less important in determining a child's future than having a parent with a job, according to a 20-year landmark study which forces a major rethink of government support programs.'

This article was based on a paper in the respected *Journal of Paediatrics and Child Health* (Cox 1996), the objective of which was: 'To evaluate the outcome after a generation of extra health and educational intervention among children whose antenatal and perinatal characteristics appeared influenced by racial origin and socio-economic status'. In the study the current occupational status of children born in Cunnamulla, Queensland, in 1974-75 was examined. This had been the site of attempts to redress the social disadvantage of Aboriginal residents of

original sample were traced in 1992 (87 per cent of the 39 Aborigines and 49 per cent of the 63 non-Aborigines, the differences being unexplained) with the outcome of interest being employment or continuing education.

Despite the obvious limitations of this study, the conclusion of this article, with the imprimatur of a learned, peer-reviewed journal, is a chilling example of trivialisation: 'It would seem that if future resources are going to be directed to dealing with this problem, they should be given on a socio-economic not a racial basis otherwise the unemployed Caucasians will remain disadvantaged. This then begs the question of the nature of such assistance. It would seem that for the past 20 years, government and community intervention programs have failed to achieve their stated objectives.' (Cox 1996:101)

Ironically, trivialisation may also result from an honest and well intentioned reckoning with the past. The Commission of Inquiry into the removal of children, which is currently proceeding (albeit with limited time and resources), is such a process. But what will the outcome be? Perhaps tangible and intangible benefits for Aboriginal Australians. But perhaps a report that, despite effort and best intentions, skeletally reduces the pain and emotional turmoil to a social problem, one of many about which reports have emerged, and that also signals that 'we've dealt with that'.

Summary

In Paul Keating's 1993 Redfern speech, acknowledgment was officially given to a history well known to Aborigines. This is a first step in the process of atonement, about which Colin Tatz (1983) wrote over a decade ago, pointing out that in addition to acknowledgment, atonement implies restitution and reparation.

Restitution – giving back that which can be returned – involves engaging with Aborigines around their claims to land and resources. Restitution must proceed and will remain difficult.

Reparation – compensation for that which cannot be given back – is ultimately defined in dollars. This should prominently include an investment in the future for the mistakes of the past to benefit all Aborigines. This can only proceed by empowering and resourcing indigenous organisations and workers to support the resilience that has sustained Aboriginal family life to the present, and to begin the very long and costly process of defining, for themselves, an Aboriginal process of family healing.

We who are non-Aboriginal professionals may have an important role, but as consultants not captains. In a climate of increasing intolerance, where social problems may be invoked to support reduced funding for their solution (in this regard I am reminded of Premier Court's recent comments regarding Aboriginal housing), we may serve to resist reactionary tendencies and support increased and sustained resources for family-focused action research and intervention through community controlled organisations.

In doing so we may also confront those overt and covert processes of denial, rationalisation and trivialisation which, in the

service of economic rationalism, revisionism, or frank racism, lessen our resolve as a nation to own and atone for a history from which we have, as a nation, collectively benefited.

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the community following an ABC *Four Corners* television documentary in the early 1970s. The article reports that 'special Aboriginal nutrition programs and preventive medicine measures were introduced with increased surveillance and treatment to eliminate, or at least minimise, the detrimental effects of the sub-optimal environment'. What these measures were, how they were implemented, received and maintained is not discussed. Less than two-thirds of the

