



# *Healing the past by nurturing the future:* opportunities for healing from complex trauma in the perinatal\* period

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\*Pregnancy to 2 years after birth

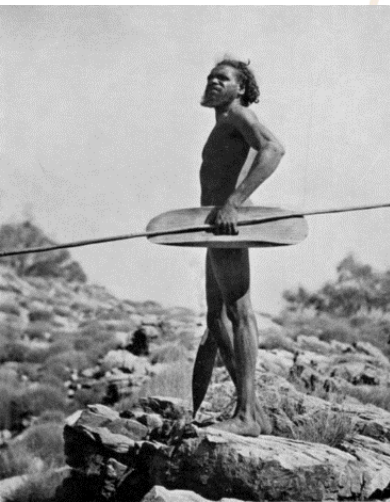
# Presentation outline

1. Complex trauma among Aboriginal and Torres Strait Islander communities (Aboriginal) and public health life-course and preventive approaches for improving health and health equities.
2. Perinatal opportunities for healing for parents who have experienced child maltreatment/complex trauma; and parents views and experiences.
3. Co-designing perinatal awareness, recognition, assessment and support strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma.

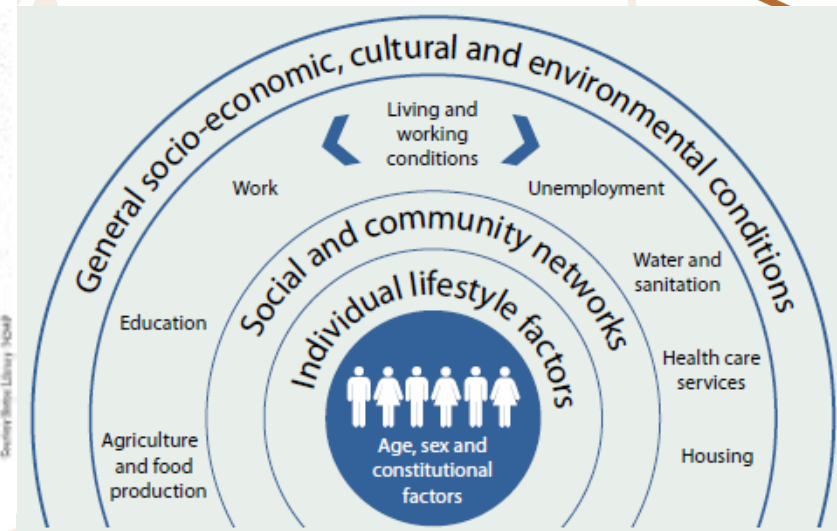


Image source: <http://www.eclecticstock.com/Lightbox.asp?ID=2193>

# 1.1 Context of complex childhood trauma among Aboriginal and Torres Strait people in Australia



The Governor Sir Charles and Lady Gledhill with Abbot Gomez inspecting the children of St. Joseph's Orphanage, New Norcia, WA



## Colonization

Overt violence

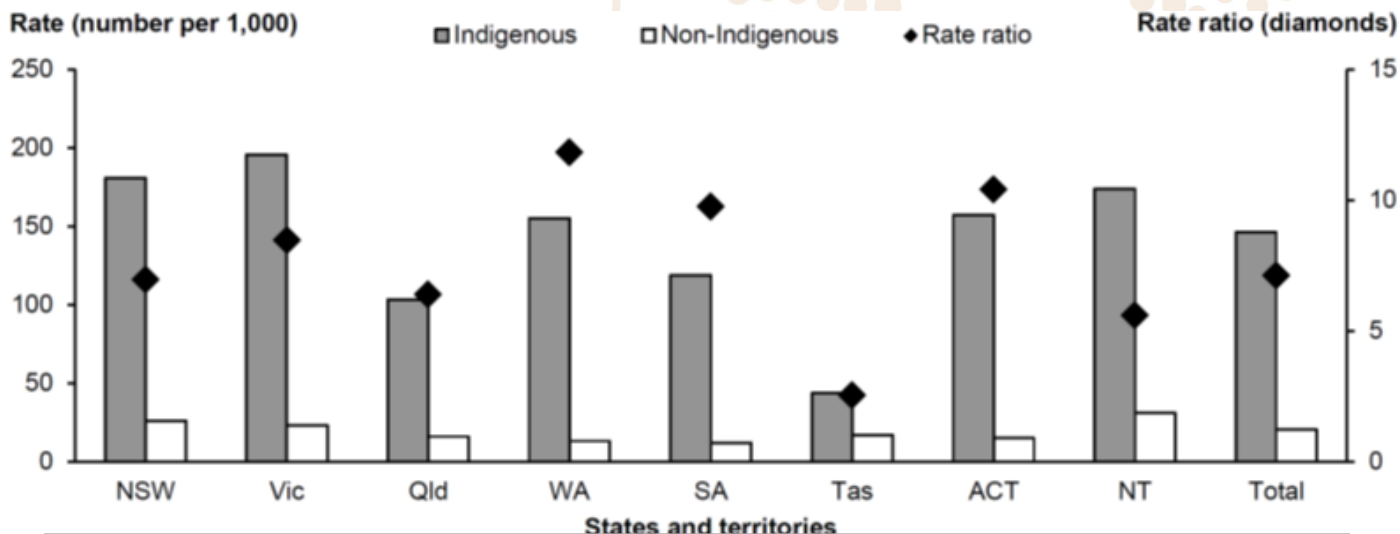
Covert structural violence

Psychosocial domination

Source: <http://www.healthinonet.ecu.edu.au/other-health-conditions/mental-health/reviews/our-review>; and Australia's Health 2016 (AIHW)

## 1.2 Complex trauma prevalence among Aboriginal and Torres Strait Islander people

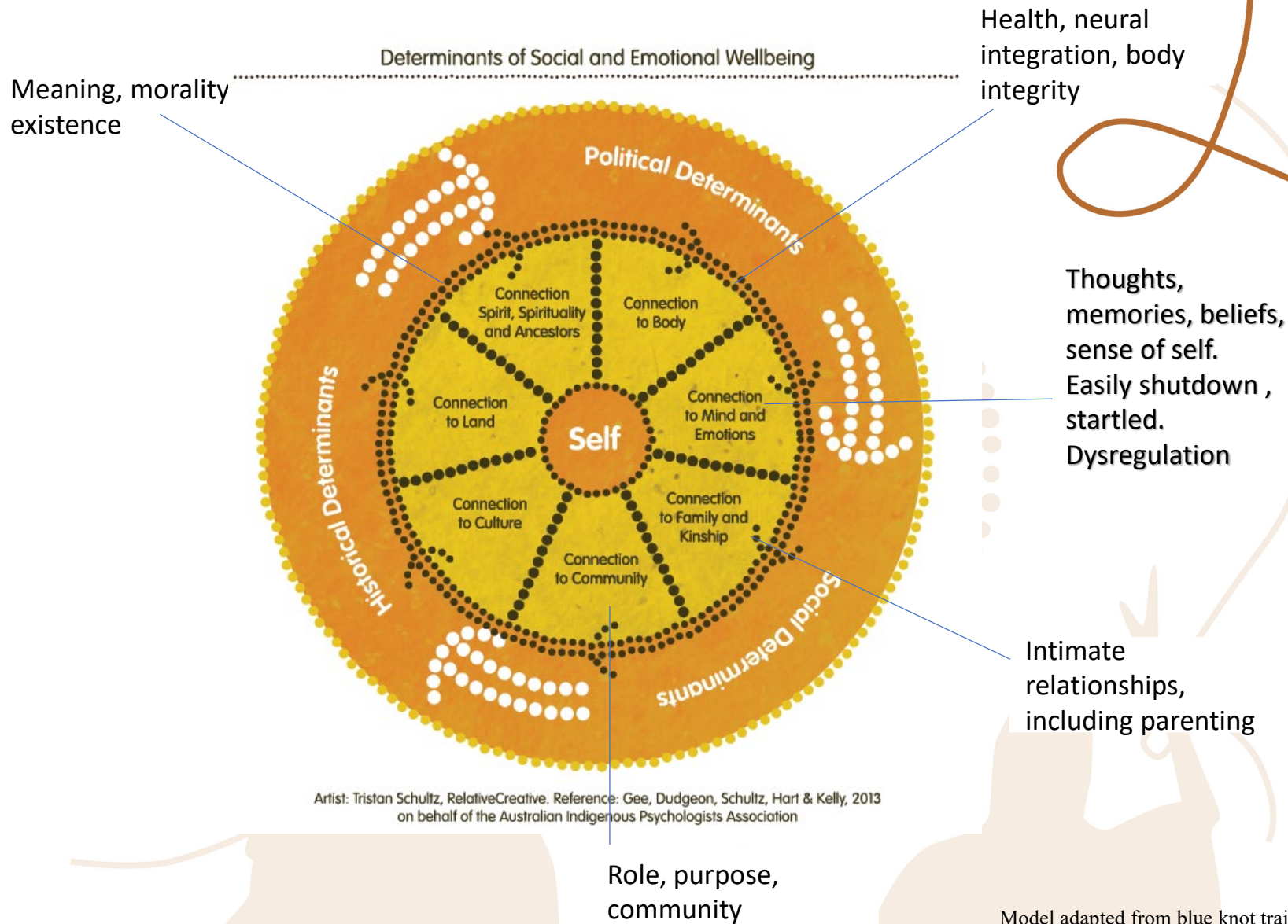
- **'Complex trauma'** occurs as a result of cumulative exposure to multiple traumatic experiences, often involves interpersonal violation within the child's care giving system.<sup>1, 2</sup>
- Current prevalence unknown as no clear criteria<sup>2</sup>
- Aboriginal children 7x more likely to be assessed as exposed to 'substantiated' child abuse<sup>3</sup> and 10x more likely to be removed from family<sup>4</sup> than non-Aboriginal children
- Aboriginal people experience as high as 10 -12 different traumatic events in a life time<sup>5,6</sup>
- Elevated rates of PTSD in Aboriginal communities: 58%<sup>5</sup>, 40%<sup>6</sup>



Children receiving child protection services by Indigenous status, states and territories<sup>4</sup>

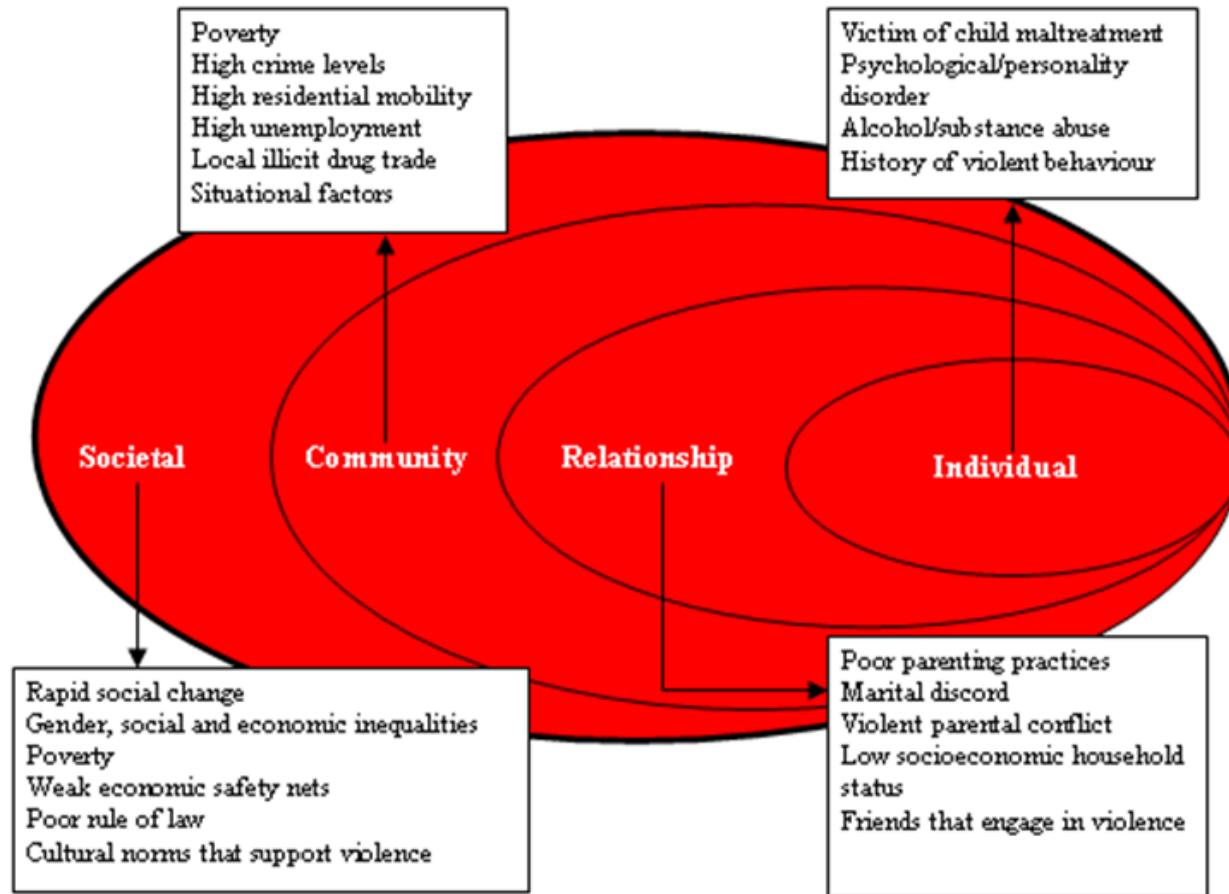
1. Kezelman C, Stavropoulos P. Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. Sydney: Adults Surviving Child Abuse; 2012.
2. Cloitre M, Garvert DW, Weiss B, Carlson EB, Bryant RA. Distinguishing PTSD, Complex PTSD, and Borderline Personality Disorder: A latent class analysis. Eur J Psychotraumatol. 2014; 56.
3. Scott D. The prevalence of child abuse and neglect. Australian Institute of Family Studies; 20136. Infant removals: The need to address the over-representation of Aboriginal infants and community concern of another 'stolen generation'.
7. O'Connell et al. 2019.
5. Atkinson, C. (2008). The violence continuum: Aboriginal Australian male violence and generational post-traumatic stress.
6. Gee, G. (2016). Resilience and Recovery from Trauma among Aboriginal Help Seeking Clients in an Urban Aboriginal Community Controlled Health Organisation..

# 1.3 Complex trauma impacts on individual physical, social and emotional wellbeing



Model adapted from blue knot training

## 1.4 Socioecological influences for violence and trauma



**A WHO ecological framework illustrating examples of risk factors for violence at every level**

Image source (adapted): Violence Prevention Alliance. The ecological framework. Geneva, Switzerland: World Health Organisation; 2016

## 1.5 Impacts on population health and health inequities

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

# Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

### Abuse

- Emotional abuse
- Physical abuse
- Sexual abuse

### Household Challenges

- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

### Neglect

- Emotional neglect
- Physical neglect

People with 6+ ACEs can die

**20 yrs**

earlier than those who have none



[www.70-30.org.uk](http://www.70-30.org.uk)  
@7030Campaign

## 4 or more ACEs

**3x** the levels of lung disease and adult smoking



**11x** the level of intravenous drug abuse



**14x** the number of suicide attempts



**4x** as likely to have begun intercourse by age 15

**4.5x**

more likely to develop depression



**2x**

the level of liver disease



**“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”**

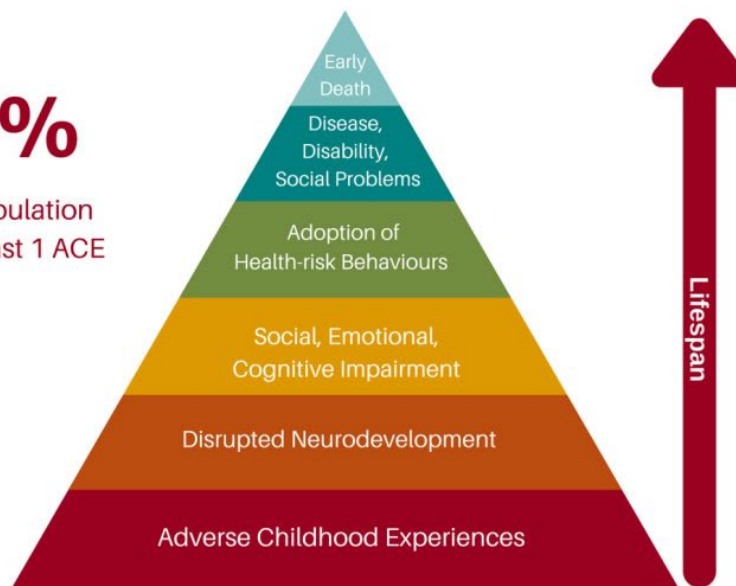
Dr. Robert Block, the former President of the American Academy of Pediatrics

**67%**

of the population have at least 1 ACE

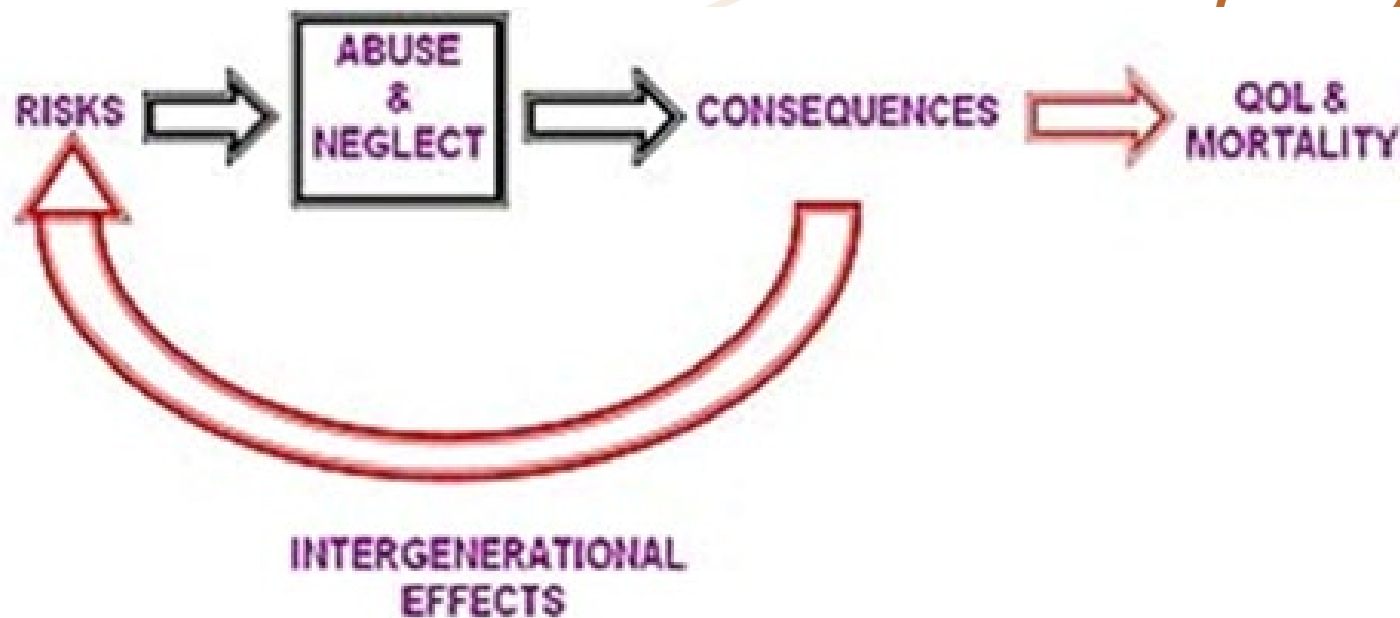


1/8 of the population have more than 4 ACEs



[https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime\\_15\\_min](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime_15_min) ;  
Source: <http://www.leedstrinity.ac.uk/blogs/Adverse-Childhood-Experiences-too-High>

# 1.6 Intergenerational effects of complex trauma



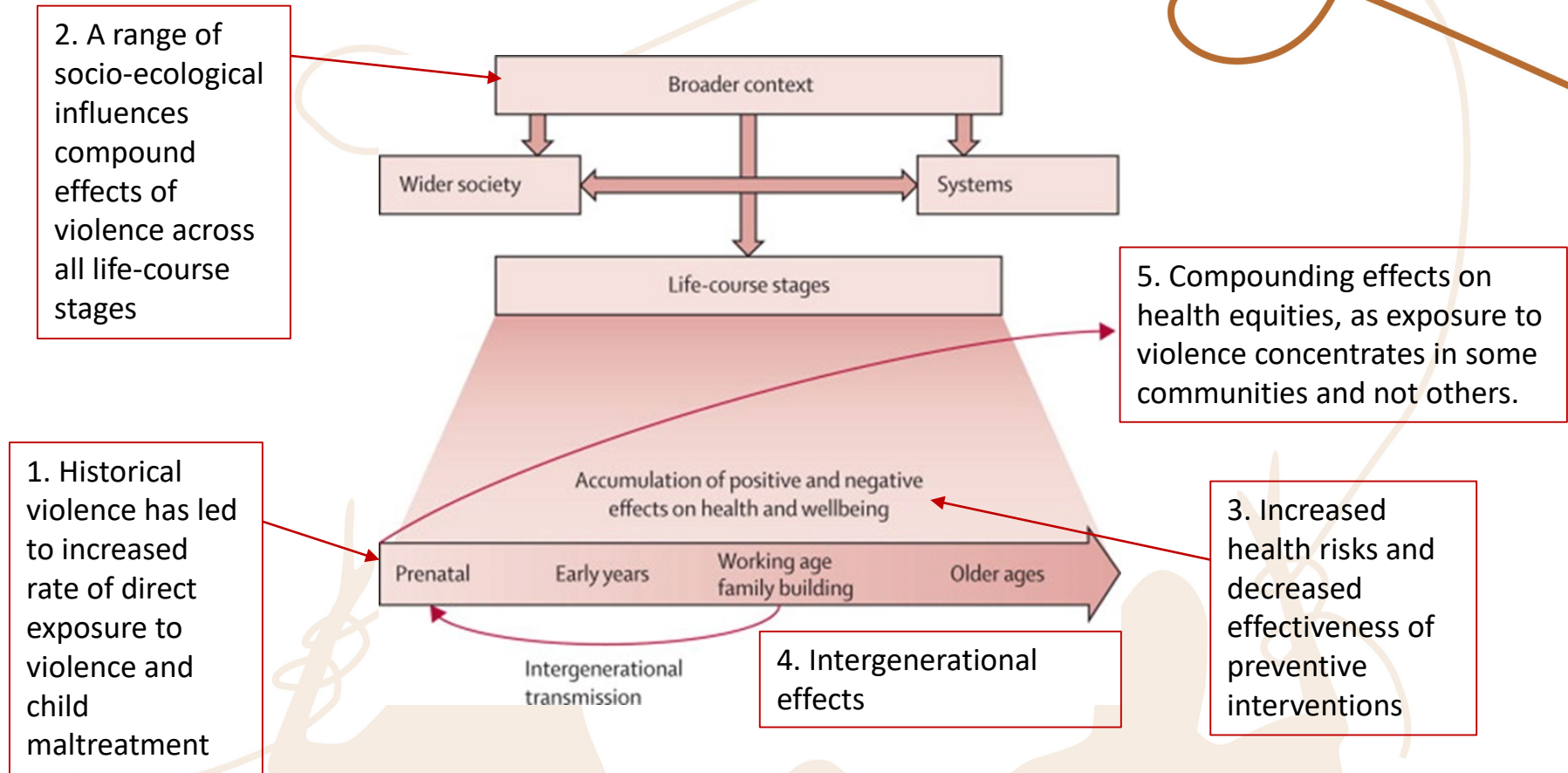
**QOL = Quality of life**

## **Risks and consequences of child abuse and neglect: a schema**

Segal L, Dalziel K. Investing to Protect Our Children: Using Economics to Derive an Evidence-based Strategy. Child Abuse Review. 2011;20(4):274-89



# 1.7 Compounding intergenerational effects of complex trauma on health equities

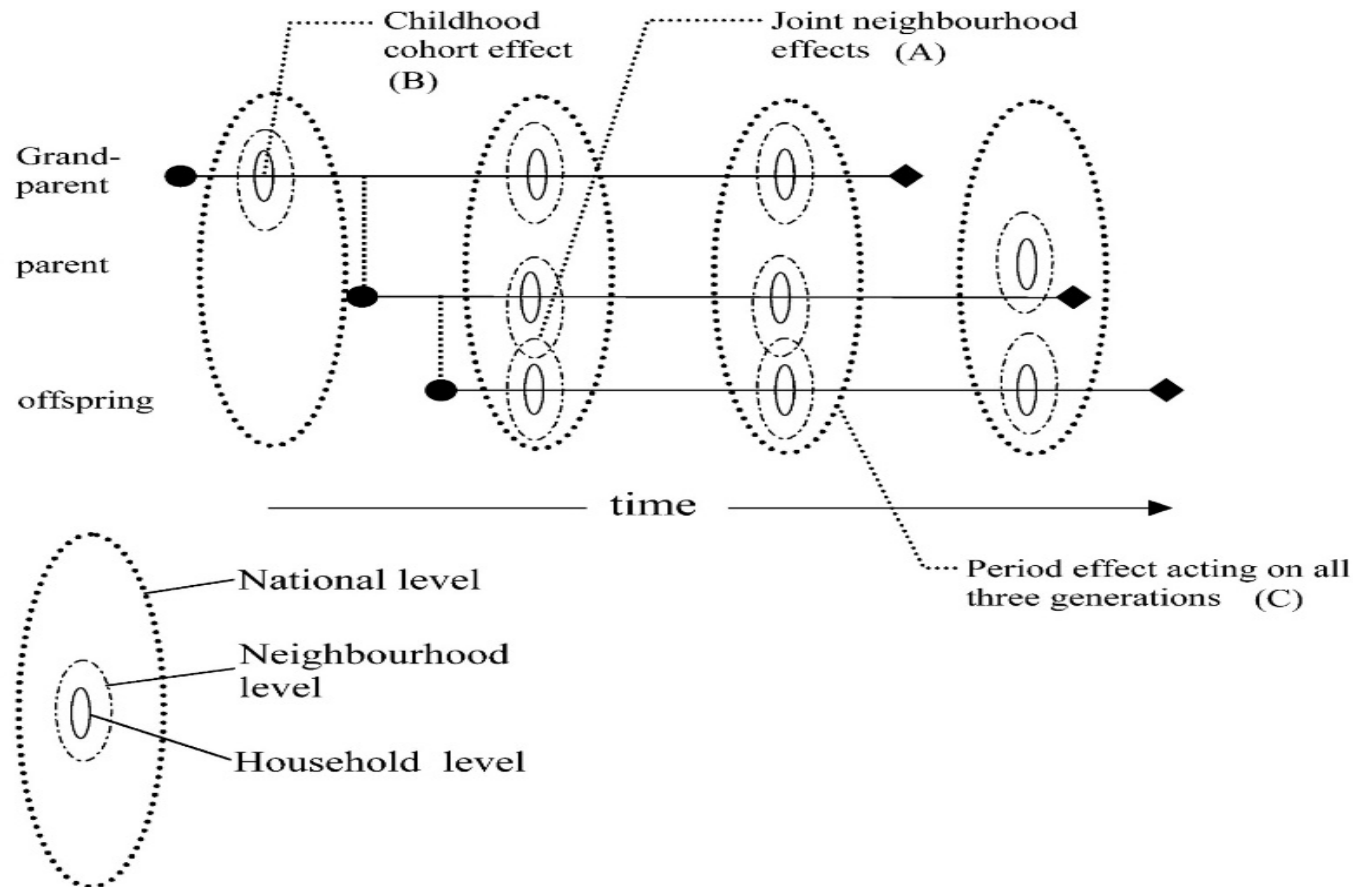


Broad themes included in WHO European review of social determinants of health to improve health equities (Marmot et al. 2012).

Image Source: <http://oxfordmedicine.com/view/10.1093/med/9780195377903.001.0001/med-9780195377903-chapter-15>



# 1.8 Lifecourse approaches

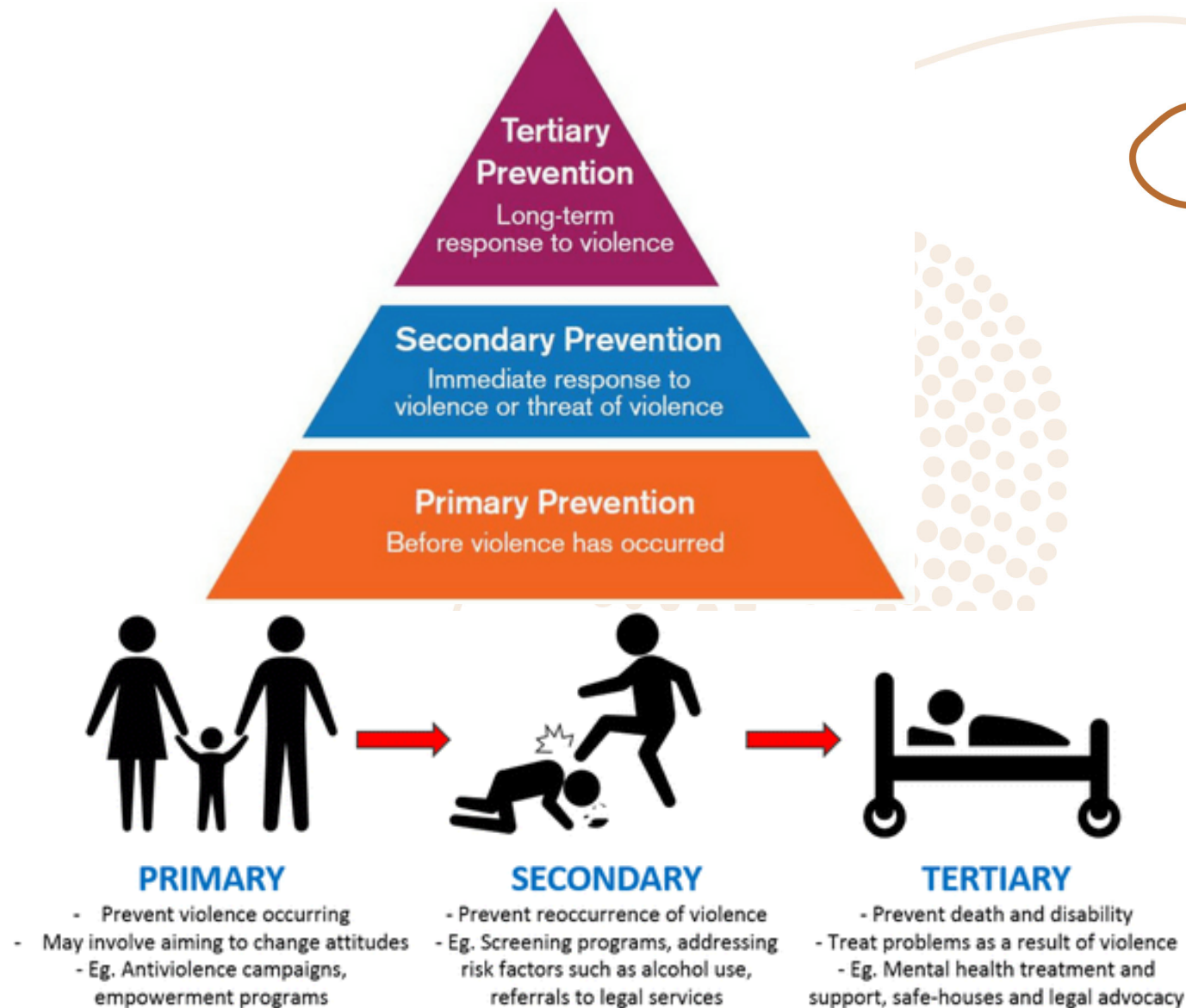


A = Joint neighbourhood effect of exposure on parent and offspring; B = Childhood cohort effect on grandparent;  
C = Period effect influencing all three generations

Ben-Shlomo et al. 2002



# 1.9 Public health prevention pyramid



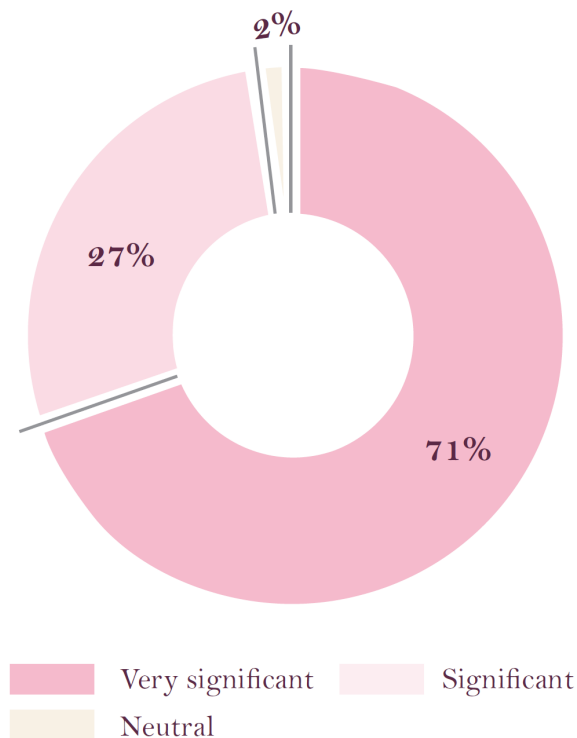
Source:  
<https://www.whiteribbon.org.au/primary-prevention/prevention-pyramid-min/>

Source:  
Kirk et al. Effectiveness of secondary and tertiary prevention for violence against women in low and low-middle income countries. 2017  
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4502-6>

## 2.1 Perinatal period: a unique life-course opportunity for healing and preventing intergenerational transmission of trauma

1. Increased risk of distress triggering during perinatal care and attachment needs of baby.
2. Potential to disrupt the cycle of trauma through loving relationships that promote healing ('earned security').
3. Frequent scheduled contacts with service providers for the first time since childhood for most people.

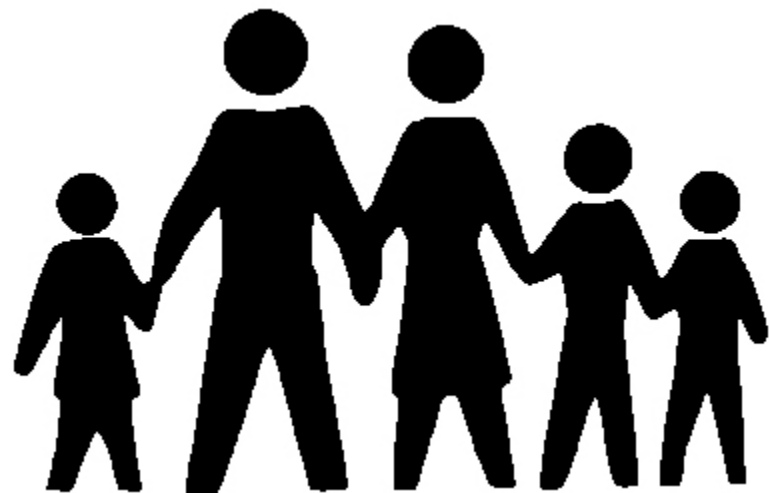
Figure 9.3: "Within your service, how significant do you consider the issues surrounding trauma, stress and grief are when working with Aboriginal and Torres Strait Islander women in the perinatal period?"



Source: Centre of Perinatal Excellence (COPE) Aboriginal and Torres Strait Islander perinatal mental health mapping project

## 2.2 Complex trauma in the perinatal period

- **Theories:** Attachment, social learning, relational-development, family-systems, resilience, post-traumatic growth, socio-ecological models.
- **Observational studies:** Many protective and risk factors that mediate or moderate pathways from parental experiences of childhood maltreatment to future parental and child wellbeing
- **Intervention studies:** No specific strategies, but some components within parenting programs
- **Qualitative studies:** Rich descriptions of parents' view and experiences

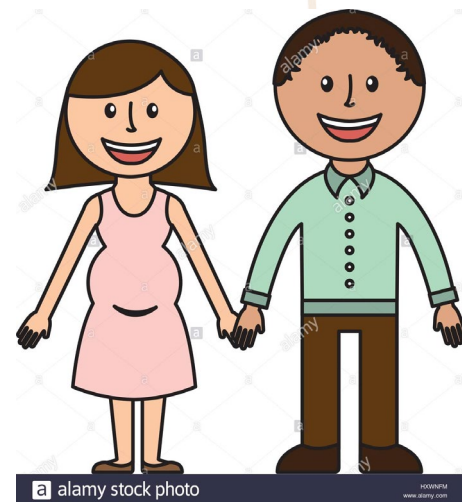


Chamberlain C, Gee G, Harfield S, Campbell S, Brennan S, et al. (2019) Parenting after a history of childhood maltreatment: A scoping review and map of evidence in the perinatal period. PLOS ONE. 2019;14(3): e0213460. <https://doi.org/10.1371/journal.pone.0213460>

## 2.3 Meta-synthesis of parents views

During pregnancy, birth and the early postpartum period (up to six weeks after birth), for parents who are pregnant who report child maltreatment in their own childhoods:

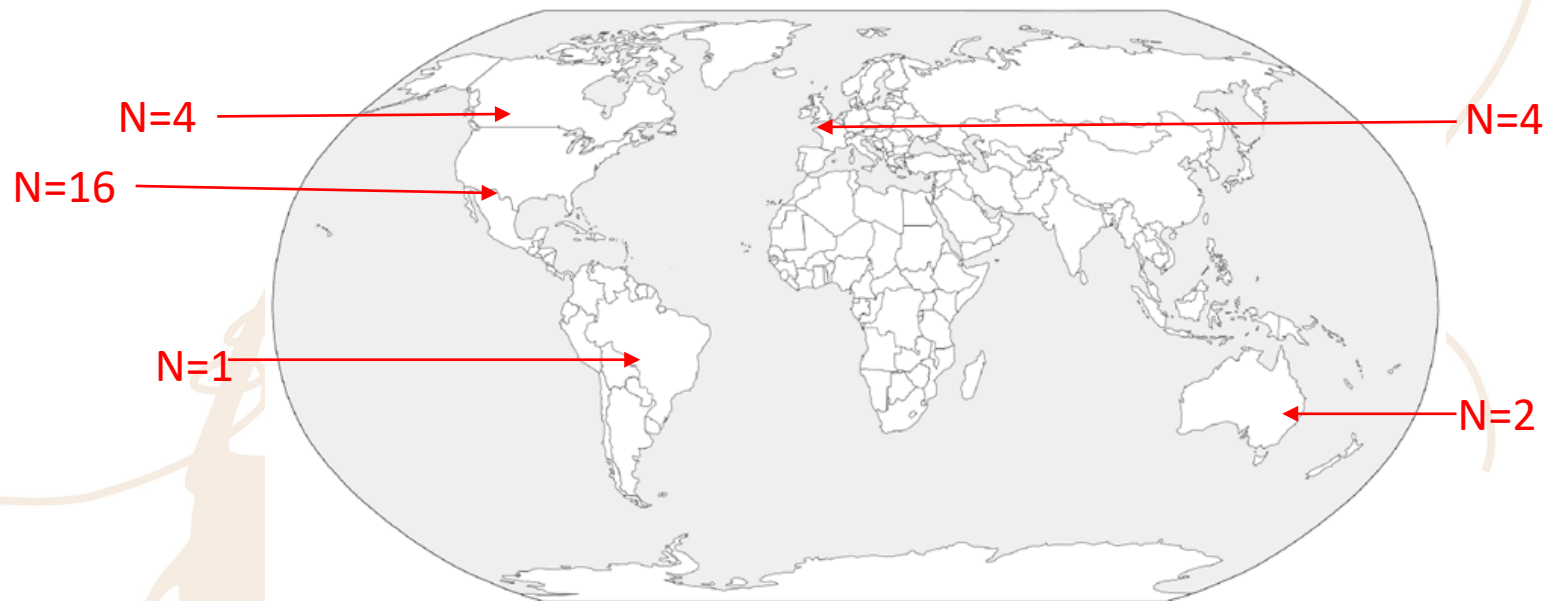
1. What are their experiences of perinatal care?
2. What do they describe as barriers and enablers to improving access and quality of perinatal care?
3. How do they experience the transition to parenting?
4. What are their aspirations and challenges?
5. What strategies do they use and/or suggest might help or hinder healing and 'breaking the cycle' of maltreatment?



Citation: Chamberlain C, Ralph N, Hokke S, Clark Y, Gee G, Stansfield C, Sutcliffe K, Glover K, Brown S, Brennan S for the Healing the past by nurturing the future group. Healing the past by nurturing the future: a qualitative systematic review and meta-synthesis of pregnancy, birth and early postpartum experiences and views of parents who were maltreated in their own childhood. In press.

## 2.4 Meta-synthesis: Parent profile

- 351 parents included
- 27 studies (25 involving mothers only, and 2 involving mothers and father)
- All CSA in 18 studies; CSA plus other types of maltreatment in 9 studies



## 2.5 Meta-synthesis: Analytic themes

- *New beginnings*: Becoming a parent is an opportunity for 'a fresh start', to put the past behind them and move forward with hope for the future to create a new life for themselves and their child.
- *Changing roles and identities*: Becoming a parent is a major life transition, influenced by perceptions of the parenting role.
- *Feeling connected*: The quality of relationships with self, baby and others has major impacts on the experiences of becoming a parent.
- *Compassionate care*: Kindness, empathy and sensitivity enables parents to build trust and feel valued and cared for.
- *Empowerment*: Control, choice and 'having a voice' are critical to fostering safety.
- *Creating safety*: Parents perceive the 'world as unsafe' and use conscious strategies to build safe places and relationships to protect themselves and their baby.
- *'Reweaving' a future*: Managing distress and healing while becoming a parent is a personal ongoing and complex process requiring strength, hope and support.



 **2.6 New beginnings:** Becoming a parent is an opportunity for ‘a fresh start’, to put the past behind them and move forward with hope for the future to create a new life for themselves and their child.

*A Fresh Start...*

*And A Beautiful  
New Beginning*

*“I was just happy, like oh my gosh! I didn’t think of it as my world was ending, you know, or life was ending, I thought of it, you know, as a new beginning for me and my child.” [61]*

*“And I think a lot of that was motivated by what happened to me. And I spent a lot of time thinking about what it meant to be a mother. I spent a lot of time reading about it as best I could, to try to understand it before I had a daughter. And because I really wanted to be a good mother”. [53]*



2.6 cont..... *New beginnings*: Becoming a parent is an opportunity for ‘a fresh start’, to put the past behind them and move forward with hope for the future to create a new life for themselves and their child.

*“[My mum] put a lot things in perspective for me. I learned what not to do, who not to be, and how not to act and what not to do to my own kids, which I kind of am thankful for.”*  
[64]

*“I had gotten pregnant with my second son, I was so afraid. I never sought therapy to sort myself out, but I was so afraid I was going to end up like my mother. And, or end up with somebody like my father or whatever. But, that just terrified me and the second time I got pregnant I thought about having an abortion cause I thought I was doing okay with one, but I didn’t want to have that added stress, you know?”*

*“I believe this is true for so many of us, we believe that there is something about us that made that [abuse] happen and that we are really at high risk... Almost everybody could be talked into thinking you can’t possibly have children because you will do the same things to your kids that was done to you.”*

*2.7 Changing roles and identities.* Becoming a parent is a major life transition, influenced by perceptions of the parenting role.



*"When I found out I was pregnant... I was excited and then right away I said, 'No. I can't be. This isn't right'. I do believe that my reaction relates back to being abused. I was abused when I was 14 and it put me back in that place. I felt ashamed and that it was my fault that it all happened. I felt like a little kid, like a young teenager who is pregnant and should not be.*

*"I was actually pretty happy. It was the first time that I ever felt good about myself. It's hard to feel good. Me feeling good means that I have to be punished. Feeling good is not comfortable. It is extremely uncomfortable."*



2.7 cont... *Changing roles and identities*: Becoming a parent is a major life transition, influenced by perceptions of the parenting role.

*"I don't know what normal is, but you want to be normal... like everybody else."*

*"I think I was conditioned right from an early age, so that programming's always gonna be inside me and when someone's either like threatening my personal like intimate spaces or hurting me, or telling me to do stuff and I'm like feeling threatened, I will do exactly what they say. I will be the best patient they can possibly have. I'll be that star patient. But I'm not. I'm actually screaming inside. I'm like absolutely terrified. I'm expecting them to hurt me. I'm being good because I don't want them to hurt me anymore."*

*"I laughed when visitors came and I smiled and I put the right face on. But inside... (sniffs, four second silence). Inside I was – just silently screaming."*



## 2.8 *Feeling connected*: The quality of relationships with self, baby and others has major impacts on the experiences of becoming a parent.



*“When I found out I was pregnant I was on cloud nine, I was so happy. I said, I’m gonna have my little girl. I wanted a girl very badly because I wanted to give this little girl all the love and everything that I didn’t get. I wanted a little girl for me, so that when she grew up she’d be beautiful and loving, and we would be friends, a relationship I did not have with my mother. So in a way I wanted the little girl to kind of grow up as me.”*

*“When I was pregnant I felt very proud, real proud of having a baby, I just enjoyed the whole thing. It made me feel like I am a woman. Like powerful. Yes. I really felt powerful.”*

*“...and I never did once feel uncomfortable, but then I look back and I think, did I block it because I wanted this to be a good experience? And, I loved being a mom and I loved being pregnant. Maybe I didn’t allow myself to feel negative thoughts, I just wonder now that I look back if I just didn’t want anything to spoil it ‘cause I had felt like my life up to that point had been spoiled, tarnished, and I didn’t want anything to (voice breaks) harm my memory.”*

*“When my son was born I was not able to bond... I just pushed him over to his father. I didn’t want anything to do him, but I wanted to be sure that he was safe and protected, in good hands... but it needed to be somebody else... not me. Because if it was me, then he... he could possibly be a pedophile, he could be like my father.”*



**2.9 *Compassionate care:*** Kindness, empathy and sensitivity enables parents to build trust and feel valued and cared for.

*“It was very different to become this normal person going to normal hospital appointments um that normal people would do I know this is all very normal but um, it was it was quite a nice experience thinking I’m doing things that um people will do without mental health problems.”*

*“I think I was angry about how I was treated at the hospital and it took me awhile to think through why I felt so uncomfortable in the hospital. It wasn’t until Emma was four or five months old that I finally realized, ‘They had no right to touch my body like that! They had no right to treat me like that!’”*

*“It was just the most wonderful, magical experience of my whole life. I feel like things changed for me right there.”*



## 2.10 **Empowerment:** Control, choice and 'having a voice' are critical to fostering safety.



*"I felt like I had no choice, it's like whomever came in had a right to touch me. It's a pretty vulnerable place to be in."*

*"Labor was probably my biggest success. I was present all of the time, natural, complete, and supported... certainly aware of the pain and the changes and all of that, but it was very empowering because of that 'hey, I can do this' feeling. It is maybe the first thing that I can do completely, be in charge of and that really was a drive for me. It turned out to be positive that I could focus so clearly on that. I guess my fear before was that I would feel overwhelmed that I would feel violated, that I would feel this was being done to me and out of control. Those were my fears around giving birth so by actively working around those issues, that I could turn them around and that I was able to do that. I could feel that I was being violated somehow but surrounding myself with a support network and realizing that they were all there honoring what I was doing it just helped."*

*"It's all starting to connect for me now... you know, the memories about my abuse and being a mom. It's beginning to make sense for me why I am finding it so tough sometimes. It's like I don't know what's normal or not and what's right or wrong. I have always felt like I am half a person and now I have to connect with the other parts... the dark places that I have been unwilling to go, at least consciously. Being a mom has made me go there, because I have to... but it hasn't been easy. I think talking about it is worthwhile though."*



**2.11 *Creating safety.*** Parents perceive the ‘world as unsafe’ and use conscious strategies to build safe places and relationships to protect themselves and their baby.



*‘Just more watching people change her, being more curious, and just wondering what people are thinking when they were changing her and what are they going to do—just not letting them change her away from me either—I like to hover’.*”

*“The baby was a girl and I knew that I couldn’t take that baby home... because she was a girl, because she wouldn’t be safe because my daddy lived at home and he was on to my sister at this time. I just knew that I couldn’t bring that baby home... Most of us women gave up our kids for adoption... there was no support in the family, you were just fucked up for the rest of your life just because you were a dirty little slut.”*

*“I was scared of other people... many people thought I was shy, but it really was not that I was shy; I just did not trust anyone, and I really did not want to talk to anyone.”*

*“There was really nowhere that I felt I was safe and where I was loved just for me. Now I have my own my family. This is my chance to make a safe space not just for my daughter, but for me and her father, and to create memories that are happy and healthy... not sort of tainted.”*

*“When I find out that I was pregnant it came as a shock because I didn’t have anywhere to live, no place to stay. It was hard. No one wants a pregnant woman in their house so the time came when I had no choice and I went to the children protection services. I looked for my mum but didn’t find her. She had moved, that’s why I couldn’t find her. I went to the Children’s Protection Services and they sent me to the care institution.”*



2.12 *Reweaving a future*: Managing distress and healing while becoming a parent is a personal ongoing and complex process requiring strength, hope and support.



*"I was very frightened. I was very, very frightened and the thought of going through childbirth terrified me. The thought of having people examining me terrified me. Nobody asks you whether it's all right."*

*'I felt like a piece of meat and I felt just like I had when I was being abuse'."*

*'...I was really looking forward to the cuddling time with the baby and breast feeding...I didn't expect this whole other ugliness', and 'I felt cheated', and 'It just gets exhausting...these flashbacks and stuff...and I just broke down crying...and I'm just sick of having to deal with it'."*



2.12 cont ***Reweaving a future***: Managing distress and healing while becoming a parent is a personal ongoing and complex process requiring strength, hope and support.



*"I was scared. I could hear other women screaming, obviously they were screaming because they were labouring too. But I didn't scream, I just swallowed all the sobs and cries because that was the way ... I ... did, as a child, swallowed all the sobs, the cries, when I was being abused. I was afraid, I was in pain, um... I had a mask over my face and my husband kept trying to put it on to my face which was again, you know, hands over your mouth, when you were being abused as a child to stop you shouting for help. So the whole experience was like being thrust back as an adult but still feeling like that helpless child in the dark and being so afraid and alone."*

*"Knowing myself and being able to connect what I went through as a kid, and process it, and feel it, and put it out there without judgment, has completely affected who I am as a parent."*

*"I wouldn't be without any of them now and they're an absolute god send to me they keep me alive." "It is a life changing experience you know having a baby really changes your life luckily for me it has done for the positive um... it was a journey a good one I wouldn't change it for the world."*

## 2.13 Parents views discussion

1. Understanding parents experiences and views of perinatal care and early parenting is critical for informing the development of acceptable and effective support strategies.
2. Pregnancy birth and the early postpartum period is a unique life-course opportunity for parents with a history of maltreatment – filled with hopes, dreams and ‘beginnings’.
3. Many challenges across multiple levels, so incorporating socio-ecological contexts is critical.
4. Hope-affirming strengths based approaches consistent with PTMF to foster safety and aspirations of ‘being normal’.
5. Concerns about risks of screening.
6. Urgent need to build evidence of effective perinatal strategies.





### 3.1 *Healing the past by nurturing the future (HPNF):* co-designing perinatal awareness, recognition, assessment and support strategies for Aboriginal and Torres Strait Islander parents experiencing complex childhood trauma

***Songs of Strength, Ink on paper,  
2018 © Shawana Andrews***

*A father, mother and child wearing possum skin cloaks and looking to the ancestors and past generations. The parents are connected with a songline which gives them strength. The stones below represent a strong foundation and the stitching on the cloaks represent the relational connectedness of Aboriginal people and worldview.*



# 3.2 Acknowledgements

*Healing the past by nurturing the future project team*

\*Aboriginal and/or  
Torres Strait Islander

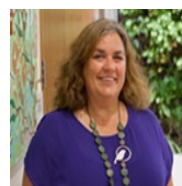
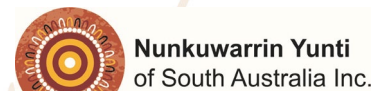
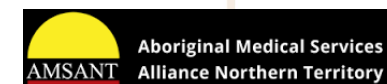
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Partners



Dr Cath Chamberlain\*



Prof Helen Herman



Dr Caroline Atkinson\*



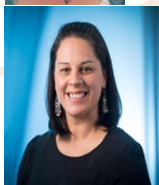
Dr Naomi Ralph



Dr Graham Gee\*



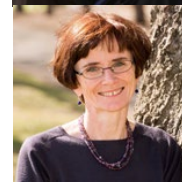
Ms Karen Glover\*



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Dr Yvonne Clarke\*



Dr Sue Brennan



Ms Leanne Slade (Admin)



Prof Judy Atkinson\*



Dr Fiona Mensah



Prof Helen McLachlan



Ms Olivia Wells



Prof Jan Nicholson



Prof Rhonda Marriott



Ms Tanja Hirvonen\*



Ms Carol Reid



Dr Deidre Gartland



Dr Sandy Campbell\*



Ms Georgie Igoe (student)

Participating  
institutions



**LA TROBE**  
UNIVERSITY



THE UNIVERSITY OF  
**MELBOURNE**



**Flinders**  
UNIVERSITY

# 3.3 HPNF Project aims

The aims of this study are to co-design acceptable, safe and feasible perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma, including:

1. Recognition and assessment.
2. Awareness and support

## Value and principles

1. Safety\*
2. Trustworthiness\*
3. Empowerment\*
4. Collaboration\*
5. Culture
6. Holistic
7. Compassion
8. Reciprocity

\*National Trauma Guideline Principles

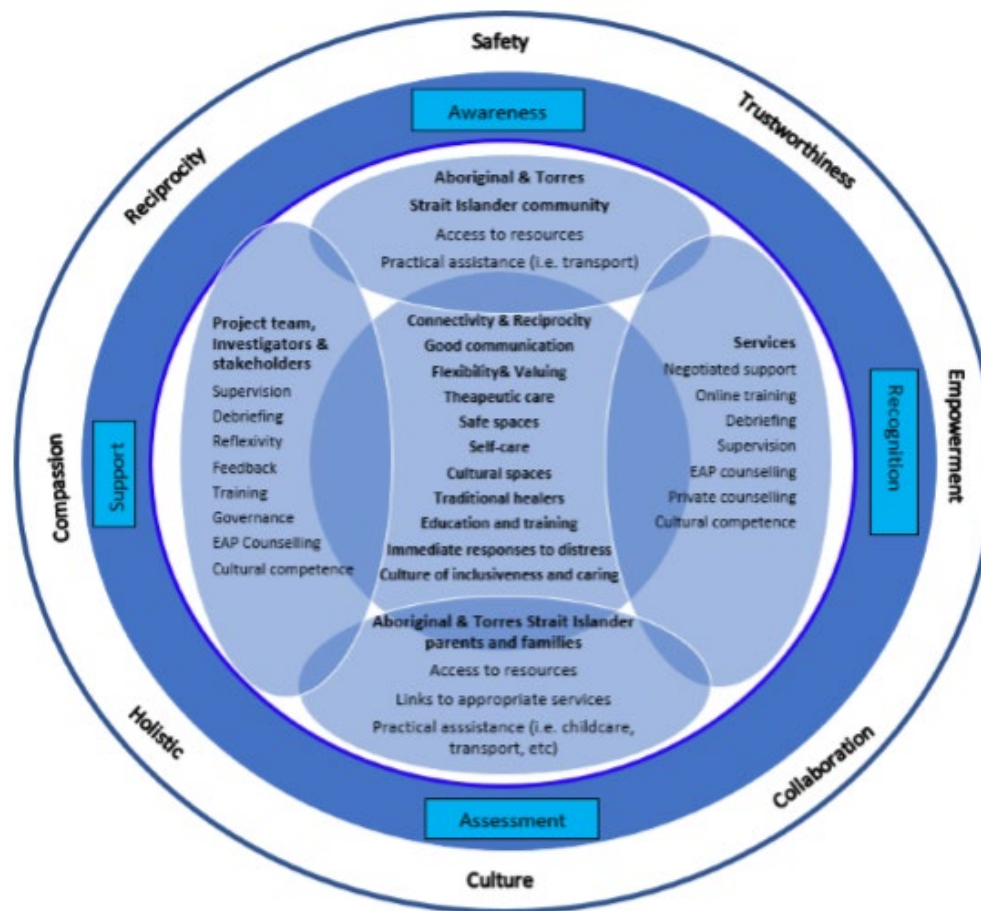
ASPM & RACGP conference 1/6/2019



Artwork by Danielle Dyall

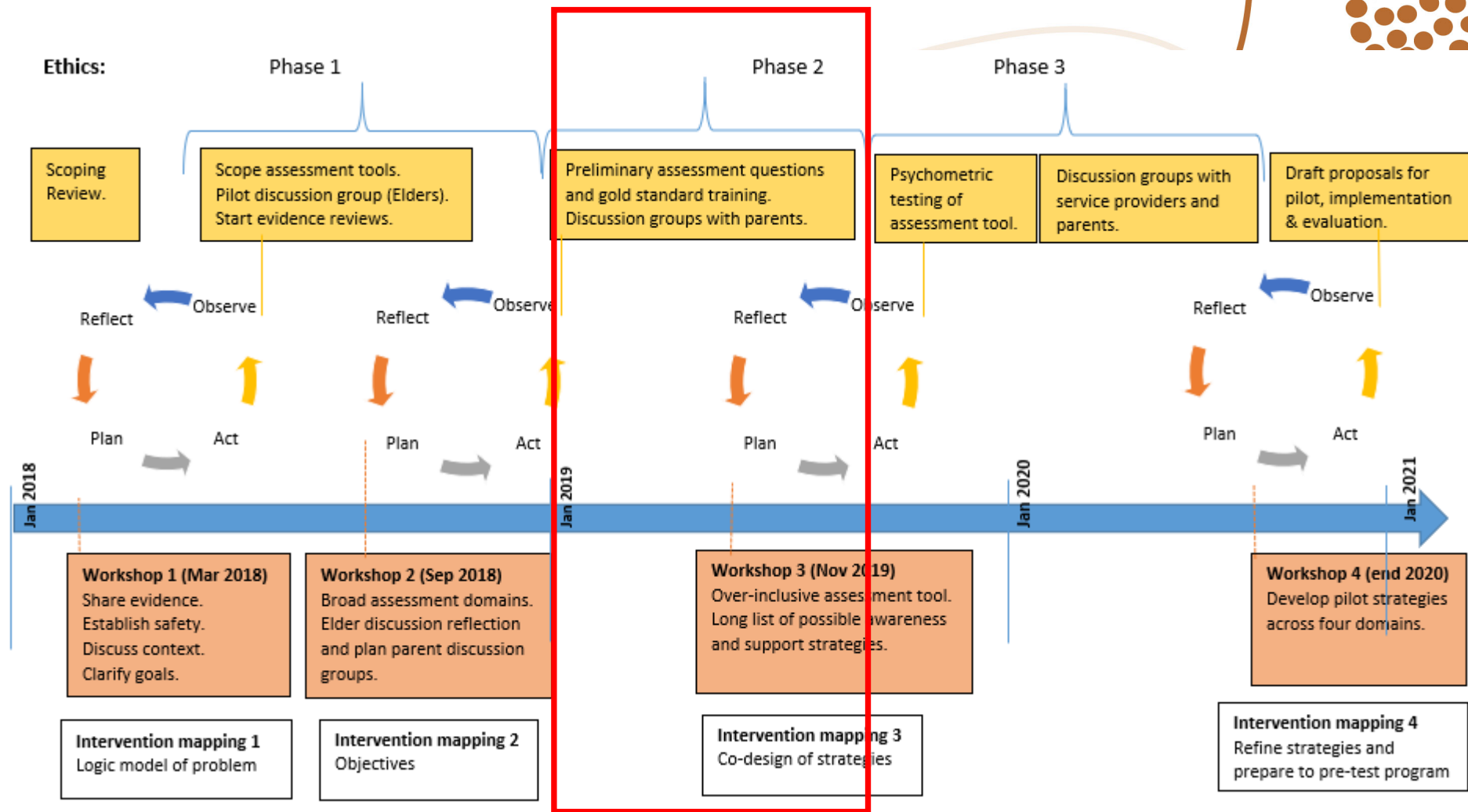
Chamberlain C, Gee G, Brown SJ, Atkinson J, Herrman H, Gartland D, Glover K, Clark Y, Campbell S, Mensah F, Atkinson C, Brennan S, McLachlan H, Hirvonen T, Dyall D, Ralph N, Hokke S, Nicholson JM. Healing the past by nurturing the future - co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study. BMJ Open. Accepted 10/5/2019.

# 3.4 HPNF Safety protocol



Clark, Y., Gee, G., Ralph, N., Atkinson, C., Brown, S., Glover, K., McLachlan, H., Gartland, D., Hirvonen, T., Atkinson, J., Andrews, S., Chamberlain, C for the Healing the Past by Nurturing the Future Investigators Group. and Co-Design Group. (in press). The Healing the past by nurturing the future: Cultural and emotional safety framework. Journal of Indigenous wellbeing. Te mauri-pimatisiwin (accepted 7.5.19)

### 3.5 HPNF plan with CBPAR cycles and Intervention Mapping steps





## 3.6 Workshop 1 summary: Evidence and goals

### **Most important aspects of the project:**

- Being involved with an Aboriginal-led CBPAR project
- 'Making a difference', hope and opportunities for healing
- Creating clear evidence-based tools and resources
- Embedding culture in strategies and incorporating Aboriginal and Torres Strait Islander knowledge
- Better outcomes for kids

### **Concerns about:**

- Risks of screening, negative diagnostic and triggering punitive child protection responses.
- Need to 'care for the carers', provide 'holistic' care and consider different needs of different age groups.





## 3.7 Workshop 2: Summary

### Recognising and assessing trauma:

- Important to ask about trauma-related areas of distress (11 items), but concerns about WHY, WHO, WHERE AND HOW parents are asked.
- Critical pre-requisites: Trust, relationships, safety (including from CP), skills and capacity to respond, incorporate non-direct enquiry



*Workshop 2 claywork:*

*Future Dreaming by Shelley Torcetti*

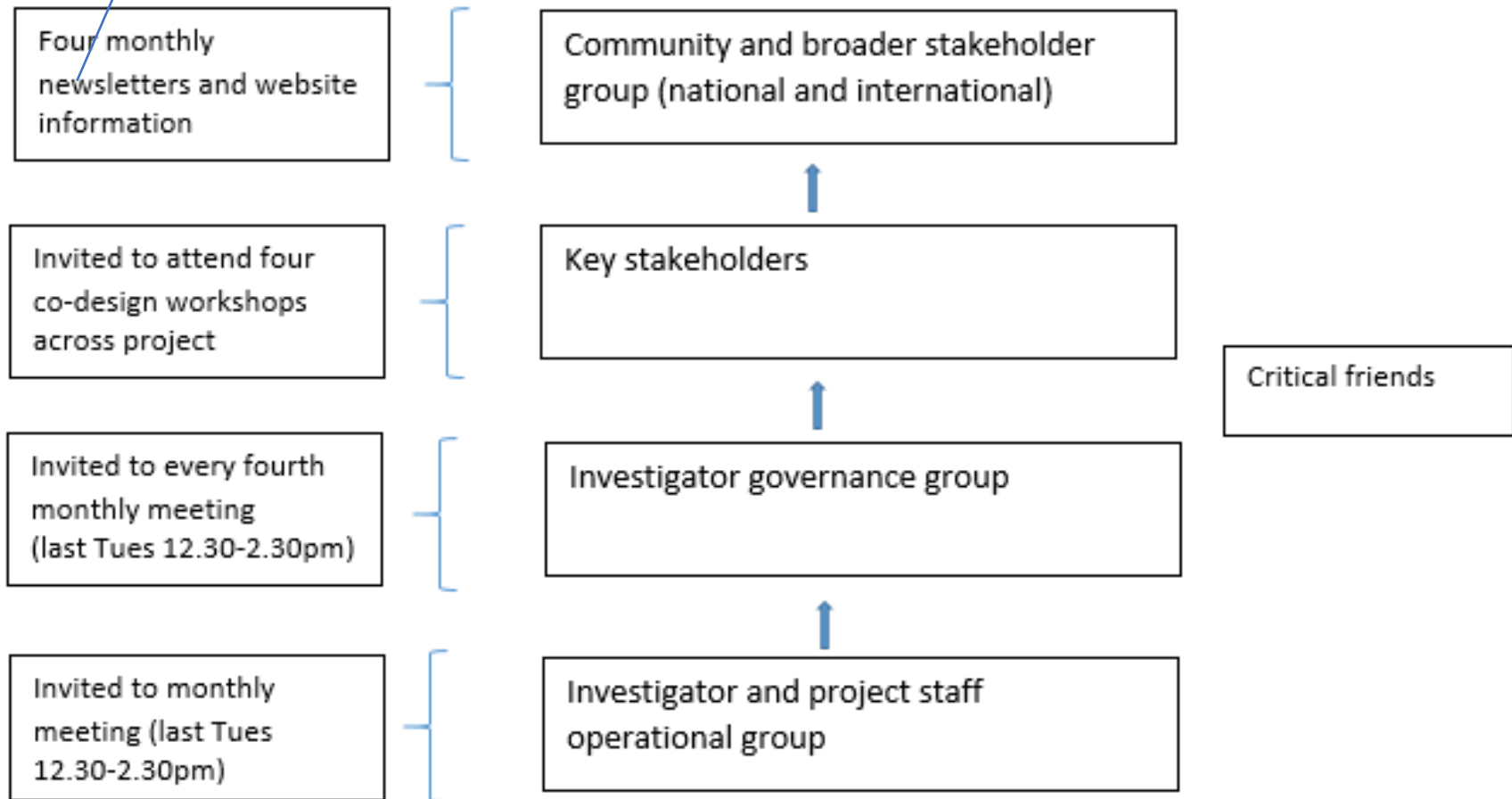
### Awareness and support: 'tree of life' scenario discussion:

- Important to draw on strengths (eg Togetherness/relationships/connectedness, skills, hopes for the future)
- Concerns about Child Protection
- Many lifestyle and trauma effects on parents
- Parents need support but perception service gaps getting wider, including various therapies, community volunteers
- Engagement, education and teaching parenting skills is needed



# 3.8 Project structure and communication

E: [hpnf@Latrobe.edu.au](mailto:hpnf@Latrobe.edu.au) W: <https://www.latrobe.edu.au/jlc/research/healing-the-past>



### 3.9 *Healing the past by nurturing the future (HPNF): co-designing perinatal awareness, recognition, assessment and support strategies for Aboriginal and Torres Strait Islander parents experiencing complex childhood trauma*



***Cultures Child, Ink on paper, 2018 © Shawana Andrews***

*A father, mother and child wearing possum skin cloaks sitting by a myrnong daisy, the father holds the stem and looks to the daisy as it holds history and knowledge of the ancestors, this gives him strength. The mother holds a newborn and rests against the stem, it supports her. Mother and father are on different sides of the stem representing their different paths and roles in caring and nurturing for children. The daisy is in flower but also has a new bud and speaks of future generations and continuity. The stones below represent a strong foundation of many generations and the stitching on the cloaks represent the relational connectedness of Aboriginal people and worldview. The mother's hair blows in the wind, representing change.*

# Presentation summary

1. Complex trauma has an enormous impact on health and compounding intergenerational effect on health equity impacting on Aboriginal communities.
2. Many challenges in perinatal period, but this is also a unique life-course opportunity for healing and 're-weaving' a future.
3. Strategies for improving awareness, recognition, assessment and support for all parents, and particularly Aboriginal parents, is urgently needed.



Lankin 2012: <https://www.catsinam.org.au/static/uploads/files/kildea-van-wagner-birthingoncountry-maternity-models-2012-wftwpxnxkqmr.pdf>

# Thankyou



Image source: <http://www.sbs.com.au/nitv/article/2015/10/27/child-removals-continue-rise-trauma-perpetuates-says-social-worker>

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<https://www.latrobe.edu.au/jlc/research/healing-the-past>