

TABLE OF CONTENTS

INTRODUCTION.....	2
CONTEXT	2
CONTACT WITH BOWRAVILLE COMMUNITY	3
OUTCOMES OF IPS’ WORK IN BOWRAVILLE:	4
IMPRESSIONS – PSYCHOLOGICAL IMPACTS OF THE MURDERS.....	6
THE GENERAL MENTAL HEALTH AND PSYCHOLOGICAL IMPACTS.....	7
Chronic Collective Trauma	9
THE IMPACT OF RACISM - WHAT THE SCIENCE TELLS US.....	13
RESPONSES TO BOWRAVILLE.....	14
UNDER POLICING	15
OVERPOLICING.....	17
THE PUBLIC RESPONSE – NEWS WORTHINESS OF THE BOWRAVILLE MURDERS.....	18
THE JUDICIAL RESPONSE.....	24
RESPONSE TO MENTAL HEALTH NEEDS.....	27
RECOMMENDATIONS	29
ATTACHMENT 1: POST-TRAUMATIC STRESS DISORDER (PTSD) Criteria.....	32
REFERENCES.....	33

BOWRAVILLE PARLIAMENTARY ENQUIRY

INTRODUCTION

My name is Dr Tracy Westerman. I am a practicing Psychologist of Aboriginal descent. I am of the Njamal people from the Pilbara region in the Northwest of Western Australia. I hold a Post Graduate Diploma in Science (Psychology), a Masters Degree in Psychology (Clinical and Health), and a Doctor of Philosophy (PhD) in Clinical Psychology. I am the Managing Director of Indigenous Psychological Services (IPS), a private consultancy company that has operated since 1998 and is based on Perth, Western Australia. Our services have been delivered throughout Australia since 1998 and this has included significant work in New South Wales Aboriginal communities. My general field of expertise is in the mental health and psychological assessment of Aboriginal people. My specific expertise is in the cultural specificity of mainstream mental illness with a focus on depression, post-traumatic stress disorder, self-harm and suicide.

CONTEXT

Bowraville is a small rural community in northern NSW, approximately 60km south west and inland from Coffs Harbour in Gumbaynggirr country. Twenty percent of the population of 2000 is Aboriginal, that is, approximately 350-400 Aboriginal people live in the town of Bowraville. Bowraville was ranked the 7th most disadvantaged community in NSW (Tony Vinson's 1999 report). The town has received adverse publicity on issues of unemployment, crime violence, schooling problems, and other social issues (eg. alcohol misuse, violence etc).

In September 1990 a sixteen year old girl Colleen Walker disappeared from a party at the Bowraville community. Her clothing was later found in the Nambucca River in October of the same year. In early October 1990, a four year old girl, Evelyn Greenup also disappeared from a party at the mission and her remains were found in April 1991. In the interim, another teenager, a young male, Clinton Speedy disappeared from his caravan in February 1991 and

his remains were found only two weeks after his disappearance and in close proximity to Evelyn's remains. All three children were from the same community and linked through extended family and their connectedness with Bowraville.

The legal processes have spanned approximately 20 years, as following the acquittal in February 1994 for the murder of the Clinton Speedy, and the "no billing" in March 1994 of the murder charges in relation to Evelyn Greenup the community has not received any resolution via the legal processes. It was not until 1998 that the Community as a whole received some psychological or therapeutic input and this was via a weekend workshop with no ongoing service plan or follow-up. It seemed that the community were generally left to resolve these highly emotive issues themselves. During the Coronial Inquiry in 2004, the family members were again subjected to a highly stressful with little no mental health support. It was at this time that the allied health services via Durri Aboriginal Medical Services and North Coast Mental Health Services began to request support and services to assist the community.

CONTACT WITH BOWRAVILLE COMMUNITY

Initial contact with the Bowraville community came via a request from the federal government funded Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health (OATSIH) in late 2004. They were acting on a request from the Bowraville community who had heard of the successful work of IPS in other remote Aboriginal communities. The initial funding for the services of IPS covered the period November 2004 to March 2005 with the following focus:

- (1) *Address immediate emotional and social wellbeing needs of the Bowraville Aboriginal community as a result of issues arising as part of the coronial inquest.*
- (2) *Identify a number of longer - term options to address the ongoing emotional and social well being needs of the Bowraville Aboriginal community.*

Following this initial delivery of services IPS were offered sporadic contract extensions from April 2005 through to early 2008. The nature of these contracts has been that there have been

gaps between contracts in terms of funding availability. IPS has nonetheless continued to work in the Bowraville community on a no fee basis.

OUTCOMES OF IPS' WORK IN BOWRAVILLE:

The most important outcome of IPS' work has been the continuation of the mental health support needs within the community via the full time employment of two mental health workers since 2006. IPS developed the initial assessment of need and was able to successfully lobby for OATSIH to fund these positions recurrently. The following outcomes were achieved during IPS' work with the Bowraville community.

1. Identification of services available and type of services currently provided to Bowraville which were mapped against community needs,
2. An analysis of community needs relative to the impacts of the alleged murders. This would specify the types of services that were needed and gaps in current services to date
3. An analysis of service providers needs relative to working at a more effective level with Aboriginal people in the Bowraville community. Development of a service provider resource and classification of service type was also a key outcome. provision of ongoing counselling, training and support services,
4. Delivery of Services. This particular component of IPS' work was specifically around service delivery and focused upon the scoping and analysis of needs already undertaken. This phase involved the following programs and activities:
 - a. Service Provider Aboriginal Mental Health Training. This occurred over three phases with a different training focus at each phase. Topics included the management of Trauma in Aboriginal Communities; Alcohol and Drug Counselling; Depression; self-harm; suicide; anxiety disorders; community interventions and effective service delivery in Aboriginal communities,
 - b. Community Mental Health Intervention. The delivery of community programs was varied and based upon distinct needs of the families and included:

- i. *Direct counselling services focused on immediate and extended families of the victims.* The immediate families had the flexibility to inform IPS of their counselling needs. The uptake of this particular aspect of the program was immediate. The need was high and as a result IPS paid for a 1800 phone number so that families could ring free-of charge in the times that IPS were not present in Bowraville
 - ii. *Psychological Assessment.* IPS undertook a number of assessments that were related mostly to post trauma for issues such as criminal compensation; referrals to specialists and so forth
 - iii. *Community and immediate family grief and loss workshops.* These were held in separate family groups in recognition of the very different grief reactions and experiences of each family. This ran over four phases and took a targeted intervention approach. This included debriefing of the murders and particularly critical events associated with each family members recall associated with the murders
 - c. *Youth Intervention.* The youth programs were facilitated out of the school, with the focus being targeted mental health intervention. This type of intervention assumes that those who participate in the program have mental health risk indicators for Post-Traumatic Stress Disorder (PTSD). This assumption is based upon the exposure to trauma (the murders) which has created an environmental, genetic, and potential biological pre-disposition.
5. The final phase of service delivery resulted in the development of a unique mental health service delivery model, the focus of which was the sustainability of services over time in the absence of external specialist support services (such as IPS). The focus of this model was to ‘value add’ to those mental health services ‘on the ground’ as well as to provide a missing piece of the service delivery puzzle. The model was developed with the community with the following unique aspects:
 - a. That the immediate families determined the service delivery model via the development of a steering committee (SC)

- b. Terms of Reference were created which ensured that the family were involved in the service delivery at an ongoing level
- c. A Memorandum of Understanding was developed between the family SC and Durri Health Service who 'housed' the funding
- d. The families were involved in candidate selection and support and continue to be involved via regular meetings with the mental health worker. This ensures that community needs are constantly evaluated and the families are able to provide regular feedback on the service.

The outcomes of the work undertaken by IPS were extensively evaluated and documented in reports provided to OATSIH. The most important aspect of this documentation was in the demonstration of a strong level of service uptake from within the community. This then resulted in the successful lobbying for the full time mental health position.

IMPRESSIONS – PSYCHOLOGICAL IMPACTS OF THE MURDERS

The following information is provided as general observations of the psychological impact of the Bowraville murders and is based upon a combination of the following: clinical interviews and observation; self-report from immediate and extended families of the victims; feedback from the broader community and, finally; community and service provider needs analysis undertaken during the time in Bowraville already discussed. **This report is provided in such a way that does not identify any individual treated by IPS psychologists, nor is there any assumption made that any particular member of the Bowraville community is currently experiencing the symptoms of trauma described in this report.**

I will also describe the (post-trauma) mediated factors that continue to contribute to the burden and lack of resolution of grief experienced by the families and, which in many instances has caused re-traumatisation.

THE GENERAL MENTAL HEALTH AND PSYCHOLOGICAL IMPACTS

The extent of exposure to traumatic events by the Bowraville community taken in isolation of any other factors would suggest a fairly high degree of risk for Post-Traumatic Stress Disorder (PTSD) and other related psychiatric disorders (such as depression and alcohol and substance misuse disorders). Our impressions over the period of contact in this community were consistent with this and broadly indicated a considerable amount of complicated and unresolved grief and complex trauma. This is not unusual in cases of violent crime with studies indicating prevalence of posttraumatic stress disorder is relatively higher for victims of violent crime than other types of trauma (Orth et al, 2006).

The diagnostic criteria associated with PTSD as defined by the Diagnostic Statistical Manual (Fifth Edition) are provided at Attachment 1. Broadly, PTSD is defined as “an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others”. Such an experience that is (or experiences that are) emotionally painful, distressful, or shocking, often resulting in lasting mental and physical effects”. Those with PTSD predominantly manifest four major symptom clusters (refer to Attachment A) including (1) that a event that is perceived as a threat to life has occurred and that there is an absence of control over this threat; (2) re-experiencing of the event through intrusive thoughts, flashbacks, (3) increased arousal and startle response; (4) avoidance of reminders of the event (avoidance behaviours). Importantly to meet the criteria for PTSD these symptoms must be evident for longer than one month.

Whilst PTSD can be the end result of exposure to trauma, not everyone exposed to traumatic events develops PTSD. Whilst different studies cite different rates, the available research indicates that the development of PTSD in the aftermath of a traumatic event occurs in around 6-14% of individuals. The development of PTSD is dependent on a complex interaction of pre-trauma, peri-trauma, and post-trauma variables. Unfortunately the pre-conditions that increase the likelihood PTSD are all evident in the Bowraville case. This includes the following factors:

1. Pre-trauma variables. This includes any previous traumatic exposure, such as childhood trauma or abuse; pre-existing psychiatric illnesses; genetic vulnerability (this refers to innate personality styles which are most susceptible to PTSD) and biological factors being having a parent with PTSD. There is also important developing research which has demonstrated a link between experiences and perceptions of racism and risk for PTSD. Forms of race-based trauma include racial harassment, discrimination, witnessing ethno-violence or discrimination of another person, historical or personal memory of racism, institutional racism, micro-aggressions, and the constant threat of racial discrimination (Helms et al., 2012). The more subtle forms of racism mentioned may be commonplace, leading to constant vigilance, or “cultural paranoia,” which may be a protective mechanism against racist incidents. However, research is now indicating that culmination of different forms of racism may result in victimization of an individual parallel to that induced by physical or life-threatening trauma. Bowraville has a well-documented history of racism which was highlighted by the “Freedom Rides” of the 1960s led by Charles Perkins. He specifically chose to come to Bowraville to highlight “deep racism” in the town where Aboriginal people were not afforded the same human rights as non-Aboriginal people. Many of the families told numerous stories of exclusion from being able to socialise in certain areas; having to sit in a separate section at the movies and so forth and the impacts this had and continues to have on their developing sense of self. In addition there are also families who were impacted by the government’s assimilation policy and experienced forcible removal. The impacts of removal are consistently devastating and impact not only on the individual but also on future generations. Forcible removal from primary parental attachments impacts in differing degrees but most certainly has the strong likelihood of impacting upon the ability to formulate robust personal and intimate relationships and on ones capacity to parent their own children (Westerman, 2003).
2. Peri-trauma risk factors. This refers to the type of trauma that is experienced. Those who have experienced bereavement as a result of murder have increased likelihood of PTSD occurring. The fact that there were three murders of children and in quick succession of each other significantly compounds this risk. Other factors implicated in the development

of PTSD is the degree of threat (murder being of the highest degree of personal threat); the duration of the traumatic event (three murders occurring over an eight month time period, combined with the lengthy time period that has passed without having a conviction of any individual responsible, maintains the sense of threat) contributed and continues to contribute to the prevailing sense of intense threat that many continue to feel,

3. Post-trauma variables. Refer to those that relate to a poor social network, absence or lack of family support, the degree of loss, social class and socio-economic status, educational status, cultural background and ethnicity, and gender. In relation to post-trauma variables experiences of marginalisation, the lack of newsworthiness provided to the murders and responses to those around the Bowraville case have had significant post-trauma impacts on the families recovery and healing (refer to section on the “Responses to Bowraville”).

Chronic Collective Trauma

Although traumatic events invariably cause both physical, cognitive, behavioural and psychological reactions, the term **chronic collective trauma** is more commonly applied to the psychological effects shared by a group of people of any size, and must be distinguished from individual trauma as in PTSD. Although it is true in the case of Bowraville that vulnerable individuals have been prone to PTSD, chronic collective trauma more aptly describes the impacts of the murders on both immediate and extended families as well as the broader Aboriginal community.

Such patterns of psychological distress occur predominantly in those unique instances in which multiple traumas has occurred and is associated with experiences of marginalisation, oppression and living with suffering over extended periods of time. In these cases communities are overwhelmed, feel existentially unsafe, and find the world profoundly and imminently dangerous. This is often accompanied by such feelings as terror, hopelessness, helplessness, worthlessness, despair, distrust, rage, and guilt. Some of the noted impacts of chronic collective trauma (according to Ratnavale, 2007) include:

- Deep mistrust of self, others, even family

- Fear and anticipation of betrayal
- Shame and humiliation
- Cultural genocide, losing traditional values, desecrating land and institutions
- Violence against women
- Self-directed violence- suicide, risk-taking behaviour
- Substance abuse
- Unremitting grief
- Intergenerational conflict-role diffusion, sexual abuse, other boundary violations
- Dependency- hostile or pathological
- Leadership vacuum
- A Conspiracy of silence - overall attitude of secrecy

Specific manifestations of this in the Bowraville community that were noted include:

- Perceptions of the town have been altered with consistent references made to “Bowraville before the murders” and “Bowraville after the murders”. Predominantly, there was a ‘narrative’ that was built around the murders. This was (and continues to be) evident in the surviving families and generations beyond, in that they are collectively almost frozen in time, periodically re-experiencing the past or responding to the present as if it were the past. The environment has become one in which trauma, fear, and distrust become the new community ‘norm’ and is therefore reinforced by the collective behaviours within the community itself;
- Related to this is that the community of Bowraville has become pathologised by the murders with the families and community speaking of being unable to escape the ‘labels’ associated with the murders. The result often is that there is an element of self-fulfilling prophecy at play – that is a repeating of the cycles that become expected – it also fits with a common trauma response. That being, the repeating and re-enactment of trauma into the future. The environment acts as a stronger enabler to this than other communities who would not have this pre-condition;

- This also ensures that the environment in itself becomes a salient or constant reminder of the murders;
- Chronic collective trauma would be more severe than PTSD due to the difficulty with resolving the trauma. It often co-exists with high rates of depression as well as alcohol and drug usage. Both of these additional psychiatric conditions were noted and predominant throughout the community. Whilst depression can often be a condition that is not as easily recognised by others due to the fact that it is an ‘internalising’ disorder, it tends to go hand in hand with the use of substances (often those who suffer from PTSD will ‘self-medicate’ as a method of coping with the intrusive thoughts, flashbacks and images); the goal of which is to cope with the often intrusive nature of memories associated with the murders. The most ‘high risk’ times for substance misuse are consistently the birthdays of the deceased as well as the anniversaries of their deaths. This was noted throughout the duration of IPS’ work in the community and is common in the grief reactions of bereaved people generally;
- Alcohol and other drugs, when used as methods of coping with PTSD, are often maladaptive and can manifest as aggression (poor impulse control), paranoia and mistrust. It becomes an inescapable pattern in those instances in which avoidance of reminders of the event is not possible – as is the case for those who continue to live in Bowraville. This cycle then becomes engrained in that there is at least some ‘short term’ relief from these intrusive and distressing memories through the use of alcohol and other drugs;
- When multiple traumas occur each incident has a cumulative effect and this often results in a numbing to the incident itself. Clinically the term used for this is *dissociation* which is a way to survive overwhelming and repetitive fright and trauma; it is viewed as a protective mechanism. The individual may be present in their body; however they are psychologically cut off from their emotional and physical feelings. By placing this space between self and danger, anxiety then starts to decrease. As with anything that relieves intense distress this process can then become repeated and can then become a pattern of reacting to frightening or emotionally difficult situations. Different types of dissociation and disconnection were evident by our observation, with individuals and communities

dissociating from aspects of the past that are associated with the trauma; with people and communities fleeing events, history, or memory. For example, family members have fled Bowraville to escape the memories only to periodically return in the hope that their presence would result in some ‘miraculous’ recall of lost evidence or triggers in their memory that may assist in solving the case. The common thread is one in which the past is always unfortunately present from which as a collective the community continue to be unable to escape;

- The impact of chronic collective trauma tends to set in motion behavioural patterns in which individuals repeat the traumas of the past even to the extent of seemingly ‘bringing it upon themselves’. This suggests that, just as trauma frequently becomes a central organizing principle in the psychological structure of the individual, it is likely that trauma is a central organizing principle in the psychological structure of a whole community (Ratnavale, 2007). The most common feature of chronic collective trauma is the re-enactment and repetition of trauma. This often means that those individuals who have had a previous trauma experience are at increased risk for future trauma experiences. Bowraville post-murders appear to be collectively in a cycle of continual crises whether it is assaults, suicides, family conflict etc. As noted by Knox (2010):

“The life of every person connected to the three children was ruptured. Kelly Jarrett moved to Alice Springs. Adrian Jarrett committed suicide. Alison Walker never goes back. Marje Jarrett and Thomas Duroux live in a more or less permanent state of grieving. On several occasions, when I asked what had become of young men who lived around the Mish at the time of the disappearances, I was told they had committed suicide in the past 20 years. Some members of the Stadhams, Duroux and Walker families no longer speak to each other.” (Knox, 2010).

- Intergenerational Impacts. Feedback from those in child care and local schools indicated concern regarding the high levels of anxiety that was evident amongst the children (the current generation) in the town. There is evidence that susceptibility to PTSD is hereditary. Approximately 30% of the variance in PTSD is caused from genetics alone. This occurs through

a combination of genetic predisposition (innate personality styles which are a combination of the genetics of both parents – therefore if a parent has PTSD this increases the genetic risk); biological factors (similarly a parent with PTSD results in increased biological risk through the greater potential for disrupted development in their children) and environment (parents or close family who have PTSD modelling anxiety, fear and threat so that children then learn to perceive the environment in this way). It is clear that the environment has become altered as a result of the murders and that these impacts are multi-layered,

- There is also an increased likelihood of a greater level of exposure to negative life events (death, exposure to violence etc.) due to the increased genetic, biological and environmental risk factors.

THE IMPACT OF RACISM - WHAT THE SCIENCE TELLS US

The race of the victims and the extent to which this has impacted upon the responses to the Bowraville murders requires an objective exploration. This is both in terms of the individual responses of police, leaders, and government services to victims as well as the pivotal issue of how the judicial system has coped with a case so unique that it has constantly challenged Eurocentric mechanisms of justice. To ensure that these issues are explored objectively I have combined the available research, the collective behavioural and clinical observations from my team of psychologists, as well as events that have occurred in the Bowraville.

There is increasingly better recognition globally of race-based trauma. Unfortunately, the evidence tells us that not only is racism in Australia increasing but that it impacts upon Aboriginal people more than any other group (Paradies, Pedersen, 2013). On average Aboriginal people have seventy (70) discrete experiences of racism yearly (75% regularly experience racism). There is also increased research that has linked the impacts of racism to poor mental health outcomes. For example, racism explained 30% of depression and over 50% of chronic stress experienced by Aboriginal people (Priest & Paradies, 2010). Additionally, experiences associated with racism are likely to lead to negative identity

formation and poor self-concept which is then passed onto future generations (Westerman, 2003).

Discrimination can result in severe emotional effects. Bryant-Davis and Ocampo (2005) noted similar courses of psychopathology between victims of violence crime and victims of racism. Both events are an assault on the personhood and integrity of the victim. Similarly to violent crime, race-related trauma victims may respond with disbelief, shock, or dissociation, which can prevent them from responding to the incident in a healthy manner. The victim may then feel shame and self-blame because they were unable to respond or defend themselves, which may lead to low self-concept and self-destructive behaviors. Both survivors are made to feel shame over ‘allowing’ themselves to be victimized.

The impacts of the race of the victims from a psychological standpoint have been immense, having some clear impacts on the capacity of the community to move forward in their healing. The experience of the IPS team was that the bereaved families and wider Bowraville community spoke constantly of the differential treatment they had received relative to other more ‘newsworthy’ child murders. For the Bowraville community this has created a further complex dimension to recovery which will now be explored. Specific examples of traumatising and re-traumatising factors relative to the responses of those who are mandated to protect will also be provided.

RESPONSES TO BOWRAVILLE

The extent to which people are able to cope and heal from trauma is impacted significantly on the response to this trauma. The provision of response to a traumatic event is not always equally and/or adequately provided (Rudin, 2006). Put simply, “trauma is inherently political” (Burstow, 1992). If people are not helped adequately, the trauma develops whole new dimensions. What is particularly significant to the magnification of trauma is the provision of help from officially mandated institutions of help, especially arms of the state. Trauma is only magnified when governmental bodies and societal structures fail to accommodate and/or help (Burstow, 1992).

Trauma is POLITICAL (i.e. the link between societal response and magnifying trauma) (Burstow, 2003)

UNDER POLICING

The term under-policing refers to situations where the police choose not to act, even where there is evidence that crimes have been committed. There is evidence to suggest that Aboriginal people are viewed by the police as “less worthy victims” and therefore crimes are not investigated as thoroughly or prosecuted as vigorously. For example, a review conducted by the Office of Aboriginal Affairs in NSW, highlighted numerous reported cases of under-policing for Aboriginal people; and more particularly for Aboriginal female victims of sexual assaults. Whilst information from surveys and inquiries suggests a high proportion of violent victimisation is not disclosed to police (e.g. ABS 2005, 2002, 1998, 1996; Lievore 2003; Mullighan 2008; ABS NSCU 2005; Wild & Anderson 2007), rates of non-disclosure are higher in Indigenous than non-Indigenous communities, with studies indicating that around 90 percent of violence against Indigenous women is not disclosed (Robertson 2000; Taylor & Putt 2007), nor most cases of sexual abuse of Indigenous children (Aboriginal Child Sexual Assault Taskforce 2006; Gordon, Hallahan & Henry 2002; Wild & Anderson 2007). A study found that 75 percent of Indigenous female sexual assault victims did not report the offence because of fear, either of repercussions or police attitudes (Robertson 2000). Many Indigenous people fear contact with police based on unsatisfactory responses they have experienced or heard about, exacerbated by a general distrust of police felt in many Indigenous communities and the culturally and sexually insensitive ways police may respond to Indigenous victims (Blagg 2002; FVPLS Victoria 2010b; Robertson 2000; Taylor & Putt 2007). In addition, those who experienced negative police responses, such as failure to act on breach reports, slow responses, disrespect, cultural insensitivity or laying blame on the victim, were less likely to make another report (FVPLS Victoria 2010b).

Certainly, the inadequate response of the police in the aftermath of the disappearance of each of the children is well documented and consistent with the racially based phenomena of under-policing. The disappearance of both Colleen and Evelyn did not evoke a sense of

urgency from the police with family members stating that the police stated to them that their children had probably ‘gone walkabout’. This phrase evokes considerable emotion in the bereaved family members in a way that the words continue to replay themselves and act as salient and inescapable reminders of the trauma. Many of the family members recount such stories in a way that not only evokes an immediacy of emotion indicative of a fresh (new) trauma but is often combined with a dissociative (disconnect) from these stories as a method of coping with these reminders. The trauma fails to be healed due to the continuation of the portrayal of the Bowraville victims as somehow less worthy than other more relatable victims of crime. The impact of trauma is worsened when a traumatic event is designed, planned and systematically executed by the very people looked to for protection.

The additional dimension to recovery is the realisation not only that critical evidence which could have resulted in any one of these murders being solved was missed due to the lack of urgency by police; but also that subsequent murders could have been prevented. This realisation is further compounded by the knowledge and belief of the bereaved families that they are powerless to change the reality that Aboriginal (black) people as victims will consistently be under policed. For instance, someone who may have experienced a racist incident may be told that if they are polite, work hard, and/or dress in a certain way, they will not encounter racism. When these rules are followed yet racism persists, powerlessness, hyper vigilance, and other symptoms associated with PTSD may develop or worsen (Bryant-Davis & Ocampo, 2005).

Officially mandated institutions of help, especially arms of the state, must be understood as central players in the traumatizing of people and communities (Burstow, 1992). Governments or governing councils might provide maximum or minimum help. Insofar as people are not helped or helped inadequately, the trauma takes on whole new dimensions. Magnification of trauma by others and by society at large occurs in manifold ways, including denying the impact of the critical incident, minimizing its severity and impacts, failing to accommodate, and failing to help. What is particularly significant to questions of radical praxis, trauma is magnified exponentially in the name of help, especially by those helping institutions that

occupy central locations in the relations of ruling. Moreover, trauma is systematically produced by them (Burstow, 1992).

The re-traumatising aspects of under-policing are that it continued with each disappearance therefore maintained a core fear of every traumatised individual in the community – that the traumatic event will happen again. This outcome was realised as critical information continued to be missed by those sanctioned to help and respond to critical incidents, but also via the responses across all systems of government, politics and community that indicated a ‘lack of worthiness’ towards the victims.

OVERPOLICING

Whilst under policing is more likely to occur when Aboriginal people are the victims of crime, over policing is more likely when Aboriginal people are perpetrators of crime. The most obvious and distressing example of over-policing was the decision to send over half a dozen tactical response police to Port Macquarie on the day of the verdict announcement for Evelyn Greenup’s trial in 2006. As a witness to this event working for IPS at the time in the community, the psychological impacts were considerable. The pure visual presence of a significant number of fully uniformed tactical response police spoke to the issue of over policing and, more importantly, the lack of empathy ascribed to the victims as victims. In representing the police response to Bowraville this became significantly more impactful due to the effective absence of police during times of need, and consistently so in the experience of Bowraville people. The relative dollar value placed on policing the victims of crime, compared with catching the perpetrator of these crimes created more trauma for community members.. Of further distress to the family members was that the tactical police group occupied most of the first two rows of the court room forcing the family members to hear the verdict in the back rows and some in standing room only. Several weeks after the verdict my team attended Bowraville for the purpose of providing debriefing for the community and families. The emotional distress of the acquittal in some instances was not able to be fully explored with some family members who felt distressed and disrespected by this event. Some

of the family members also reported feeling ‘robbed’ of being able to ‘be in the moment and take in the verdict’ as a result.

Statistics have consistently demonstrated the over-representation of Aboriginal people as offenders and provide support to the concept of phenomena of over policing. First, when apprehended by police, Aboriginal Australians are half as likely to be given a caution than non-Indigenous people and ‘were nearly three times less likely to be cautioned when processed by police’ than non-Indigenous youth (Department of Justice, 2005; Indigenous Issues Unit, 2006).” Additionally, Aboriginal people are 15 times more likely to be charged for swearing or offensive behaviour than the rest of the community. As an Aboriginal adult you are 14 times more likely to be incarcerated.

Under-policing and over-policing are really two sides of the same coin. Combined, the experiences build a lack of trust in the police and the justice system. For the people of Bowraville both of these issues were clearly operating and impacted on a number of witnesses coming forward with information that could have potentially assisted police at the early stages of the investigation. One powerful example is of a relative of one of the murder victims who spoke to a recent documentary filmed by Aboriginal lawyer Larissa Behrendt. He stated that he did not go to the police with critical information related to conversations he had with the man accused of the murders. His reasoning was in his belief that “I am black and I am a drinker. No-one is going to believe anything I say. But I am telling the truth”.

THE PUBLIC RESPONSE – NEWS WORTHINESS OF THE BOWRAVILLE MURDERS

It is widely accepted that not all homicides are considered equally newsworthy, and that there is variation in the extent of coverage homicides receive from news organizations. Generally speaking homicides involving multiple victims (Johnstone et al., 1995), white victims (Pritchard & Hughes, 1997; Sorenson et al., 1998; Weiss & Chermak, 1998), vulnerable victims (Paulsen, 2003; Peelo et al., 2004; Pritchard & Hughes, 1997; Sorenson et al., 1998),

and homicides that occur in relatively wealthy neighbourhoods (Sorenson et al., 1998) are amongst those homicides most likely to receive news media attention. It is noteworthy that there is considerably less newsworthiness in the Bowraville case; despite this being triple murders and of children which tends to attract more media and public attention (for example, the Beaumont children disappearances and the Claremont Serial Murders)

Unfortunately, the Bowraville case suffers from an extreme of marginalisation in that the community is relatively remote and therefore less “relatable” to the average person on the street. What this means is that the fear, motivation to prevent and act, is more challenging as the threat is not as relatable. This would be very different if three children were murdered in an environment of affluence or in an urban centre where a greater volume of people are capable of relating to the potential of risk to self. Greer (2003) for example postulates that cultural proximity to the audience plays a crucial role in its newsworthiness. This relates to the extent to which an event is viewed as culturally meaningful and relate to the audience’s values, concerns, and/or beliefs. As stated by Knox (2010)

“Beyond this, broader, troubling questions remain. In a country where the names of missing or murdered children remain indelibly in the national consciousness, why do the Bowraville children not figure? The Beaumont children, Samantha Knight, Jaidin Leskie, – these and many more are embedded in the Australian lexicon of tragedy. Why are Colleen Walker, Evelyn Greenup and Clinton Speedy-Duroux not firmly fixed in our national memory?”

Minority crime victims consistently receive not just a less sympathetic tone of news reporting but also less media attention than White victims (Dowler, Fleming & Muzzatti 2006; see also Meyers 1997). Studies demonstrate that black male and female crime victims face a higher likelihood than Whites of receiving no coverage at all (Buckler & Travis 2005). The research on this phenomenon unfortunately is globally consistent and not unique to Australia. For example, in a study of press coverage of crime in Toronto, Ontario, Canada, Wortley (2002)

found that Black female crime victims rarely made it on the front page of the newspaper, were relegated to the back pages, or not mentioned at all.

Entman and Rojecki's (2001) study of broadcast news in Chicago ascertained that the ratio of time spent on White (male and female) victims compared to Black victims exceeded three to one. Blacks while underrepresented as victims were overrepresented as perpetrators. Aboriginal women garnered just 53 articles compared with 187 articles for the White women; representing three and a half times less coverage overall for the Aboriginal women (see Table 2).

On the Australian forefront, it has similarly been shown that Aboriginal events are less newsworthy than non-Aboriginal events. Ewart (1997) evaluated the under-representation of Aboriginal Australians in one well-known Australian Newspaper. His research gathered data that clearly indicated Aboriginal Australians were not considered to be newsworthy by the newspaper's editorial hierarchy. The Editorial management and journalists cited a general lack of public interest in such issues. Self-reportedly, they had made a decision to avoid such articles due to their belief that the general population was not interested, as highlighted in the following statement made by the Chief of Staff of the newspaper, "The editorial hierarchy does not believe that the average reader wants to read that much about Aboriginal affairs." The ABC who is perhaps noteworthy for their coverage of stories which involve Aboriginal victims of crime and have ran two stories on Bowraville (Australian Story and Four Corners) as well as one on a similar case of a young Aboriginal child murdered and the resultant inadequate police investigation in February, 2014.

In applying the substantial evidence based research into the newsworthiness of crimes, the coverage and interest in the Bowraville case is fairly consistent with these findings. That is, the Bowraville case attracts significantly less media coverage than other more 'newsworthy' crimes such as the Daniel Morecombe case, the Claremont serial killer case, the Beaumont children, the Wanda Beach murders of two teenage girls in the 1960s, the Jaden Leskie murder and so on.

Decisions about whom and/or what is newsworthy are universally filtered through a primarily white, western, and heteronormative lens (Henry & Tator, 2006). For example, Canadian research that compared local press coverage of three missing/murdered Aboriginal women and three missing/murdered White women indicate stark disparities in the amount and content of coverage between groups. Specifically, the Aboriginal women received three and a half times less coverage. This is also the case with the Bowraville murders which have always attracted significantly less media and, by extension public attention, than murders which are more ‘relatable’ to audiences. Crimes which are more ‘relatable’ to the public become more newsworthy as a greater mass of people exert public pressure via a collective sense of threat that is felt. Bowraville is a significantly less ‘relatable’ crime” in that it is ‘confined’ to the murder of Aboriginal children in a remote area on one street.

Some examples of the lack of newsworthiness and/or interest in the Bowraville case include:

1. Media stories that regularly cover the nation or states ‘worst crimes’ or unsolved crimes rarely mention the Bowraville murders. This is despite the fact that there were three murders of children in a small town - a situation which has never occurred in Australia previously. Recent examples include:
 - A recent article highlighting NSW as having the worst record nationally of solving homicides. The story highlighted a number of ‘high profile’ unsolved murders. Bowraville failed to feature despite the fact that three children were murdered (source: <http://www.dailytelegraph.com.au/news/opinion/killers-escape-justice-in-nsw/story-e6frezz0-1225804952439>) and further <http://www.smh.com.au/national/the-faces-in-the-unsolved-murder-files-20091009-gqug.html>
 - A basic internet search using a number of key words including “unsolved murders in Australia” resulted in NO mention of the Bowraville murders (for example: <http://www.mako.org.au/unsolvedcrimes.html>). This is substantially different to the continued and consistent mention of the Snowtown Murders, the Wanda Beach Murders of two teenage girls’ in the 1960s; Jaidyn Leskie; the disappearance and suspected murders of the Beaumont children. Similarly, an internet search using

multiple key words such as “Child Murders Australia” (http://en.wikipedia.org/wiki/Category:Murdered_Australian_children); Australia’s worst crimes; etc., there is no mention of Bowraville (for example: http://en.wikipedia.org/wiki/Timeline_of_major_crimes_in_Australia)

- The Australian Institute of Criminology who maintains data on unsolved serial murders does not mention the Bowraville murders (SOURCE: <http://www.aic.gov.au/publications/current%20series/cfi/161-180/cfi163.html>). This also relates to the general reluctance to classify the murders as serial in nature and the work of a serial killer despite the Bowraville case satisfying known definitions of serial murder. The FBI for example defines serial murders as two or more murders that occur with a lack of ‘cooling off’ period. There must also be methodology that indicates the crime has been carried out by the same person. The Bowraville case VERY clearly meets all of these criteria. Questions must therefore be asked as to why the murders are not referred to as serial murders which invariably attract more media, public attention and importantly resources,
- The lack of coverage of Bowraville by any non-government funded ‘mainstream’ media. Stories have been covered by the ABC (Australian Story and Four Corners) and SBS (Living Black) who are government funded broadcasters but also have a substantially lower viewership than Channels 7, 9 and 10 and their affiliates. It also speaks to ratings and newsworthiness of the Bowraville case when the murder of three children has never been considered of interest to mainstream Australia to the extent that these broadcasters have dedicated resources to its coverage. A well respected ABC Journalist has stated that the plunge in viewership that they experience when running stories with Aboriginal content almost made covering these stories too ‘costly’,
- The coverage of the murder trials of Clinton Speedy and Evelyn Greenup were sparse and when these were covered it was confined to local news stations only. There was certainly no national or state television coverage. This is in contrast to the daily news coverage of the most recent child murder trial of Daniel Morecombe which was widely covered by national media on all channels. This example is used simply

because it is currently in the news and the most obvious example of a different level of newsworthiness. The verdict was actually covered live by national media with updates covered regularly for each day of the trial. The importance of newsworthiness cannot be underestimated in terms of being arguably a critical factor in obtaining a conviction. Newsworthiness in this case dictated resources and this was also widely covered by the media, who reported that the police dedicated over four months of a meticulously planned undercover ‘sting’ by Perth police played a crucial role in bringing Daniel Morecombe’s killer to justice,

- Related to the concept of newsworthiness are the responses of the leaders in the police department, politics and individuals of influence. First, there has been a lack of public comment on the Bowraville murders by a Police Commissioner until some seven years after the disappearances to the best of my knowledge. Police Commissioner Ryan in 1997 visited the Bowraville community and is the ONLY Police Commissioner to do so. He has also been the only Police Commissioner to visit the Bowraville community and meet with the bereaved families. To compound this further in the minds of the victims, in each instance in which the bereaved families have attempted to draw attention to their ongoing plight invitations to come to Bowraville and / or to meet with the family members has been consistently rejected. This lack of response from the police commissioners has been juxtaposed in the minds of the families with the responses to other high profile murders such as Daniel Morecombe. A recent example was noted in which the Queensland Police commissioner Bob Atkinson personally rings the Morecombe family and provides them with updates on the case. Similar examples of unequal treatment of murder victims continues to be a source of distress for the families who struggle to find any leader of influence to show strong and ongoing interest in their plight,
- The lack of a public figure (Aboriginal or non-Aboriginal) as a champion for the Bowraville cause who was capable of generating public interest or empathy in the case to the extent that generated widespread public interest in this case. As we have seen with many high profile murder cases, the bigger the profile, the more likely there is to be an outcome for the families.

- The failure of any state Premier, local, state or federal Member of Parliament to visit Bowraville or to offer to patron the Bowraville cause. This is despite being consistently invited to come to Bowraville to meet with the families and the victims.

THE JUDICIAL RESPONSE

Research has consistently supported a strong interaction between the victim's race and judicial outcomes for victims and families. However, whilst researchers agree that statistics demonstrate the disparate treatment that minority group individuals suffer within the legal system (e.g., Sommers & Ellsworth, 2001), there is far less agreement over the exact cause for this disparity. This is especially given the numerous and varied decision points throughout the system including: a police officer's decision to arrest, a prosecutor's decision to charge, a prosecutor's decision to offer a plea, a jury's verdict, and the sentence imposed by a judge. This is consistent with the Baldus et al. (1983, 2002) findings, in which victim and defendant race interacted to suggest that Black defendants were most disadvantaged when they were accused of crimes against White victims. The Bowraville case is unique as it has arguably challenged every stereotype that exists in the judicial process. The ability to go into a community as a white policeman and objectively gather evidence; the ability to extract this evidence given the extreme differences in communication styles between Aboriginal and non-Aboriginal witnesses; the difficulty with Aboriginal witnesses presenting evidence to mainstream juries without the jury being distracted by stereotypes and differences in lifestyle; and finally, the reality of the fact that a white man stood trial for the murder of Aboriginal children. The combination of these factors has put race and the race of the victims at the forefront of the ongoing questions by the families about whether justice could have been served had their children not been Aboriginal. A question which is fair to raise and as has been noted continues to contribute to ongoing trauma, distress and powerlessness.

Speaking to this racial bias in the justice system, Meyers (1997) argued that compared with high-status White people, poor and/or racialized crime victims are often depicted as more blameworthy for their victimization. In the Bowraville trials the bereaved family were

portrayed in both a racially stereotypical and inherently biased fashion. This included the portrayal of Aboriginal parenting styles as deficient relative to westernised practices and specifically that children were only allowed to wander the streets unattended for hours and often days at a time, but that the parents themselves seemed generally unconcerned with their whereabouts. As a Psychologist of Aboriginal descent and of considerable expertise on Aboriginal parenting practices, the presentation of the community in this light served a singular purpose and that was to damage the credibility of Aboriginal witnesses. Unfortunately this portrayal largely went unchallenged. The additional portrayal of chronic alcoholism and violence as being endemic also compromised the ability of the jurors to separate fact from fiction. Given also that all jurors were of non-Aboriginal descent this would have limited the cultural information that they had available to them and made it more likely that they would be distracted by the portrayal of witnesses in this way. The continued impact upon the bereaved families is that they feel that there is a lack of empathy for their victimisation and, by extension, the death of their children. For example, constant questions were asked of myself and my team by the community during the trial of Evelyn Greenup as to why there were no “Koori (Aboriginal) jury members”.

Certainly, in terms of jury bias Bowraville required that people generally unexposed to Aboriginal culture were able to move beyond stereotypes. That being, that Aboriginal people care about the welfare of their children; that a white man is capable of murdering black people; that Aboriginal people have a different lifestyle, beliefs and values and, that there is a stark difference in communication styles. It is, unfortunately, an extremely well informed individual with significant exposure to Aboriginal culture that would be capable of this degree of understanding. The elements of racial bias then do not necessarily speak to any intent on anyone’s behalf to be culturally insensitive or unaware; it is often simply a matter of not knowing any better.

What is known in terms of established bias is the capacity of white jurors to understand the testimony of Aboriginal witnesses; the subtle aspects of communication style and in

particular formal communication under stress, and to properly understand and not be distracted by these differences. The jury's difficulties in understanding Aboriginal witnesses in court were examined during the trial by Dr Diana Eades, an honorary research fellow at the University of New England, who visited Bowraville in 2005 and observed the 2006 trial. She found that many common features of Aboriginal communication worked to the witnesses' detriment in court." (Knox, 2010). Dr Eades wrote in a report to the NSW Law Reform Commission that typical Aboriginal gestures, such as long silences and lack of eye contact, might have been interpreted as evasiveness. Witnesses were probed about numerical distances and times, when "many Aboriginal people give specific details in relational rather than quantifiable terms ... and it can be problematic to ask Aboriginal people to give specific information using numbers." There was also much confusion among jurors about the Aboriginal social response of 'gratuitous concurrence': witnesses would reply "Yes" to a question for the purpose of politeness, then apparently contradict themselves by explaining their response to the same question in the negative." (Knox, 2010)

As a result of her observations, Dr Eades advised the Law Reform Commission that judges should give juries detailed and specific directions about how to understand Aboriginal communication, and not simply tell them – as did Justice Hulme in the Evelyn Greenup trial – that Aboriginal witnesses might "have some problems in terms of understanding or expressing themselves". Trials across Australia, Eades concluded, consequently risk producing unjust outcomes because juries "base their evaluation of witnesses on ignorance, stereotypes, or even misunderstanding of Aboriginal communication" (Knox, 2010). My observation of the Evelyn Greenup trial was that these differences were not only consistent but left unexplained to the jury.

RESPONSE TO MENTAL HEALTH NEEDS

The final example of systemic racism associated with the Bowraville case has been the virtual absence of psychological and mental health support provided to the community; despite the cumulative critical events that would be considered unprecedented in Australia. The extent of neglect of these psychological needs was evident from the outset of IPS' involvement from late 2004 (which was some 14 years after the murders). There are some very obvious long term impacts of this type of delay in response to the trauma experienced by the families. The first is that the trauma is not validated. This is often a first stage to recovery. The response of others can either heal or contribute to the re-traumatisation as we have already discussed. There is also increasing evidence that significant differences can be achieved in healing and recovery for those who are provided with appropriate critical incident support post-trauma and particularly for those communities that experience collective trauma. This support however needs to be capable of targeting the unique clinical and cultural needs of the 'surviving' families and this is a challenge for the most skilled clinicians. Given that Bowraville is a relatively remote area and is predominately Indigenous in population the likelihood of clinical and cultural best practice is more limited.

As recognised world leaders in this type of service delivery IPS are consistently called in by government to assist local services to develop their capacity to provide services into chronically impacted Aboriginal communities throughout Australia. The reason for the existence of IPS is that it is a company that is founded on the basis of clinical (highly trained psychologists) and cultural (being Aboriginal run and directed) best practice. Often with local services they have difficulty in either one of these areas. We noted the following concerns in relation to what would be considered 'standard' practice in responses to critical incidents;

- There was a failure to adopt a critical incident response procedure and framework following the disappearance of Colleen and in the subsequent murders of Evelyn and Clinton. Critical Incident Response (CIR) requires an immediate focus on the safety and wellbeing of the family members and this usual occurs via a police response and presence. The psychological aspects of safety then occur at the same time. The focus is to

ensure that families and individuals have adaptive coping strategies and that these are implemented as soon as possible. This usually includes information and resource via an explanation of normal and expected reactions to trauma and shock so the individual is aware of how they may react in the days and weeks following the incident. As the murders continued this response should have been provided as a ‘whole of community’ response. Realistically a critical incident team should have been set up at the community itself to ensure that people were able to speak to someone as required and have access to resources and support as needed. This never occurred to my knowledge,

- There has also been an associated lack of understanding of the complexity of trauma and associated responses. Often services have either been piecemeal or reactive. For example the families were provided with an opportunity to attend a ‘healing weekend’ some 10 years after the murders of their children. The weekend encouraged those in attendance to speak of their grief. There was no ongoing work to ensure that reactions neither were appropriate following this weekend nor was there any follow up focused on resolution of any issues raised in the workshop.
- When a response did occur it was inadequate in relation to the best practice benchmarks of responses to trauma. That being, to identify those who are showing symptoms of trauma and then provide interventions that specifically target these emerging symptoms.

RECOMMENDATIONS

Relatively little attention has been paid to the collective psychologies of societies under stress or appropriate strategies for healing collective trauma and restoring community stability, health and prosperity. What is known is that when whole communities experience multiple traumas to the extent to which has occurred in Bowraville the impacts can be long term and often chronic. Unfortunately the biological, genetic and environmental risk factors often exist to the extent that this trauma is then passed to the next generation. The following recommendations are provided:

1. That a review be undertaken of the existing Mental Health Services provided into Bowraville with the specific focus of ascertaining from the perspective of the families whether this support has achieved its objectives. The opinion of the author is that this support, whilst critical and very successful, is both underfunded and under-resourced. This has made it extremely difficult to both attract and retain good candidates. The current permanent worker has occupied the role since the commencement of the services and has from all accounts done an incredible job with the limitations of resources. There has been difficulty with retaining a second person in the role and this is mostly due to the salary provided and the absence of clinical and cultural support for the role (in regard to supervision and professional development),
2. That external expertise be engaged to value add to the existing mental health service provided into Bowraville and that this occur from those with recognised expertise in chronic trauma and who have worked with whole communities in disaster type relief. There would need to be long term commitment to this to ensure (a) that a relationship is built with the community; (b) that the impacts are measurable; (c) this support is predictable, and (d) that it is provided in conjunction with the local mental health service already being provided
3. That a specific focus occurs in the development of specific targeted intervention programs geared towards intergenerational trauma and attachment bonds for the bereaved families and their extended families. That the process that occurs to develop and implement this

follows a similar process to the development of the Bowraville Steering Committee as described in the early section of this report,

4. Given the evidence that supports the fact that there is less racial bias in juries in instances in which ecologically valid procedures (such as jury instructions relative to cultural differences) it seems that there is a strong need to have such a procedure that provides relevant cultural information to juries embedded within the court system. The Bowraville case was observed by Dr Eades who noted consistent issues that impacted on witness credibility. Dr Eades work should be a standard throughout courts of Australia and a pre-requisite in cases in which there is an Aboriginal defendant and/or victim.
5. That the NSW Police review their training programs ideally through an internal analysis of needs from staff that have regular contact with Aboriginal people. This would ensure that training is practically relevant to day to day realities of policing and would increase the likelihood of it being accessed,
6. That mandatory content of this training have a specific and measureable focus on Aboriginal English and Communication Styles and how this impacts on gathering evidence from witnesses and other associated information,

The following recommendations are made with the caveat of not having specifically reviewed the NSW Police programs or policies and procedures. They are made based upon being consistent with ‘best cultural practice’ as determined by global (Dana, 1998; Okazaki, 2000) and Australian research (Westerman, 1997; 2006; 2010) and with the knowledge that there are limited organisations nationally who meet these cultural best practice standards (Westerman, 2006; Paradies, 2013; Biddle, Howlett, Hunter, & Paradies, 2013)

7. Ideally such training would be ongoing by being embedded within a specific program area within the organisation. Research supports the fact that the most culturally competent organisations provide regular training access to personnel and that this training is prioritised based upon evident need (i.e. those in remote areas with high levels of contact with Aboriginal people). The existence of such initiatives having the dual outcome of creating a ‘culture’ of cultural competence within the organisation but in clearly demonstrating the importance of cultural best practice to the community generally,

8. Again, without having specifically reviewed the NSW Police policy and procedures it would also be prudent to undertake a review of general policing procedures to ensure that they are consistent with best cultural practice. This would ensure that safeguards are in place in instances in which complex investigations involving Aboriginal victims (such as serious assaults and homicides) are undertaken and police are guided appropriately.



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ATTACHMENT 1
POST-TRAUMATIC STRESS DISORDER (PTSD) Criteria

- A. The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g. serious threat to one's life or physical integrity: serious threat or harm to one's children, spouse, or other close relatives and friends: sudden destruction of one's home or community: or seeing another person who had recently been or is being, seriously injured or killed as the result of an accident or physical violence.
- B. The traumatic event is persistently re-experienced in at least one of the following ways:
1. recurrent and intrusive distressing recollections of the event(in young children, repetitive play in which themes or aspects of the trauma are expressed)
 2. recurrent distressing dreams of the event
 3. sudden acting or feeling as if the traumatic event were recurring(includes a sense of reliving the experience, illusions, hallucinations, and dissociative (flashback) episodes, event those that occur upon awakening or when intoxicated)
 4. Intense psychological distress at exposure to events that symbolise or resemble an aspect of the traumatic event, including anniversaries of the trauma.
- C. Persistent avoidance of stimuli associated with the trauma of numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following.
1. Efforts to avoid thoughts or feelings associated with the trauma
 2. Efforts to avoid activities or situations that arouse recollections of the trauma.
 3. inability to recall an important aspect of the trauma (psychological amnesia)
 4. marked diminished interest in significant activities (in young children, loss of recently acquired developmental skills such as toilet training or language skills)
 5. Feeling detachment or estrangement from others.
 6. Restricted range of affect, e.g. unable to have loving feelings.
 7. Sense of a foreshortened future, e.g. does not expect have a career, marriage, or children, or a long life.
- D. Persistent symptoms of increased arousal (not present before trauma)as indicated by at least two of the following:
1. difficulty falling or staying asleep
 2. irritability or outbursts of anger
 3. difficulty concentrating
 4. hyper vigilance
 5. exaggerated startle response
 6. physiologic reactivity upon exposure to events that symbolise or resemble an aspect of the trauma event(e.g. a woman who was raped in an elevator breaks out in a sweat when entering any elevator)
- E. Duration of the disturbance (symptoms B, C and D) or at least one month.
Specify delayed onset if the onset of symptoms was at least six months after the trauma.

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