How safe do Forgotten Australians feel here?

Understanding what safety means for Betty

Be understanding.
Listen to my concerns.
Talk to me about options.

WATTLE PLACE | Relationships AUSTRALIA · NSW

Wattle Place, by Relationships Australia NSW, provides free, trauma-informed support for people who have been adversely affected by institutional or foster care, forced adoption or institutional child sexual abuse.

Learn more at wattleplace.org.au

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Why This Matters

The childhood trauma inflicted on Forgotten Australians can have significant influence over their interactions with systems and authorities.

We understand it isn't often practical to get a person's back story. As well as time and opportunity constraints, many people who experienced childhood trauma do not want to disclose those experiences.

However, even without knowing a person's life history, certain behaviours, such as those described in Betty's story, may indicate that a person is displaying a trauma response.

If it is safe to do so, proceeding with the assumption that it is a trauma response, and responding as such, has the potential to make a positive difference for both the customer and staff.

Betty is a Forgotten Australian

Betty was one of around 450,000 children placed in Australian institutions (children's homes, orphanages, etc.) or foster homes before 1990 under child welfare legislation. Forgotten Australians is the official term, but others are also used, including Care Leavers and former State Wards.

Betty was sent to a children's home at age two. From five to 17 she was moved through multiple foster homes, where she experienced physical, emotional and sexual abuse.

As a result, Betty lives with complex trauma and has a strong fear of being touched by strangers. This means she doesn't seek medical assistance unless she's very sick.

To protect the anonymity of Forgotten Australians, Betty's persona has been adapted from lived experiences.

Betty's Emergency Service Experience

At 76, Betty's heart condition has become acute. Terrified, she calls an ambulance. Her agitation and distress increase the longer she is in the ambulance, and she is clearly reluctant to go to hospital.

After Betty arrives at the hospital, she is attended to by a male doctor. He approaches her to carry out some tests. Betty refuses to let him do any tests and her behaviour appears to become aggressive.

Staff decide to sedate her as the tests are urgently needed to properly treat Betty, but Betty refuses and her aggressive behaviour increases.

Due to hospital policy, staff decide to sedate her against her wishes.

The Impact of Her Past

Betty is seriously unwell and afraid she might die. This already activated her stress response. Leaving home, being surrounded by strangers and feeling out of control heightens her fear.

She is especially terrified of being sedated. As a child sedation was sometimes used before she was sexually abused. She doesn't want to lose control of her mind and body, especially with strangers around her.

In this heightened state, the doctor's kind words and manner cannot reassure her. Her brain is in survival mode, reacting as if she is back in childhood danger.

Betty's perceived level of safety:



What Would Safety Look Like for Betty?

Creating choice, control and validation wherever possible can help improve feelings of safety.

For Betty, this could include:

+ Identifying and acknowledging her fear of sedation
+ Offering alternatives when possible or explaining clearly why an action is necessary
+ Explaining each step before it happens
+ Asking what would make her feel safer and accommodating this where possible
+ Providing reassurance and consent checks throughout treatment.

How this would increase Betty's perception of safety:



Safety for Those With Trauma

Creating safety for a person who has experienced trauma could look like:

+ **Listening** and recognising that unresponsive or avoidant behaviours may be a trauma response
+ **Acknowledging** the patient's reluctance without judgement
+ **Explaining** what will happen and why before acting
+ **Asking** permission before each step
+ **Offering** choices whenever possible.