How safe do Forgotten Australians feel here?

Understanding what safety means for Rosie

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

UTS

This project was supported by the UTS Shopfront Community Coursework Program at the Centre for Social Justice and Inclusion and a Visual Communication design team from the School of Design at the University of Technology Sydney, Studio Hive, supervised by Livia Lima.

Why This Matters

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

We understand that 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 Rosie'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 to that, has the potential to make a positive difference for both the customer and staff.

Rosie is a Forgotten Australian

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

Rosie was put in an orphanage at the age of four, where she experienced years of physical, emotional and sexual abuse. One incident left Rosie with broken bones that have never healed properly.

Due to her traumatic childhood, Rosie has lived with complex trauma throughout her life and has a significant fear of authority figures and physical examinations.

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

Rosie's GP Experience

Now 68, Rosie lives with chronic pain and mobility issues stemming from her childhood injury. Lately her pain has become unbearable, and she reluctantly decided to visit a doctor for treatment. She doesn't have a regular GP, so she has booked in to see the first available practitioner.

On the day of her appointment, Rosie is in acute pain and highly anxious. When her name is called by a male practitioner, she follows him into the consulting room. He closes the door behind her.

Rosie appears quiet and withdrawn as she explains her symptoms. The GP takes notes then approaches her for a physical examination.

At this point Rosie freezes. She becomes unresponsive and unable to answer questions. The GP is unsure how to proceed and ends the appointment without offering treatment for her pain.

The Impact of Her Past

Rosie's stress response was already activated by her fear of going to the doctors.

When the door closes, her fear escalates. She feels trapped, powerless and that something bad might happen. Early indicators of distress show up physically – she tenses her body, clenches her jaw and appears distant. The GP, who is following a standard procedure, does not identify her heightened state.

Rosie experiences flashbacks to her childhood and instinctually enters a freeze response. Although the GP is kind and reassuring, Rosie's brain is in survival mode, responding as if she is back in her childhood trauma.

Rosie's perceived level of safety:



What Would Safety Look Like for Rosie?

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

For Rosie, this might include:

+ Asking whether she would like the door open or closed
+ Asking where she would feel most comfortable sitting
+ Clearly explaining actions before undertaking them
+ Pausing frequently and seeking consent at each step of the examination.

How this would increase Rosie'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.