

# The More I Talk, The Stronger I Get: Unlocking our Past to Free Our Future

KINCHELA BOYS HOME ABORIGINAL CORPORATION,  
JUMBUNNA INSTITUTE FOR INDIGENOUS EDUCATION AND  
RESEARCH (UTS)

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## **Kinchela Boys Home Aboriginal Corporation**

Kinchela Boys Home Aboriginal Corporation (KBHAC) is a not-for-profit Aboriginal community controlled organisation established to help restore and reconstruct the identity, dignity and integrity of Aboriginal men who were forcibly removed from their families and put into the Kinchela Boys Home (KBH) and to address the intergenerational trauma that adversely impacts on the lives of the men's families and descendants. Our vision is to improve the social, emotional, cultural and spiritual wellbeing of the KBH survivors and their families in a meaningful way. This takes a strength-based focus on persistent grief, trauma and intergenerational trauma as experienced by each KBH survivor and his family. KBHAC is committed to empowering, positive, healthy peer support models that enable greater social inclusion in community life. These models address the rebuilding and strengthening of identity and family structures.

## **Jumbunna Institute for Indigenous Education and Research, UTS**

The Research Unit at the Jumbunna Institute for Indigenous Education and Research (Jumbunna) at the University of Technology Sydney is an interdisciplinary team of scholars and practitioners, working toward a common principle that our work is driven by Aboriginal and Torres Strait Islander people, and contributes to their strength, self-determination, sustainability and wellbeing. Our work includes a longstanding focus on systems that continue to disproportionately remove Aboriginal and Torres Strait Islander children from their families, specifically the child protection and juvenile justice systems. This includes direct advocacy alongside Aboriginal families seeking justice in the face of systems, policies and practices that demonstrably harm our children, our families and our communities. We stand with Aboriginal communities seeking the transformation of these systems, and the logics on which they are based, in the interests of Aboriginal children, families and communities.

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## Background

Kinchela Boys Home (KBH) Survivors have been speaking up about their experiences at KBH for several decades, some as early as the 1970s (Kamien, 1978), others as part of the *Bringing Them Home Report* (HREOC, 1997) and more recently through the Kinchela Boys Home Aboriginal Corporation (KBHAC). Throughout this truth-telling process, Survivors have courageously shared the various institutional harms inflicted upon them as Stolen Generations Survivors and the ongoing implications this trauma has caused for themselves and their descendants and families. However, there is little existing research with male Aboriginal Stolen Generations Survivors about their experiences of institutional child sexual abuse and the impacts of these harms across the life course (Fernandez et al., 2016). Further, there is little examination of the impacts of these experiences for descendants and families, despite recognition of the implications of multi-generational trauma. In recognition of this research gap and more so, in consideration of the health and ages of the KBH Survivors and society's collective duty to them, this project has come with a sense of urgency to develop a greater understanding of the impacts of child sexual abuse for Stolen Generations Survivors, their families and their descendants. Furthermore, it aims to assist Survivor Communities, through survivor-led organisations such as KBHAC, in the development of a dedicated healing model of care. The two research aims of this project include:

- 1) Exploring the experiences of child sexual abuse of Survivors of Kinchela Boys Home.
- 2) Developing an intergenerational<sup>1</sup> healing model of care to support Survivors of child sexual abuse, their families, and descendants.

This project is survivor-led and has built upon the ongoing truth-telling and healing work by Survivors and their families. Additionally, it honours the existing frameworks and programs developed by KBHAC, including the KBHAC *Practice Framework* (2023) and *Working Together Program* (2024). This project seeks to contribute to the development of survivor-led strategies for justice and wellbeing, honouring the experiences and perspectives of Survivors and their families, and modelling holistic service systems that may be responsive to their multifaceted needs (law and justice, child protection, health, aged care).

In addition to reporting on the experiences of child sexual abuse for Survivors of Kinchela Boys Home, and their healing needs, as well as those of their families and descendants, this report intended to provide an effective advocacy tool for KBHAC and the KBH Survivor Community towards securing those needs. Broadly, the report includes the immediate research project and its findings, which have contributed to the development of the model

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<sup>1</sup> Through the project, one area of discussion was a preference for language such as 'multi-generational' rather than inter-generational, intended to more explicitly indicate implications across multiple generations. It has been retained here consistent with the project proposal. Multi-generational will be preferred across the report.

of care, as well as commentary and recommendations for action that are essential in continuing this important work and developing sound implementation guidelines. This research has implications for shaping ongoing responses for Survivors and their families. This project emphasizes the importance of community and survivor-led approaches to research and system design, as Survivors expressed that too many decisions are being made ‘about’ Survivors and their families, and not enough is being done in giving them a voice and listening to what they would like to support their own healing journeys.

## Brief Scoping Review

The research team conducted a narrowly tailored rapid scoping review to identify relevant discourse contributing to the healing needs of Stolen Generation Survivors of institutional child sexual abuse. In honouring the survivor-led approach to this research project, we began our scoping review with KBHAC publications. This was intentional in honouring the ongoing truth-telling work and advocacy of Survivors of Kinchela Boys Home through their Survivor-led organisation, KBHAC, and ensuring that the project is meaningfully survivor-led. Whilst the below discusses the most relevant KBHAC publications related to this project, KBHAC also has a range of other survivor-led and truth-telling information/publications on their website. For more information see here: [Kinchela Boys Home – Kinchela Boys Home Aboriginal Corporation](#)

## KBHAC practice frameworks

Throughout the development of this project, we observed strong synergy between participants experiences and conceptualisations of a healing model of care within the existing frameworks produced by KBHAC. This is of course unsurprising, given the development of these frameworks by KBHAC in close collaboration with their community. However, this is nevertheless an important step, as perspectives and experiences shift over time, and offer an opportunity to reaffirm and update resources. The current project intends to honour this prior development by the survivor community through KBHAC and position the model of care for Survivors of child sexual abuse as building on and complementing the work of the KBHAC community. In doing so we offer an additional thematic layer to KBHAC’s existing ways of working, and survivor-led frameworks to support their healing journeys.

### *KBHAC Practice Framework- The more I Talk the Stronger I get*

In 2023, KBHAC introduced their practice framework “*KBHAC Practice Framework – The more I talk the stronger I get*” (see Figure 1). This practice framework was co-developed across two years of consultation with the survivor community, KBHAC and facilitated by ARTD consultants. This practice framework guides KBHAC staff in promoting consistent and appropriate supports when working with KBHAC Survivors and the broader community. Notably, the practice framework is grounded in KBHAC’s collective vision, values and practice principles that seek to address multi-generational traumas and support Survivors and their families throughout their healing journeys through a culturally informed, self-

determining and survivor-led process. Access the full Practice Framework here: <https://kinchelaboyshome.org.au/wp-content/uploads/2021/10/KBHAC-booklet-FA-03-low-res-web2.pdf>

Figure 1:



This framework’s intersecting features and holistic incorporation throughout KBHAC practice provide an important foundation for the current project focused specifically on experiences of child sexual abuse, and implications across the life course and across generations. In particular the ‘*focus areas*’ present within the KBHAC practice framework, including; *individual healing, group healing, advocacy and legacy*, emphasize a longstanding commitment to system and practice approaches that promote healing, understood simultaneously in individual and collective terms. Additionally, the elements of the ‘*healing journey*’ - *contact, connect, support, yarn and grow* – outline a broad conceptualisation of the elements of therapeutic responses from the perspective of this survivor community. The current project provided an opportunity to review and expand on this high-level framework.

'The Walking Together Program'



Figure 2: Walking Together Program Hub and Spoke

The *Walking Together Program* model was developed in 2024 by KBHAC and Nama Jalu Consulting and is a bespoke program for the KBHAC community focusing on the ‘trauma recovery, empowerment and individual, family, and collective healing and wellbeing’ (KBHAC, 2024). The full description of the model can be found here: <https://kinchelaboyshome.org.au/wp-content/uploads/2024/07/Walking-Together-Program-Web-Version.pdf>

This program model is a result of the genuine partnership approach led by KBHAC and partner organisation, Nama Jalu Consulting. This genuine partnership work was grounded in culturally safe and relational practices, building safety for Survivors through culturally safe and collaborative partnership practices (Welsh et al., 2025). KBHAC and Nama Jalu

Consulting continue to facilitate and sustain a strong basis for partnership work, where genuine partnership has allowed for effective supports to address the needs of Survivors. Furthermore, the partnership approach curated by KBHAC and Nama Jalu Consulting has enabled for present work, like this report, to be undertaken in culturally safe, honest and collaborative approach. Ultimately, demonstrating that when genuine partnership approaches are facilitated, Survivors voices are heard, amplified and responded to with meaningful action and ongoing commitment to deliver relational and culturally safe services.

The *Walking Together* Model is relatively new in its development through widespread consultation with broader KBHAC community, with limited opportunity for implementation as a result of resource limitations. The research team for this report recognised the extensive work contributing to the *Walking Together Model* and saw strong relevance and adaptability to further inform this projects research objectives. As such, the current project attempts to weave together the desired model of care with prior frameworks in a way that honours and extends this survivor-led work, as emphasized in that work:

*“This program proposal and model advocates for the critical need for Stolen Generations community members to have active involvement in and choices regarding their access to services, rather than being passive recipients of service delivery and interventions.” (KBHAC Walking Together Program)*

#### *Additional Literature*

To accompany the KBHAC literature, the research team conducted a brief desktop scan using Google Scholar and ProQuest, examining Australian literature over the last decade, using the following key search terms; ‘Aboriginal’, ‘Stolen Generations’, ‘Healing’, ‘Model of Care’ and ‘Child sexual abuse’. We also examined available grey literature, reports and community developed toolkits (for example, see Child Wise & VACCA, 2015).

The review identified limited existing research specifically exploring the healing needs of Stolen Generation Survivors who were victims of institutional child sexual abuse, although there were broader research, toolkits and reports focused on the experiences of Stolen Generations Survivors, multi-generational impacts on wellbeing and communities, and more recent publications seeking to respond to and address current child sexual abuse in communities. This search also yielded a more extensive literature review of Aboriginal and Torres Strait Islander Healing Programs, including international healing programs, conducted by the Healing Foundation in 2013 (Healing Foundation, 2013). There were a select few publications found on healing models and programs that addressed broader holistic healing needs for Stolen Generations Survivors, such as the survivor led *Marumali Program*; programs to assist Aboriginal counsellors and organisations deliver culturally informed care (Healing Foundation, 2013).

One of the more recent publications is the ‘*B.I.R.D Report*’, a National Aboriginal and Torres Strait Islander led, trauma informed training package to support communities in addressing, responding and preventing child sexual abuse (Yamurrah & SNAICC, 2023).

Additionally, the Healing Foundation published ‘*looking where the light is: creating and restoring safety*’, which outlines an Aboriginal led and culturally based healing response to child sexual abuse (Milroy, Lawrie & Testro, 2018). Both frameworks also addressed how to respond to perpetrators in communities, to prevent further multi-generational cycles of abuse.

This review found one project over the last decade that promoted a community-led approach to meet the distinct needs of Survivors who experienced institutional child sexual abuse. This project was led by VACCA, who designed and delivered a cultural healing program for Survivors and adult children of Survivors. As outlined in their 2019 research, this program consisted of: ‘*a five-day healing camp, a fortnightly women’s healing program, a three-day cultural healing gathering and a five-day women’s cultural healing gathering*’ (Black, Frederico & Bamblett, 2019, p.1067). Each program was community oriented and grounded in cultural practices, demonstrating a central role of connection to culture, Country and community for Survivors’ healing. Importantly, this research evidenced that when engaging in survivor-led program development, relevant and meaningful healing opportunities arise for Survivors. That is, the process of appropriately engaging Survivors in the development of healing initiatives can itself serve as a catalyst for healing. As such, promoting survivor-led program development provides relevant and meaningful opportunities to heal that are not present within externally generated service systems or programs.

The following table provides a synthesis of the reviewed articles, drawing out key themes and concepts found across literature. There remain a number of areas for further development regarding survivor-led initiatives to address the holistic needs of Survivors and their families. The current project seeks to contribute to this area of work and provide a framework for the development of evidence regarding their impact and value to Survivors, their families and descendants, led by survivor communities.

Theme	Description
Survivor voices are essential to informing outcomes	Throughout the literature there was strong emphasis on the need to elevate and privilege the voices and participation of Stolen Generations Survivors in research, policy, program development and implementation (Black et al., 2019; Black et al., 2023). Literature identified that survivor-led approaches not only enhance necessary truth-telling about past and ongoing injustices but greatly inform genuine solutions that assist in meeting the needs of the survivor community (Black et al., 2019., Black et al., 2023; Wilmot et al., 2024).
Non-Indigenous approaches are failing and community led solutions are critical	The literature identified that previous and current non-Indigenous approaches to address specific needs of Stolen Generation Survivors are failing (Black et al., 2023; Funston, 2013; Libesman & McGlade, 2019). As Milroy, Lawrie, & Testro, (2018) identified, this is because “ <i>the focus is often placed on symptoms rather than understanding the root cause.</i> ” The root cause being the ongoing impacts of colonisation, racism and systemic injustices (Black et al., 2019; Black et al., 2023; Funston, 2013). As such, to address these ongoing challenges they must include repairing and reclaiming family and community structures and systems, whilst also shifting away from top-down non-Indigenous approaches and instead, place greater focus on community led

	solutions that are grounded in communities’ distinct ways of knowing, being and doing (Healing Foundation, 2023; Wilmot et al., 2024; Black et al., 2019).
Collective responsibility to address and prevent child sexual abuse	<p>There was a common call to action, identifying that greater collective work is necessary to respond and mitigate child sexual abuse across communities (Yamurrah &amp; SNAICC, 2023). Many authors noted however that this is not insular for the collective responsibility for Aboriginal communities but must extend to broader Australian society (community, non-Indigenous organisations, all levels of governments) to respond and act for safeguarding the rights of children (Yamurrah &amp; SNAICC 2023; Milroy, Lawrie &amp; Testro, 2018). Whilst this collective responsibility was regarded as necessary, some authors re-asserted that any approach or response must be survivor and community-led, incorporating a holistic social and emotional wellbeing approach, as stated by Black and colleagues (2019):</p> <p><i>“Aboriginal healing solutions cannot simply replicate a mainstream approach. Aboriginal-specific healing needs to differ from mainstream therapeutic interventions in important ways. These include cultural safety, addressing shame, the importance of cultural connection and the centrality of relationships. Services need to be accessible, holistic, relationally based and address all domains of Aboriginal SEWB (Gee et al. 2014).”</i></p>
Relationships and connection to culture are central to healing	The literature addressed the importance of relationships, connection and belonging for individual healing journeys. This was explored through various ways, some literature shared the importance of reclaiming family roles, and broader community structures that support a community led response to addressing child sexual abuse (Milroy, Lawrie & Testro, 2018). Relationship to Country was also a primary feature in responding to healing needs of child sexual abuse Survivors. Other relationships were seen through strengthening connections to culture, with one study exploring the positive role of art in navigating and expressing Survivors healing journeys. Additionally, Gee et al., (2014) <i>Social Emotional Wellbeing Model</i> was frequently referred to as a guiding model in program design and addressing the holistic needs of Survivors, particularly as it centers the importance of culture and connection for Survivors throughout their healing journey.
A lack of meaningful institutional responses to Aboriginal lived experiences and truth-telling regarding child sexual abuse	Our search captured key reports, including the 1997 <i>Bringing them Home Report</i> and <i>Royal Commission into Institutional Responses to Child Sexual Abuse</i> (2017). These reports are considered as landmark publications, which document the egregious acts of violence and human right violations inflicted onto Survivors of institutional child abuse. These reports were processes of truth-telling and provided several recommendations to support the healing needs of Survivors. Though, as found throughout the broader literature there remains a complete absence of meaningful and timely institutional responses to implement these recommendations. The Healing Foundation (2025) published <i>‘Are you waiting for us to die? The unfinished business of Bringing Them Home’</i> . This report addressed the ‘unfinished businesses and inaction to implement to BTHR recommendations, with only 6% of recommendations being actioned over thirty years.

## Methodology

### *Objective:*

*The More I Talk, The Stronger I Get: Unlocking Our Past to Free Our Future* is a Stolen Generations survivor-led Aboriginal Participatory Action Research (APAR) project. This project utilises KBHAC's unique survivor-led governance model and practice framework to explore:

- the legacies of institutional child sexual abuse that occurred at Kinchela Boys Home (KBH)
- the multi-generational legacies of those abuses inflicted on the Survivors' descendants and families
- the experiences and impacts of child sexual abuse for KBH descendants;
- and the development of survivor-led responses to these experiences.

The project has implications not only for healing within KBH Survivors, families and the KBH community but also across other communities and Aboriginal and Torres Strait Islander Survivors of institutional and non-institutional child sexual abuse. While focused on the KBH community of Survivors, descendants and families, we consider it is likely that both the model of care, and the process of its development, may be relevant to other survivor communities. This project will be shared with broader Aboriginal and Torres Strait Islander partners, communities and policy makers to promote greater efforts towards healing.

KBHAC has developed a unique survivor led approach to its governance and healing described as:  
"Survivor led – an approach to organisational governance and practice built on and informed by the guidance and unique insights offered by Survivors and which, contributes to the social and emotional wellbeing of Survivors, their communities and cultures. The KBH Survivors own their stories and healing, leading from a place of self- determination."

### *The aims of the research project include:*

- 1) Exploring the experiences of child sexual abuse of Survivors of Kinchela Boys Home.
- 2) Developing an intergenerational healing model of care to support Survivors of child sexual abuse, their families, and descendants.

### *Method*

This project was funded by the National Centre for Action on Child Sexual Abuse and underwent ethical review and approval processes through the AHMRC Human Research Ethics Committee (2182/23: *The More I Talk, The Stronger I Get*). This study utilises Aboriginal Participatory Action Research (APAR) methodology (Dudgeon et al., 2020), which aims to centre Aboriginal communities, perspectives and knowledges in research and knowledge creation. Such approaches emphasize the importance of Aboriginal community control of and participation in research and policy development, and are characterised by

interconnected elements of Indigenous Epistemology, Indigenous Ontology, Indigenous Axiology, and Indigenous Research Methodology (Dudgeon et al., 2020).

Consistent with such approaches (and associated ethical guidelines) the research was led by, and co-created with, Aboriginal Stolen Generations Survivors and their descendants and families, with technical expertise offered through partner organisations working in service of this community. At the foundation of this research methodology was KBHAC values, principles and ways of working which ensured that this project was survivor-led and the research team applied a trauma informed approach to promote the cultural safety of participants. This approach was delivered by creating a space for Survivors to lead focus groups, where they determined the nature, flow, and depth of dialogue. In some instances, participants shared openly, however this was not always the case, and on some occasions, participants felt more comfortable meeting one-on-one with the research team. To further embed trauma-informed approaches into the research process, the team ensured participants had access to follow up supports, and for larger group sessions participants were invited to partake in guided meditations, sound mediations and weaving sessions to take time to ground themselves. The researchers observed that this also invited participants to informally debrief with one-another, which promoted a collective sense of care and connection with the KBHAC community.

Additionally, the study had a group of five community co-researchers, identified by KBHAC based on their relationship with the survivor community and expertise regarding the subject matter. The research team met with the community co-researchers throughout various stages of the project, providing regular opportunities for feedback and guidance. Notably, this process also encouraged a culturally safe space for researcher reflexivity, where debriefing and workshopping ideas and reflections ensured that the research team were also able to take care of themselves throughout the sensitivities of the research topics.

### *Data Development*

This study was carried out in two-key phases:

Phase 1: a qualitative research component exploring the specific experiences of Survivors and descendants.

Phase 2: a co-creation component developing a survivor-led model of care.

The research explored these phases and experiences using semi-structured approaches in both individual and focus groups settings, building on existing processes developed by and for this community. Conversations were oriented to stage outcomes. Firstly, they explored experiences of Survivors and families, guided with reference to the Social and Emotional Wellbeing (SEWB) model (Gee et al., 2014). This includes connections to physical, mental and emotional health and wellbeing, connections to family, kin, community, culture and Country, as well as social, historical and political determinants. Importantly, the broad themes were integrated into Stage 2, as part of the APAR approach, providing an opportunity for reflection and response, as well as informing further discussion.

In the second phase, conversations focused on the development of the model of care, and discrete actions or activities that participants felt would support improved outcomes for Survivors, descendants and families. This model of care is ultimately focused on holistic healing more generally, and participants were asked about their perspective of healing, their needs, and how they might best be met. However, in recognition of the sensitive nature of the subject areas and the differing needs of participants, individual semi-structured interviews were offered to complement group sessions.

Further, there was a deliberate strategy in framing the research questions asked to participants. This approach was underpinned through trauma-informed practice and aligned with KBHAC values, ensuring that no direct questions were asked or framed in a way where participants felt pressured to make personal disclosures or talk about any of their experiences of child sexual abuse, or other experiences more generally. This approach assisted in establishing a culturally safe space for participants and sought to mitigate any perceived power imbalances between the researchers and participants. In doing so, participants had the autonomy to lead discussions and participate in them at a pace that felt comfortable for them. As a result, we found that the discussions held in focus groups often explored experiences of institutional abuse more broadly, with little identification of events that may have happened to them, happened to others that they witnessed, or events that they may have subsequently heard about through the healing journey of the KBH survivor community. Experiences were often interwoven and compounded by various other forms of trauma. Participants were also offered one-on-one interviews if desired, to provide a more private setting to share about their experiences and perspective. Therefore, our themes section reflects this nature of discussion, demonstrating that often the experiences and implications of child sexual abuse are not addressed in isolation to other forms of abuse and trauma for this participant group. This process also revealed the important aspect of individual readiness for healing reflecting a process that must be supported through creating experiences of safety and led at the pace of Survivors. Some of these issues are discussed in further detail below. Our final observation through this process was that when safety is created for individuals of survivor communities and there is survivor autonomy in discussions, the stigma and social taboo commonly associated with discussing child sexual abuse can be in mitigated in part.

Qualitative data gathered through interview and focus group conversations were complemented by brief optional surveys. This included adapted version of the Adverse Childhood Experiences questionnaire (Felitti et al, 1998; Center of the Developing Child Harvard University, 2015), adjusted by co-researchers to fit the context of this survivor community including their experience of forced family separation and institutionalization. A brief feedback component was also included asking participants how they feel following the discussion, and whether the discussion was adequately focused on their needs. The KBHAC staff also conducted additional check-ins post interviews/focus groups with all participants, demonstrating trauma-informed care in research settings and our commitment to ensure the safety and wellbeing of participants across the duration of the

project and beyond. Through these wellbeing follow ups, where a participant expressed an interest in further supports, it was provided through the survivor-led support organisation, KBHAC, including referrals to other services or direct engagement of relevant services. This reflects both the ethical responsibilities associated with this project but also the enduring commitment from survivor-led organisations to provide multi-generational healing supports. The impact of these supports also provide a rich future source of evidence in the ongoing development and implementation of individual and collective healing initiatives that are the overall focus of their work, including through this project. However, formal review and evaluation of those initiatives, which included rigorous individual, family and community-based therapeutic interventions and psycho-education delivered by qualified and experienced practitioners, are beyond the scope of this current project.

### *Participants*

The participants in this project included KBH Survivors, their descendants and families who have experienced institutional and non-institutional child sexual abuse. Whilst not every participant has been a victim/survivor of child sexual abuse, there was a strong consensus of having witnessed, known and/or supported survivors of child sexual abuse within their families and communities.

We interviewed a total of 44 participants 12 Survivors and 32 descendants and family members, with a broad age range to ensure multi-generational perspectives and voices were privileged. As this project is survivor led, the participant recruitment process for phase 1 included a purposeful sampling approach, to which Survivors who raised the important need for this project shared and invited other Survivors to become involved in the project as participants. Descendants were recruited through a mixture of purposeful sampling, and also, through general advertisement within the KBHAC networks. In line with our research ethics, all participants were reimbursed for their time and contributions in the project.

### *Data Analysis*

Each focus group and interview was recorded and transcribed through the online database *Otter*. The research team used thematic analysis (Braun and Clarke, 2023) to identify the key themes within the discussions associated with multi-generational experiences, access to and perception of available supports, and aspirations for healing and reparations. The preliminary themes were shared with community co-researchers, in a manner that preserved individual confidentiality and with explicit participant consent to share, to further enable analysis and deepen understandings of the core themes arising throughout the various focus groups/interviews. These core themes informed the community co-creation of a model of care, which focused on individual, family and community healing.

Participants were also invited to complete a brief feedback survey about their experience of the session. This was used particularly as an additional way to monitor participant wellbeing, in addition to verbal and observational elements. It also offered an opportunity

for participants to add further written comments. Again, while not all participants chose to complete the form, those that did agreed (including agree and strongly agree) with statements indicating they were "pleased with the session", felt able to have their voice heard about their experiences, and to be heard on what they felt they needed to heal. Any additional comments offered were integrated into the thematic analysis. Due to limited sample size, responses on the adapted Adverse Childhood Experiences questionnaire were not analysed, however unsurprisingly those completed tended to show high levels of Adverse Childhood Experiences (ACE score >3).

### *Themes*

The research explores the experiences of Stolen Generations Survivors of the Kinchela Boys Home community across their life course, as well as how these impacts have echoed through subsequent generations, drawing on first-hand accounts of Survivors and their descendants. The following section explores the themes expressed by participants throughout the focus groups and interviews. The flow of the following discussion also exhibits the compounding nature of trauma, and how participants often discussed their experiences in various and inter-related ways. Thus, demonstrating that healing from trauma is not a linear process.

## **Stage 1. Exploring Experiences of child sexual abuse on KBH Survivors**

### *1.1 Predominant experiences of KBH include exposure to violence, exploitation and child sexual abuse.*

*"When I was little, I had a lot of love to give, when I went through those gates of Kinchela, it knocked the love out of me that never came back" - Participant*

Survivors shared specific examples of their experiences of KBH which often included exposure to violence, exploitation and child sexual abuse. Some participants characterised KBH as a "government run paedophile ring", and shared their experiences of being sexually, physically and emotionally abused whilst in KBH. These experiences were unique to every individual but overall, Survivors referenced sustained deep fear as children, describing everyday processes of the place that left them feeling vulnerable and exposed to specific violence, such as being preyed on during the night. Some participants described their experience as being treated as soldiers and not small children, where they felt terrified every day. Importantly, these experiences were not universal for all participants. A small number of respondents did not indicate an experience of personal harm, although they acknowledged that KBH was not a good place for some of their brothers as they witnessed the abuse inflicted on other Survivors and its continued affect on their lives.

It was understood that beyond direct experiences of sexual or physical abuse, harm is also inherent in how KBH sought to reconstruct their lives or provide partial or misleading narratives about themselves, their families and communities. Some participants shared how KBH workers spoke of their families as neglectful and abusive. On some occasions, they recounted being told their families were deceased, which was not true. Additionally,

the workers talked about the boys in negative terms, as harmful, as risks or delinquent which greatly impacted their sense of worth and identity.

*“Nobody talks about the brokenness of your heart, because your heart is like someone squeeze it, totally squeezes it, and they squash out all the goodness”- Participant*

*“That’s when I started asking myself, what’s wrong with me?” - Participant*

Participants also shared stories of brothers coming together, standing up for each other, or the older boys looking out for the newer ones. However, some participants also acknowledged that sometimes there was violence and harm between the brothers as well - with some participants sharing their experience of being abused by the bigger or older boys. Participants noted that there remains an enduring sense of kin across brothers, whether relatives, kin, or joined together through the shared experience of survival.

### *1.2 The impact of these experiences on Survivors and their families across the life-course*

As the participants shared their experiences of abuse throughout their time of KBH, the dialogue began to contextualise both the individual and multi-generational impacts child sexual abuse has on Survivors. Almost all KBH Survivor participants discussed how the mental and physical abuse, and institutionalisation, led to anger and pain.

*“I came out of the boys home suicidal, and I didn’t know I was in a mess, I just wanted to take it out on the world” – Participant*

Many of the Survivors described turning to alcohol, and violence, in an attempt to regulate the emotional turmoil. This was compounded with institutional interactions such as police, child welfare and health systems.

*“I’m living with the experience that I’m talking about. Not something that I learned in the classroom or university. I learned it in gaols, in the community” – Participant*

Some participants shared the impact KBH and experiences of child sexual abuse had on their identity, sense of worth and self-esteem. Many participants shared they were ashamed about disclosing their experiences of child sexual abuse with others. Noting that this was one way of protecting oneself from reliving traumatic memories, but also not knowing how to share their experiences of child sexual abuse with others.

As a result of being subject to child sexual abuse, participants discussed the fear it created in them later in the lives, as adults and parents. Participants shared that being taken to KBH and having the absence of parental figures, loving and positive male role models left them not knowing how to parent, or generally navigating life as a young adult when leaving KBH. These stories also demonstrated how the trauma and fear inflicted on the children in KBH left enduring scars, carrying over into their relationships with others, with one participant sharing that their experience in KBH “*poisoned the experience of love*”, and this challenged

their relationship and bond with their partners and children as they were unable to provide the nurturing parental role that they wanted to play.

Other participants discussed their trauma creating fears of not wanting to be harmful to their partners and children. Many talked about being over-protective of their children, being always on edge, and always living with that fear and violence beside them. This was corroborated by the admittedly limited experiences of the small number of descendants involved – some talked about fearful and tightly controlling parents. Some descendants also shared their perspective on how their family member who as a survivor of KBH struggled to form bonds with others but were able to form connections or trauma-bond with other Survivors of child sexual abuse or institutionalisation.

*"She [Survivor] had a pretty rough time too. She was an alcoholic. She couldn't connect with anyone except for dad [Survivor]" Participant*

*"when you're in the home, you haven't got your family, you've got no one, you've got no one to love ya, you always wondering where your parents and that are and that why the Coota girls and the Kinchela boys it's like my family, because we were together - because we never had that family life, we were taken away and there was a lot of things in life that we missed out on - and that's why your father did that to show you his love, because we never had that" – Participant*

As well as affecting their relationship with family members, participants identified that being disconnected from their identity and community meant that they did not have the usual social networks that young adults commonly rely on as they enter adulthood with new roles and responsibilities. Participants shared they had no skills or support in how to get a house, maintain a home, get a job or build prosperity as a family, which correlated to experiencing structural disadvantage, poverty and homelessness, or interactions with police and criminal justice systems.

In our analysis, we found that there remains a substantial impact of economic marginalisation and disadvantage of KBH Survivors and KBH Survivors' Descendants. While participants acknowledged some limited compensation schemes, these were broadly seen as inadequate relative to their perspectives of justice and accountability for what was done to them, and other Stolen Generations Survivors. Participants raised how they have never received justice of seeing these institutions, or the individuals that worked at them, held accountable in any meaningful way for the egregious acts of child sexual abuse inflicted on the boys and other breaches of their human rights.

A small number of Survivors shared that they were able to reconnect with their families later in their lives. One Survivor shared that he grew up believing his parents were deceased as that was what was told to him in the home, however later in his life when he found his way home, he met his mother and reconnected. This reconnection with her came only two years before she passed – a sadly brief period in the course of a life, and likely related to the

false narratives provided during their time in KBH. The participant was nevertheless grateful for this opportunity, recognising that many of their peers were not so lucky.

Several other Survivors also shared their personal dealings of rejection and displacement from family and community, demonstrating how child removal affected everyone in community; it left deprived parents as a shell, traumatised children, and robbed future children of nurturing parents. The multi-generational effects of KBH remains a prominent issue for community wellbeing, with many still working on getting family structures back:

*“When you go home, you're a different person, sound different, speak different. Get rejected from your own community. Parents had no rights at all, and so they felt robbed and ashamed. They lost themselves too, in substances. Their lives were lost like our lives. This meant we had no guidance as young men finding our own ways “- Participant*

### *1.3 Cycle across generations produce silence, where talking is required*

*“I think it's because he is ashamed, he doesn't want me to know what happened to him.... It's very sad what happened to ‘em” – Participant*

*“we knew nothing, dad never talked about it, it was like a big secret, and I don't think he wanted to talk about it really because all of the happenings, I think it was rougher in that generation than the next generation and then men who controlled the boys home was ex-army, so they treated them like soldiers and they became totally white washed” - Participant*

Interviews and focus groups with descendants and partners of KBH Survivors revealed the multi-generational impacts KBH and child sexual abuse has on families and communities. A common thread from descendants, related to Survivor's observations about being uncertain about how to talk about these issues, was about their own limited awareness and understanding. While descendants expressed compassion and love, they had no framework for understanding why their Survivor parent behaved in certain (trauma-related) ways and were left to make their own meaning about these experiences. In some cases, this was unlocked either when they learned more about Kinchela, or hearing from other Kinchela Survivors (within their family or community) that provided a deeper understanding.

*“Maybe 20 years ago, [dad] was very tight and angry. Once he started talking with Kinchela [KBHAC], it helped a lot, that's where it changed” – Participant*

*“He never talked about the home, and he was sort of detached - he wasn't emotional when he talked about it” – Participant*

In others it was just time or individual circumstances that opened that door, with many sharing their fathers only began to speak about it when they were grown adults.

*"The more I kept asking about what happened, the more he opened up - I asked him if that happened, and then said no, he ended up breaking down – he had never told anyone" - Participant*

However, there was a general view that talking about it within families was an important aspect of intervening in multi-generational cycles.

*"If nobody ever talked about being abused, I would never have talked to anyone about this" – Participant*

*"My children help a lot too... just talking to the kids and that, so they understand" – Participant*

*"We have got to open up to be able to share with other people" – Participant*

Survivors felt the impacts of KBH, and experiences of child sexual abuse made them feel unable to be the parent they wanted to be for their children. The impact of this on descendants was explored with some participants sharing the complexities of their relationships with their parents, with some participants expressing that although their parents cared for them through various means, the descendants often felt a lack of love and affection throughout their childhood.

*"She used to cook us meals, like she was always a good mum but she never, I don't remember ever cuddling us or anything like when we were little yeah, but when we grew up it was like onto the next baby, she's more worried about the other ones, you know, we just kinda had to grow up quick" – Participant*

*"My mum she was all about safety, she was very protective of us growing up. So, we were loved to an extent..." – Participant*

Some participants shared that as children they were often denied their own agency and voice growing up, with one participant sharing that in their experience "*children were seen and not heard*". Some descendants also noted impacts on their relationships with broader Kin and Community. Some descendants discussed that their parents being disconnected from their families and communities negatively impacted their ability to experience, enjoy and maintain these connections for themselves and their own children and grandchildren. Some participants stated feelings of resentment for this absence of connection to Kin and Community, whilst others also noted the ongoing impact of disconnection as fracturing communities across generations.

*"I didn't meet him [Survivor]... And I think that's one of the things I grapple with, our split up of our family and not having that support, on dads' side I didn't have that sort of close relationship with the brothers and aunties, and so I resented that, and I still do - because my children and grandchildren still don't have that"- Participant*

Descendants also shared the challenge of witnessing their parents cope with emotional turmoil through substance and alcohol abuse, gambling or being involved with the criminal justice system.

*"She was a young woman who struggled... just got too much to struggle on her own...dad had mental health issues" - Participant*

Descendants also shared that for many families, involvement with child protection systems, including child removal, was experienced across generations, with some children of Survivors being removed into state care, or their grandchildren being subjected to removal. These removals further compounded the emotional turmoil and trauma experienced by families and the displacement and fracturing of communities.

Child sexual abuse was also experienced across generations, with some descendants being victims of child sexual abuse, often with perpetrators known to the family and communities. This cycle of harm and the risk it presented across generations was a significant concern to participants generally, as were apparent links with other forms of harm, including domestic and family violence. This was understood in terms of survivor experiences of harm, failures in providing timely and effective therapeutic support across the life course, and enduring systemic harms that undermine trust and engagement with relevant systems to prevent future harms.

The need to intervene in these cycles of harm was a significant driver for greater therapeutic responses for survivors, families and descendants, discussed further below. Institutions were also identified as a site of multi-generational harm. For example, one participant who was removed from their parents (which included a Stolen Generations Survivor who themselves experienced abuse in Kinchela Boys Home) and placed into care shared being a victim of abuse during their time in state care – a repeat of the institutionalised experiences of KBH Survivors within more contemporary systems.

Some survivors also discussed the fear of disclosing the child or later sexual abuse and rape to families with the concern that it would “rock the boat” of family structures, with many only sharing their traumas later in life. Some descendants also identified that there are additional barriers of shame and fear for boys and men to share their experiences of child sexual abuse.

*"Young men don't wanna tell anyone ... there's no support when they do tell someone."  
- Participant*

*"there's nowhere for young men to go, to get respite, counselling or to get back on track" - Participant*

Some descendants also shared, that they experienced 'repeating cycles' similar to their parents. This was broadly expressed by participants as turning to Alcohol and Other Drugs or using violence to cope with the emotional turmoil of child abuse and trauma. Some participants shared being victims of abusive or controlling relationships early on in their teenage life and beyond into their early adulthood. Participants often connected this to their own experiences of child sexual abuse, being a survivor of domestic and family violence in their childhood or the absence of parenting figures and positive relationships growing up.

*"wasn't a nice relationship, put up with a lot of stuff. My boys put up with it, my [family member] saw the worst of what happened in my relationship" – Participant*

*"So that's all I had seen with mum and dad - domestic violence. And then I was stuck in a domestic violence relationship for 10 years. That's all I've seen and knew" – Participant*

Such absences of parenting role models and being involved in relationships that were abusive and controlling were then discussed as impacting many of the female descendant participants in their experiences of being young mothers. These mothers' experiences were discussed as having significant impacts on their sense of worth and self-esteem, with participants often referencing their feelings of being isolated. These descendants' stories across the life course demonstrate one of many links to the ongoing multi-generational impacts caused by child sexual abuse, and more broadly the experiences and institutionalisation of Stolen Generation Survivors.

*"My grandfather was an alcoholic so I was looking after him, so I got into a lot of very abusive relationships because I didn't know how to put the boundaries up and I didn't know my value and my worth, and so yeah I was an alcoholic and I wasn't there for my children and I left them drinking and carrying on"- Participant*

While multi-generational trauma and its impacts were prevalent across participants, there were also strong examples of multi-generational resistance and resilience, breaking repetitive cycles of harm and promoting healing in their lives, and that of their families and communities. This evidence made clear that these patterns of harm were not in any way accepted or excused, with participants focused on effective interventions that can create safety and healing for individuals, families and communities. As discussed above, this suggests that current systems for response, focused predominantly on removal, were not seen as effective in responding to such harms over the long term, as they compound a range of vulnerabilities while neglecting important relational and cultural elements that provide for safety. Broader systems change was needed to improve safety and

accountability, something that was desperately lacking in the experiences of KBH Survivors, and continues to characterise systems that disproportionately affect their families and descendants.

Many grandchildren of KBH Survivors discussed the need to break these cycles through engaging in positive parenting practices, that were grounded in showcasing love and affection - an expression which they felt was not strongly experienced in their own childhood. Other descendants also highlighted resilience through beginning truth-telling practices in their families which contributed to dialogues contextualising a community model of healing framework. This was consistent with KBH Survivors' determination to create this model of care to support the healing needs of their families, for generations to come.

*"The more were talking about it, the stronger we get" – Participant*

## Stage 2: Developing a multi-generational healing model of care

The next stage of this project included workshopping with participants a healing model of care to address the experiences and needs of Survivors and their descendants, with a specific focus on addressing the implications of child sexual abuse. Notably, throughout all discussions in this development, participants recognised that this was desperately urgent, and that the community would like to *"see something positive come out of this project before Survivors die, so they can have peace"* (Participant).

### 2.1. Truth-Telling ... and Truth Hearing

To begin understanding the framework, the contextualisation for families and communities is needed, which is why truth-telling was a central theme throughout this project and multi-dimensional impacts it can serve for families and communities. Many participants identified that having space to talk about their experiences of child sexual abuse, and more so the experience of KBH, provided the start of the healing journey.

*"Yeah, it's helped a lot, I have even told my children what was happening. Yeah I was scared, I was afraid to talk about it, I was ashamed"- Participant*

*"My children help a lot too... just talking to the kids and that, so they understand" – Participant*

For KBH Survivors, this included having their experiences recognised and validated within the community and by descendants. It also explored how this extended to include descendants developing a better acknowledgement for how KBH impacted their parent/grandparent/partner which in turn provided a deeper understanding for how Survivors understand and view their world.

Truth-telling processes specifically relating to child sexual abuse were also recognised by participants, who were victims of child sexual abuse, as important in challenging common

barriers such as fear, stigma, shame or other adverse social effects. As noted above, some participants noted their fear of ‘rocking the boat’ in their family and community by speaking up about these experiences, however there was a strong sense across group conversations that speaking up, while often difficult, was necessary, breaking down stigma, mobilizing resources to assist, and importantly, contributing to safety and wellbeing across the life course, and across generations.

This was additionally connected to the stigma of disclosing abuse within families/communities, specifically child sexual abuse, where there is often fear of not being believe, or once disclosing not receiving proactive support.

This was compounded by the need for these processes of disclosure and truth-telling to be safe for the victim. Safety in this sense was understood by participants as survivors being believed and validated, and provided with ongoing relevant supports to assist them through disclosures and ongoing healing needs post disclosures. Importantly, when there is collective truth-telling occurring for families/communities, participants raised the need for appropriate (external) supports available to assist families navigate these and taking meaningful action.

In the process of truth-telling, to inform the healing model of care, KBH Survivors and descendants raised that it also needs to acknowledge the growing weight of other adverse events present within their community. Participants raised that many of their families are dealing with the long-term impacts of KBH and other marginalisations, such as navigating their own journeys and/or supporting family with drugs and alcohol misuse, suicide, and “*attending too many funerals too soon*” (Participant) , as well as sharing ongoing experiences of institutional interventions and control, including police interactions, incarceration and engagement with child protection systems. A strong emphasis was placed on the model of care needing to consider these structural experiences and the holistic support needs for individuals and families.

As addressed above, at each stage the analysis was presented to community co-researchers in accordance with our APAR approach and principles. This proved particularly beneficial as our co-community researchers raised the importance of not limiting this finding to truth-telling but also adding truth-hearing. This recognised the need for institutions, services and the general public to engage in process of truth-hearing to deepen broader societal understandings of trauma and effects of child sexual abuse on KBH Survivors and their descendants and progress a more holistic and culturally appropriate approach to supporting the healing journeys of survivors.

## *2.2. Healing is located in relationships and meaning*

*“that's [referring to Country] our spirit, we need to heal out spirit...we are spiritual people” - Participant*

A contributing element of the model of care came from various participants exploring how healing is located in relationships and meaning. For instance, nurturing connections to Country, being on Country or being connected to a specific place was central for individual and collective healing. Some participants shared their relationship to water and animals and expressed these important relationships/connections as not only healing practices, but where they are able to listen and learn from Country.

*“I love water, always makes me calm” - Participant*

*“They [the birds] come to me every day and I speak to them every day, with them they teach me how to be calm and talk lovely, you know because that’s an important part of my wellbeing and putting energy out there. Animals teaching is powerful.” - Participant*

Of note, is one participant exploring how connection to Country has always been an important healing and learning practice for Aboriginal peoples, predating more widely used terms/forms of healing work such as ‘breathwork’ or ‘meditation’. This exemplifying the model of care must be grounded in supporting KBH Survivors and descendants' connection to Country and promote the importance of culturally based healing initiatives.

*“I do deep breathing, breathwork is very important, we call it meditation now but we’ve been doing it for years – going out on Country, sitting near the water, breathing in the salt water and listening to the wind and the birds and all that” - participant*

Several participants identified that healing started with the self, and is located in the heart of people, where one’s spirit grows strong and can nurture positive connections with others.

*“Your mind controls every other organ in your body and sends messages to all parts of your body, but nobody talks about the heart” – Participant*

*“You got to go out there for yourself and the healing of your own heart” – Participant*

*“I really am so strong about keeping my heart because it’s the wellspring of life” - Participant*

This demonstrates the importance of individual healing required and the need for survivors to be supported at a pace that feels comfortable for them to address their healing needs. In honouring survivors speaking about the importance of healing their heart, we are not only reminded here of the ongoing implications of child removal and child sexual abuse, but the importance of exploring culturally based opportunities to support survivors in healing their heart.

*“I do culture, I do ceremony. I connect to Country, you know with, get taught about the bush plants and the medicines and identifying the trees, males and females and you know I’m very lucky, and honoured to be looked at someone who is called [de-identified] an Elder and that sort of thing” – Participant*

Some participants shared the desire for cultural activities being important for healing purpose, some female participants noted weaving as a healing practice that promotes interconnectedness; relationality; responsibility; sustainability and practices caring for Country. Connection to people and building positive relationships with family and community was also considered important for healing, this was particularly recognised by having role models and safe people in community for kids to trust and learn from.

### *2.3. Readiness to break cycles and the foundations for individual healing*

Some participants emphasized the importance of recognising where individuals are at in their individual lives and their own healing journey. Participants noted that for some individuals who may be in a deeper phase of survival mode may require different and perhaps more immediate supports to address their primary needs at the time, whilst others may be at a different stage in their readiness and capacity to engage in healing processes. This raised the importance of the model of care emphasising the importance of wrap around supports for survivors and having services able to translate the model of care into their practice.

Healing as being located in relationships was further found in survivors' engagements with services and how this can hinder *or* support healing journeys. In noting the various stages of readiness for healing as described above, participants raised that services and models must be genuinely helpful and resourceful for mob in recognising their diverse experiences/readiness.

*"Because when you talk about mental health, they only talk about the individual, and you gotta look at it holistically because it effects the whole family" - Participant*

*"They talk about the drugs like it's the problem, it's whatever's going on underneath the drugs"- Participant*

*"there's so many deep-seated things that people hold back, that [medicine] might not heal"- Participant*

Participants raised a call to challenge more western medical models of healing that places the problem within the individual. Instead, services responding to survivors that positions the individual survivor and their experiences/ compounding trauma in broader conversations surrounding their healing journeys.

### *2.4 Individual healing and support needs*

*"For me it's simple. We heal ourselves. No one can heal us. We need to heal ourselves". – Participant*

Whilst many participants recognised the importance of collective healing, there was also an understanding of recognising one's responsibility for individual healing work.

*"I have to heal myself first so I can be good in mind, spirit and that to help myself and you know get on track, and then I could help my family and try break the cycle, yeah but hey took us 230 years to get like this, so it wouldn't be a quick fix, but it will be something that we can do and put together, cos we know what we need." – Participant*

Some participants recognised that direct therapeutic interventions and approaches were at times considered useful for meeting individual needs, such as individualized psychological supports. Therefore, a healing model of care approach requires flexibility and balance between individual healing needs and collective needs of KBH Survivors and their descendants. This finding was also associated with participants accessing specific services and supports to meet their unique needs. Whilst a select few participants shared they felt comfortable and able to access supports during times of distress:

*"I just shake it off - keep my mind busy - go for a walk.... If I can't shake it off, I go to the doctor" - Participant*

Many participants noted several barriers to receiving appropriate supports and more broadly an absence of Aboriginal led, service providers that address the holistic needs of community:

*"We need more places for men, more services, specifically for young men" - Participant*

*"a lot of the money ends up in mainstream services, and a lot of Aboriginal people won't go to mainstream services" – Participant*

Therefore, the importance of addressing the holistic needs and making services meaningful and accessible should be considered within the model of care and its implementation. As some participants raise, there is a need for a greater financial investment into Aboriginal support services. Therefore, economic participation may be a considered element of the model of care to ensure not only do survivors have the means to access appropriate supports but also ensuring Aboriginal service providers are able to sustainably serve their communities.

## **2.5. Reclaiming family structures and roles**

*"If I had the family structure, I wouldn't have been able to fall down" - Participant*

*"What I have noticed in community is that we are fractured" - Participant*

*"It has to be structured in the way that the family has the knowledge of who they trust and who they talk to" – Participant*

Some participants shared the need to reclaim Aboriginal family structures, restoring family structures on community terms, which extends networks of nurturing, culture and care. Survivors shared their desire that healing also needs to support Survivors in reclaiming their own role/identity as providers and protectors in their families and communities. Within reclaiming family structures and roles, this related to a sense of purpose and belonging for individuals, particularly for KBH Survivors. Reclaiming family structures/roles within this study corresponded with identity building, and the values that come from being a father/uncle/brother/grandfather within the family and broader community structure.

However, an additional element for this theme revealed the need for active skill building. This concept was linked to the findings that many of the KBH Survivors did not have appropriate role models during their childhood to learn about appropriate adult/child affection and relationships, the multi-generational implications of this were felt and heard throughout the descendants' experiences of their own relationships.

Skill building in this sense was centred around healing relationships with self and others, whilst also developing parenting knowledges and roles to nurture positive and safe relationships with the younger generations of their families/communities. Skill building was also understood in building the capacity of family and community members who can become child safe ambassadors, being prepared to notice and respond to unsafe people/relationships and bring a sense of wraparound safety for children in families and communities.

As such, this theme notes several opportunities for its application in the model of care, firstly focusing on reclaiming place and roles within family and community structures. This is intrinsically linked to connecting with cultural practices, and embracing Aboriginal ways of knowing, being and doing. This then extends to supporting the development of individual skill building to strengthen purpose and understanding of what it means to be in these reclaimed roles. Therefore, this requires an element of access to resources and capacity to deliver, for instance, parenting programs and other opportunities that support individual development and up-skilling.

## *2.6 Survivor-led Model of Care*

One participant who shared the importance of reclaiming family structures also chose to express themselves and their conceptualisations of these processes by developing their own version of a model of care. With the explicit consent of this participant, we have included an image of their designed model below (see figure 3).

This model of care was presented by the participant and discussed with the research team, with recognition of it having key links to Gee and colleagues (2014) SEWB model which emphasizes the links to the social, political and historical determinants impacting health and wellbeing. This demonstration of a model of care is further grounded in the themes of family, love and nurturing positive relationships. As the research discussions continued and themes were contributed by other participants, there was a distinct synergy with the



within communities and families. The next outer circle then breaks out into sub-sections to address the flow on effect of aspects of our lives, for instance as illustrated in Figure 3.a, Culture – language – dance – ‘who we are’:

Another example depicted in Figure 3.b is teachers – literacy – numeracy – accountability. This demonstrates another important layer of individual needs as well as the intersection of social determinants contributing to wellbeing and healing.

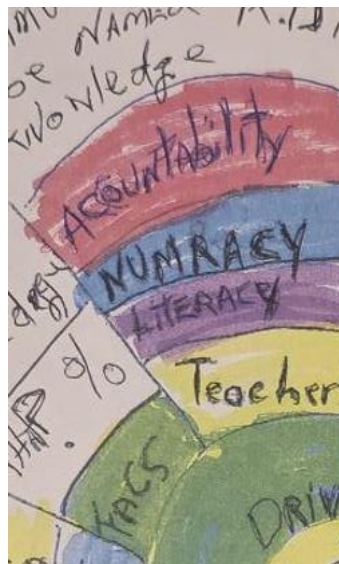


Figure 3.b

The outer layer of the diagram discusses the ‘time spent’ which indicates how time spent with each sub-group ultimately impacts and influences the individual and collective healing journey. This diagram expresses the multifaceted and intersectional levels necessary for holistic healing for individuals and families.

## 2.7 Healing individuals and families in the context of love and affection

*"Finding your own love that you missed out on" – Participant*

*"There was not much love passed on through all of us, so us descendants need that extra bit of support - otherwise it's gonna keep carrying on and there will be no change" - Participant*

Following from the theme above exploring skill building opportunities in reclaiming family structures, participants raised the importance of love and affection being at the core of healing processes. Participants particularly raised centering love in this model, as they recognised the absence and denial of love for KBH Survivors during their childhood. The

impact of this absence on the KBH Survivors as children, compounded with their experiences of child sexual abuse reinforced further implications as they developed into adulthood. With many participants sharing the life-course impacts of KBH inhibited their own capacity and awareness of expressing love to their partners, children and grandchildren.

This was comparable to how some descendants spoke to their experiences of growing up lacking love and positive affection, and where expressions of love were more broadly understood as parents meeting the primary needs of providing food, housing and education. As such, there was a strong desire from participants to explore positive relationships of demonstrating affection and the importance of love for healing families.

*"My mum never [learnt] how to show us love, we are only just realising that now because we never got the cuddles and kisses and all that stuff - and now we [don't] know how to do it because she never gave it to us" – Participant*

*"Whereas me now we, I've got five babies, like...I just want to cuddle her and love her, and do all that, you know, because I never got that" – Participant*

*"Family workshops - we could probably relate with her more, because she's crying out for us to show her love, but we don't know how to do it--- we are still trying to love our own babies " – Participant*

*"Not really knowing how to pass that love down. I'm trying to do that with my babies now, and not run" – Participant*

Thus, the model of care must be grounded in the concept of love and positive relationships. Through our participant voices above, there is a strong recognition that supporting individual and collective capacity through love, provides a foundational element to address the multi-generational healing needs of KBH Survivors and descendants.

### *2.8 Structural reform is necessary*

Participants also raised the ongoing structural and systemic barriers that affect their healing journey. For some participants, this was referenced to their involvement or their family members involvement in settler-colonial systems such as being incarcerated or being involved in the child protection system.

*"I was fighting to save my boys from going to gaol" - Participant*

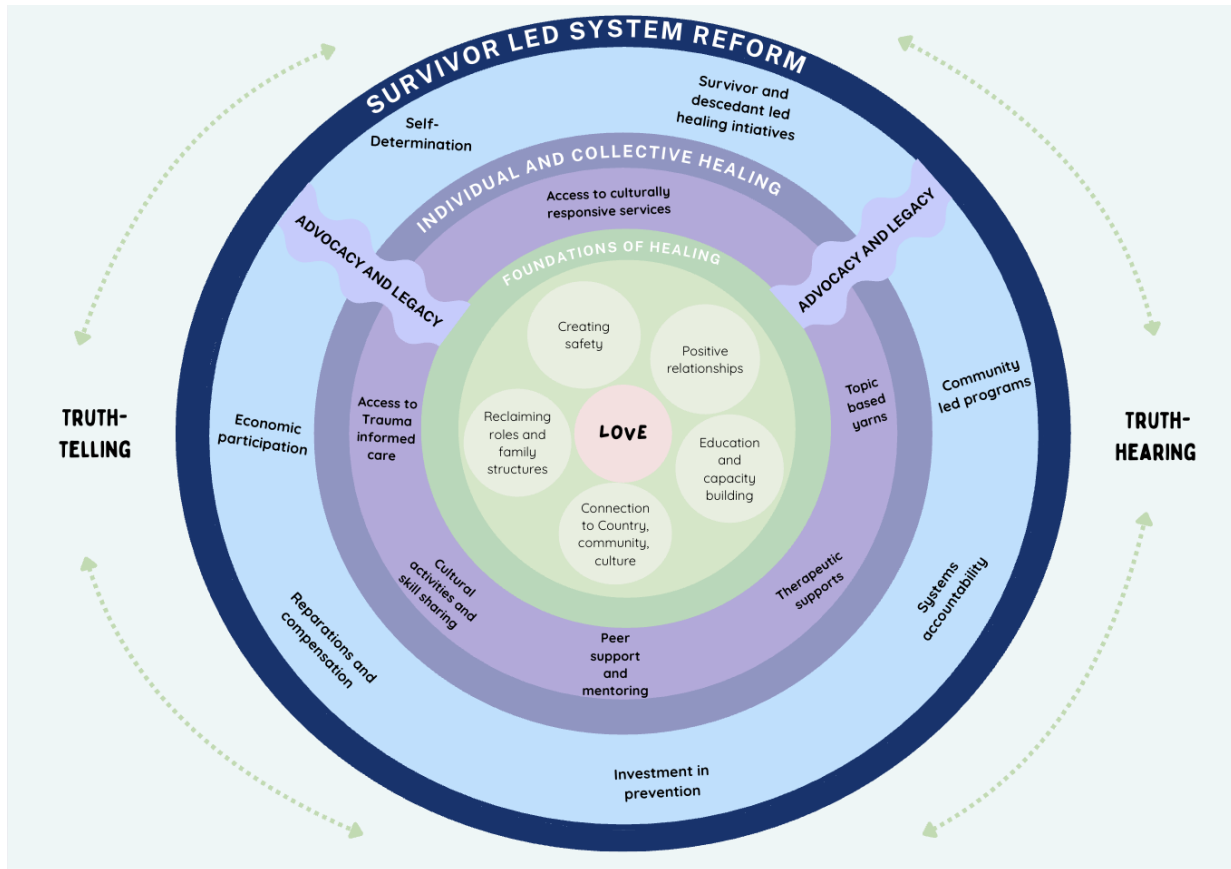
Other participants raised the barriers they have faced in receiving appropriate and meaningful care when seeking help, particularly for mental health and/or related to drug and alcohol use. Notably, these barriers were also discussed by descendants, demonstrating a multi-generational experience of further trauma compounded by

structural and systemic barriers that impact healing journeys. In the participant's survivor-led model of care diagram (figure 3) that was discussed in the previous section of this report, the inter-related components of structures and system involvement were also considered an important element to address in individual and collective healing.

Broadly, the analysis observed that the current settler-colonial systems and structures create more barriers than opportunities to support survivors' healing journeys. Whilst some survivors noted some services may be useful for individual survivors particularly those seeking supports with addictions or individual therapy options, majority of survivors noted troubles and challenges in accessing meaningful and culturally safe supports. This can be understood as to how the 'issues' are conceptualised and constructed in these institutions. That is, if 'the problem' is located in the individual (survivor) or if it is located in the colonial systems that fail in effectively responding to the diverse needs of this community.

We heard from many survivors about the shared experiences across generations of system involvement that has perpetuated harm across generations. Therefore, systems and structures have a responsibility to take accountability and understand their role in supporting the healing journeys of KBH Survivors and descendants and creating child safe communities. This responsibility can be actioned through privileging and embedding survivor-led reform processes and initiatives, advancing real change and not just 'Aboriginal programs' in colonial institutions.

## Healing Model of Care:



This model of care has been designed to represent the synergy between this project and the existing KBHAC practice frameworks, particularly the *Walking Together Program*. This inclusion reflects how many participants often discussed the necessary elements for operationalising a model of care, which in turn, reinforces the connection and impact of KBHAC ways of knowing, being and doing when working alongside the survivor community. The circular visual of the model emphasizes that healing is non-linear, and unique to the individual circumstances throughout their life course. Whilst the image has distinct layers, they remain woven together to represent the inter-connectedness and amplify that healing and addressing child sexual abuse requires action on individual, community and systemic levels.

Grounding this model of care is the central element of love, which was often discussed by KBH Survivors and descendants as central to individual and collective healing. This reflects both love as underpinning caring relationships, but also the experiences of KBH Survivors of the KBH environment, which participants described as withholding or being deprived of love. Surrounding love are the key enablers regarded by KBH Survivors and descendants

that assist the initial steps in an individual's healing journey (depicted in the light green circles). These elements of creating safety, positive relationships, education and capacity building, Connection to Country, community and culture, reclaiming roles and family structures are understood as foundational factors that empower and assist individual healing journeys. Understandably, whilst honouring these elements contribute to the foundations for individual healing, we note the role and contributions of the collective also feed into this space. For instance, creating safety requires work from service providers, the broader community and the individual to continuously create safety for survivors of child sexual abuse.

Additionally, these foundations will require consideration across the various phases of one's life course, for example, building education and capacity is an ongoing element that contributes to healing work across one's life course. Likewise, positive relationships need to be maintained and will require flexibility and adaptability across the life course when we consider new relationships or relations being formed between families, community members and also between survivors and service providers. Critically, this layer of model of care represents that healing is an ongoing process that will require frequent application and re-visiting of the various elements, where the needs of survivors will likely flow in-and-out of the inter-related green and purple layers depending on the current circumstances and pace of the individual.

Expanding on the foundations for healing are the elements identified as necessary for individual and collective healing (as depicted in the purple layer). We have intentionally situated these together in alignment with what we heard from participants, and longstanding literature regarding Aboriginal perspectives of health and wellbeing (Gee et al., 2014; Swan & Raphael, 1995; Edwidge & Gray, 2021), individual and collective wellbeing are seen as deeply intertwined and mutually reinforcing. In this section we embedded three of the *Walking Together Program* elements, *topic-based yarns and peer support and mentoring, and cultural skills and activities*. These elements are also grouped with other features identified by participants including, access to culturally responsive services, trauma informed care and other therapeutic supports specific for the individual or collective. This grouping seeks to respond to what we heard from KBH Survivors and descendants about the various elements or sites of action needed to promote wellbeing.

Additionally, they promote the features of services that must be considered to ensure accessibility and address existing barriers outlined by the participants. This layer acknowledges that both individual and collective or community aspects of healing and wellbeing are important and complementary, and in doing so creates space for both individual therapeutic supports and collective, community-based initiatives. Whether individual or collective, such supports or initiatives should be community-based, culturally grounded, and demonstrate evidence of positive impact for Aboriginal people, in ways defined by Aboriginal communities.

The outer layer of this model recognizes survivor-led system reform necessary for multi-generational healing for the KBHAC community (depicted as the blue layer). This outer

layer responds to the systemic and structural barriers KBH Survivors and descendants address implicated their healing journeys. Importantly, this layer emphasizes the broader societal responsibility to effectively respond to and address the implications of child sexual abuse present within our society. This layer includes the remaining two *Walking Together Program* elements; survivor and descendant led healing initiatives and community programs. Elements including self-determination, investment into early intervention, economic participation and reparations and compensation are also included here, building on the themes of this study. Economic participation is an essential component to system reform in accounting for the compounding multi-generational trauma of institutional child sexual abuse, and to ensure that Aboriginal led healing initiatives and services like KBHAC, can sustainably advocate and support survivors and families on their healing journeys.

Furthermore, Governments should commit to appropriate and adequate financial compensation and reparations as one means of ensuring economic participation and being accountable to support KBH Survivors and descendants' healing journeys. Whilst we acknowledge the more immediate benefits of survivors compensation, we wish to highlight that this alone will not equate to supporting justice for survivors. Compensation and reparations must be matched with broader system and structural reform initiatives tailored to addressing those harms for individuals and communities and guarding against repetition, including but not limited to substantial investment in survivor led initiatives, programs and organisations towards long-term mitigation of the harms caused for Stolen Generations Survivors, their families and descendants. This reform process must ensure a focus on prevention through survivor led and culturally relevant education to mitigate the risk and presence of child sexual abuse in broader society. We note that there are extensive recommendations through repeated inquiries across relevant systems, including child protection and criminal legal systems, which have included the committed advocacy of Stolen Generations Survivors, including those from KBHAC. These contributions must be honoured through action.

Embedded across the individual and collective healing layer, and into the structural reform layer is the KBHAC focus area of '*Advocacy and Legacy*'. This depicts the need for ongoing advocacy across all layers of the healing model, and how this advocacy will be unique to individual circumstances but grounded in KBHAC principles and values. Importantly, this aspect demonstrates that through applying this model of care at each stage from individual, collective to systemic reform multi-generational healing can occur, and continue advancing the legacy of KBHAC Survivors and their families. As outlined previously, this model of care require flexibility and also a balance of action required across various levels and from several stakeholders. Whilst individual readiness is essential for survivors healing journeys, we identify that this individual healing occurs within a multifaceted web of systems and services and therefore requires a collective responsibility from broader structures and systems to transform policies and practices enable appropriate application of this model of care.

Importantly, truth-telling and truth-hearing encapsulates the entirety of this model of care. This was specifically explored as a necessary tool in addressing the intergenerational

experiences of shame and silence regarding survivors experiences of child sexual abuse, and additionally how silence around Survivors experiences of KBH at times led to disrupting family relationships. As such, truth-telling and truth-hearing must be embedded throughout all stages of the model of care and any operationalization of the model. Truth-telling and truth-hearing was recognised as essential to community healing, where participants raise the importance of truth-telling more broadly about KBH and KBH Survivors' experiences to support descendants in learning about their family's history and assist in sense-making of their lived experiences. Participants also noted truth-telling and truth-hearing broadly about the experiences of KBH Survivors and their descendants is essential in educating the broader public about the multi-generational implications of child removal, and particularly child sexual abuse, including why survivor led systemic reform is an active component in the healing model and involves the meaningful participation of broader society. We also heard from participants, child sexual abuse is often regarded as taboo or shameful to talk about, truth-telling here honours the importance of transforming this association and instead creating safe spaces for survivors to share their experiences/disclosures and have appropriate and meaningful responses provided (truth-hearing). Truth-telling and importantly, truth-hearing from broader society is essential to promote collective healing and encourage a preventative and proactive response to addressing child sexual abuse in communities. Importantly, truth-telling and truth-hearing ensures a collective responsibility and societal duty to meaningful respond to survivors of child sexual abuse.

## Application of the Healing Model of Care within KBHAC: Synergies in Practice Frameworks

This project has outlined the conceptual principles underpinning a survivor led model of care to address the healing needs of KBH Survivors and KBH Survivors' descendants who are survivor/victims of child sexual abuse. For the success of any framework, there requires a sound implementation plan to ensure its sustainable application for the community it intends to serve. We note that this work and KBHAC work more broadly, has been developed through the ongoing resilience of Survivors, and decades of advocacy contributing to survivor led changes and impact. As such, this section outlines how the Model of Care can be applied distinctly within KBHAC, where we envision a specific team such as KBHAC "Emergency Support Team" will manage the operationalization of the model, this is also in accordance with their *Walking Together Program*:

### *Community-implemented & led program elements*

Participants identified that for services to be accessed by survivors, programs must be community and survivor-led and draw upon the strengths of work already being done through KBHAC. This is consistent with communities right to self-determination, emphasising the importance of community governance within this model of care. This project also recognises the diversity within the survivor community and their relationships with other service providers, particularly other Aboriginal organisations they access across

the state. Therefore, community implemented and led programs requires consideration of how to strengthen collaboration between programs to ensure that survivors are receiving and can access high quality and survivor informed care that recognises the distinct needs of this community. This broadly requires communities across NSW to understand and identify the specific needs of survivors of institutional child sexual abuse in their communities, in order to deliver survivor informed care. To understand these needs, services can look to the distinct features across the model of care that have synthesized what survivors in this project have themed as important to their healing.

Some examples of community-led programs promoting healing and addressing child sexual abuse may include, but are not limited to:

- Parenting skills development programs, which can be tailored to the specific needs and interests of the family.
- Workshops exploring ways to show positive and re-assuring affection to children and others.
- Trauma informed training for community members to recognise, respond and prevent child sexual abuse (Yamurrah & SNAICC, 2023).

#### *Survivor and descendant-led healing initiatives*

Stolen Generations Survivor and descendant-led healing initiatives are highly valued by members of the KBHAC community, and participants of this project provided some options to explore. Some participants suggested survivor-led advocacy programs, which would provide wraparound supports for survivors to assist in navigating systems and institutions when needing to access other services outside of KBHAC for the various stages of their healing journey. This advocacy could also assist in informing other services about survivor-led approaches to improve the quality of care/service they provide to this community.

For example, KBHAC might develop their own effective safety plans for children and young people who are KBH Survivors' descendants. Safety plans made through KBHAC would ensure a survivor-led and culturally appropriate response to any child safety concerns. These safety plans would be completed by the *Walking Together* or *establish a new team like Emergency Supports* team and become a part of position descriptions of the workers. This would allow for a community led approach to child safety concerns, where more integrated early intervention supports can be provided for the child and family. This initiative could be complimented by child safe ambassadors who are endorsed by the KBHAC community. In these community roles, children and young people will know these people as trusted adults who they can seek safety and support from. These roles must be able to assist with disclosures of child sexual abuse or other related concerns and be a point of contact for the community to report unsafe child behaviors, such as sexual abuse or child grooming.

As participants shared a desire to break intergenerational cycles, survivor led educational materials were understood as highly beneficial in empowering children and youth to learn about their own body, safety and supporting safe and appropriate relationships with adults. Developing survivor-led educational materials might include age-appropriate books,

parenting tools and guides to teach children about safe people in their life (such as the KBHAC child safe ambassadors). This is also important in honouring the themes of reclaiming family roles and building capacity through opportunities like parenting programs, where educating children can be promoted within the family structure and resources can be supported to help adults in the family educate children and navigate hard conversations.

*"We know everything starts with kids. It has to start when they're young, to me it's always about the kids, when you've got a grown adult that abuses and everything else will never change, but when you start educating kids that it's not right to be abused and you've got a right to speak out and say, you know, tell people that you're being abused, you know so it's gotta start with kids" – Participant*

Participants in the study also recognised a need to increase awareness and education about the truth and journey of the KBHAC community to the broader public, recommending that producing material of KBH Survivors' experiences and journeys for school children could assist with promoting truth-telling and educating the broader community. This element was regarded by descendants as particularly important, who shared that there is currently no education in their schools about their family's history and the truth of KBH. This educational element should also be considered important for services and health care providers, to increase their awareness and trauma-informed practice when working with Stolen Generations Survivors and their descendants.

#### *Therapeutic topic-based yarns*

The participants recognised the importance of providing therapeutic supports to survivors and their families in navigating their healing journey, and particularly the unique therapeutic yarns required for survivors of child sexual abuse. Participants raised the importance of ensuring that any form of therapeutic yarns must avoid reinforcing western practices which often centres the problem within the individual, rather than understanding the holistic and intersecting circumstances impacting one's healing. Additionally, as the healing journey is recognised across the life-course, the current western approach of accessing some therapeutic supports remains limited due to their mode of service delivery which regularly have restrictions on the number of sessions that are covered through rebate or PBS schemes. This western approach can be problematic for the survivor due to both structural barriers of accessing services, fear and distrust of services and, broadly being unsupportive to those who require ongoing supports that exceed the set amount of sessions covered by Medicare or certain rebate schemes.

Participants also noted that this individualized approach is at times, unhelpful along the healing journey, and therefore therapeutic topic-based yarns must align with Social and Emotional Wellbeing approaches (Gee et al., 2014). Furthermore, that individual therapeutic yarns were important, but there must also be a balance of therapeutic yarns for families and communities more broadly. Notably, therapeutic yarns must work at the pace of survivors, here the foundational enablers to support individuals (green layer of the model

of care) becomes relevant. There must be investment into creating safety and building positive relationships before therapeutic yarns can begin. Additionally, practitioners must recognise that each individual will be at a different phase of capacity to share, learn and apply the skills developed in therapeutic yarns and will require altering to the individual and/or group capacity. In line with current KBHAC practice frameworks, topic-based yarns may benefit from a scaffolding or module approach to meet the needs and capacities of Survivors. For instance, facilitating these collective yarns in shorter sessions over several days where one therapeutic topic can be gradually built upon. Notably, to effectively deliver therapeutic topic-based and ensure the ongoing safety and support of the KBHAC community, there requires a significant resourcing of skilled practitioners (i.e. qualified psychologists, social workers, counselors, community mental health workers) who are supported to invest in longer service delivery periods, and continuously building on relational practices that promote positive relations and assist in establishing safety and trust within communities. In recognising the associated feelings of fear, shame and taboo about disclosing/discussing child sexual abuse, therapeutic topic-based yarns also play a role in breaking down the stigma and negative connotations for Survivors of child sexual abuse.

Topic-based yarns were also important to include here to educate and bring awareness to the communities about specific areas of child safety and building community-based preparedness, which could include, but are not limited to:

- Child safety awareness and prevention training.
- Creating child safe ambassadors in the community.
- Recognising and responding to signs of grooming behaviors.
- Supporting children and/or adults who disclose their experiences of child sexual abuse.
- Early education on ‘tricky people’ and how to protect your own body. This was also understood as being honest and transparent with children about ‘tricky people’ and not just ‘stranger danger’.

### *Peer-support and mentoring*

Participants identified that having shared spaces to connect and share with other KBHAC community members was often a positive contributor to their wellbeing. Some participants emphasized how connecting with and listening to peers’ journeys allowed them to feel safe and validated to also share their own stories and journeys. As such, part of operationalizing the healing model may include survivor peer support groups. Additionally, we heard from the descendants the need for family/parenting peer-support groups to connect, learn and heal. There was a recommendation for a mums and bubs group to support young parents in being able to learn parenting skills and positive role modeling as they did not receive from their parents. This was also deemed important in learning how to show love and affection. Other groups that were identified included:

- Men’s Groups
- Women’s Groups

- Descendant Youth Groups

### *Cultural activities and skill sharing*

As culture and connection was recognised as foundational for healing, being able to participate in regular cultural activities was recognised as a critical element for individual healing. In some of the yarns, participants raised the concept of having healing camps, where KBHAC communities come together, on Country, to share and connect.

*“I think that’s important, like culture camps, to me, is reconnecting with your Country, with your own spirituality, yeah, and with your family and with your people.”*  
- Participant

These healing camps were understood as a soft entry to connecting and grounding individuals in a space designed for them to re-connect with themselves, Country and other community members. This approach would model healing in a safe and supported environment and accessed at the pace of the individual survivor. Some participants particularly noted that it might not be their traditional Country, but a place out in nature that they feel a sense of connection/peace with. Healing camps and opportunities for children and young people to engage in cultural activities was highly regarded by participants, where there was a particular desire for children and young people to have the space to learn and connect with their Elders, Country and community. Not only is this a multi-generational approach to healing but it also serves as a key link to healing in the context of love through one’s connection to Country.

### Summary

Consistent with broader literature and evidence regarding holistic Aboriginal wellbeing frameworks, this model of care seeks to outline a life-course and multi-generational approach to individual, family and community healing of survivors and their families within the specific context of KBH Survivors, their families and descendants. As we recognised through the report, and consistent with the KBHAC *Practice Framework*, promoting healing and wellbeing requires effort across three main sites of action; structural or systemic change, as well as support and initiatives aimed at both individual *and* collective healing. The implementation of the model must honour these interdependent factors and ensure there is a focus on supporting KBH Survivors and their families at current points of time, whilst also pursuing preventative measures to mitigate the risk of further child sexual abuse within families and communities. A proactive approach to implementation must ensure that the model of care is not only championed by KBHAC, but also championed by the several other organisations, services and institutions that also interact with and deliver services to KBH Survivors and their families. This requires increased investment into building the capacity of service providers, including increasing service provisions that do not restrict accessibility of services, but instead promote long-term and ongoing investment into meaningfully and holistically supporting KBH Survivors and their descendants.

The model of care should first be locally implemented within KBHAC practice and programs. A proactive approach must ensure that communities are capable, prepared and adequately resourced to implement supports in various stages of individual healing journeys. KBHAC requires amplified investment of resources, staff training and funding to assist in supporting the community orientated aspects of the model of care, such as supporting men's groups and parenting support programs/therapeutic yarns. Further, resourcing is required to successfully support the delivery of on-Country healing needs, such as cultural camps.

Through the delivery of trauma-informed research practices, and honouring the immediate needs of Survivors/descendants which arose throughout this project, the KBHAC team responded by beginning to offer healing based initiatives discussed throughout this paper; healing camps and collective therapeutic topic-based yarns to family groups. Whilst the scope of this study cannot draw further conclusions of this work undertaken, it emphasizes that there is an immediate need to respond to what we have heard from Survivors and descendants, and for greater public investments to be made into KBHAC programs, advocacy and future research projects to continue supporting KBH Survivors and descendants navigate their healing journeys.

We also heard from KBH Survivors, that a large aspiration of this model of care is focused on prevention and mitigating future risk of child sexual abuse in families and communities, therefore requiring greater emphasis on prevention measures, rather than initiating supports once the trauma or harm occurs. A preventative approach here is considered not only a responsibility of KBHAC community, but for all of society, with recent National data showing the prevalence of child sexual abuse requires preventive action from all members of Australian society (Haslam et al., 2023). Therefore, whilst this is a KBHAC specific initiative, it is important that mitigating child sexual abuse is understood and applied in a whole of society response, and a collective duty of care to mitigate child sexual abuse is embedded within structural and systemic ideologies and practices.

This call to action was addressed by increasing child and family friendly educational resources, providing families with trauma informed training to have "*hard yarns*", and identifying child safe ambassadors within the KBHAC community. These program aspects will require sustainable resourcing to develop and deliver these program elements. The *Walking Together Program (2024)* provided an estimated resourcing and worker allocation outline for each program phase. Incorporating this detailed outline is an important starting point in building service system capacity and detailing effective resourcing guides to deliver programs to address the findings of this report. Broadly, this study has revealed the immediate need to increase significant funding and resourcing into survivor-led community organisations and programs like KBHAC, who continue to evidence best-practice and meet the needs of Stolen Generations Survivors and their descendants.

As addressed in the model of care, structural reform is essential to advancing the healing journey of survivors of child sexual abuse. This is particularly vital when considering how to promote the social justice and empowerment of Stolen Generations Survivors and their descendants. One example of this is the recent announcement of NSW commitment to the

*Stolen Generations Survivors Action Plan 2025-2030 (NSW Health, 2026)*. Amongst its strategic outcomes, this action plan emphasizes that Stolen Generations Survivors receive timely services, and that Stolen Generation services, such as KBHAC, are empowered to meaningfully support Survivors. This research report has specific implications on how these strategic outcomes can be met. This research has specifically demonstrated that structural reforms facilitated through genuine partnerships with KBHAC is a necessary investment to support the healing journeys of Stolen Generations Survivors and their descendants, and will likely assist in achieving several of the strategic outcomes outlined in the *Stolen Generations Survivors Action Plan 2025-2030*. Overall, the foundations of this model of care should be championed by other community organisations and institutions, this is to encourage greater trauma informed and survivor-led service delivery and simultaneously, promote preventative led initiatives to better respond and address child sexual abuse throughout broader society.

### Future points of advocacy

This paper has considered the various elements and factors to be addressed to support Stolen Generations Survivors and their descendants and family members' healing journeys from child sexual abuse. This support must be accompanied by broader structural reforms that transform systems and their associated harms as experienced by Stolen Generations Survivors and their families, including through approaches that promote and privilege survivor-led initiatives. The following list provides various points of advocacy and action to encourage stronger commitment from Government and broader society, to meaningfully support Stolen Generations Survivors' healing journeys.

- *Implementation of the urgent recommendations from Bringing them Home*
  - This project has outlined the need to privilege and respond to the needs of Stolen Generations Survivors. For almost three decades there has been inaction by governments to implement the recommendations from the BTHR (HEROC, 1997). In accordance with the call to action from the 2025 Healing Foundations *Unfinished Business Report*, governments must commit to urgent implementation of longstanding recommendations. Particularly this should include implementation of Recommendation 42, a dedicate social justice package to assist Stolen Generation Survivors address social and economic disadvantages.
- *Direct and ongoing investment and resourcing into KBHAC*
  - Participants of this study raised the important work KBHAC has done to create culturally safe and culturally led programs and healing spaces. The survivor community sense of belonging and safety demonstrates the immense amount of relational work and care embodied by KBHAC values and practice principles. As such, Aboriginal organisations who support Stolen Generation Survivors and their families (like KBHAC), require greater investment from Government and NGO partners to advance economic participation and provide culturally grounded and relevant services and supports to address the healing need of survivors of child sexual abuse. This

investment will enable KBHAC to deliver emergency support services for families and help contribute to the necessary prevention and early intervention work as outlined throughout this report.

- As this study has outlined, these services require significant relational investment, genuine partnership and ongoing supports for the Stolen Generations Survivor community. Specific consideration of long-term investments that meet the needs of KBHAC and the Survivor community are required to successfully and sustainably support the healing journeys of this Survivor-community. We recommend that future research funding is allocated to allow for KBHAC to continue developing their own research evidence base, and build upon previous costing analysis work to ensure the effective implementation of this model of care.
- The health and age of KBH Survivors, and broader structural neglect of these issues, has demonstrated that implementation of this report's findings and model of care must be urgently and comprehensively actioned. To effectively respond to the holistic health and healing needs of Stolen Generations Survivors, governments, specifically NSW health, should engage in genuine partnership with KBHAC to assist in the effective implementation of the '*Stolen Generations Survivors Action Plan 2025-2030*'. This investment into KBHAC and partnership will engage the health system on how to better deliver on the strategic outcomes committed to in the Action Plan, improving broader workforce capacity to respond to the unique needs of the survivor community. This includes both direct support and broader structural and systems change components.
- *Implementation of Family Is Culture to respond to the present child safety needs of Aboriginal communities in New South Wales*
  - As participants identified in this study, collective action is needed from all levels and structures ranging from individual, community and systemic. This model of care identified the importance of structural reform, underpinned by self-determination and systems accountability. The 2019 Family Is Culture (Davis, 2019) recommendations provides a roadmap to reform current settler-colonial child protection systems, if implemented in full. The implementation of FIC may also effectively contribute to addressing the multi-generational healing needs of Stolen Generations Survivors and their families and mitigate experiences of child sexual abuse.
- *Indigenous Data Sovereignty and Governance for Stolen Generations Survivor communities*
  - In accordance with Closing the Gap Priority Reform 4: Shared Access to Data and Information at a regional level, Governments and systems must work in accordance with IDG/S principles, ensuring that survivor communities have access to and are in control, of their own data and information. Further, this may support survivor communities in tracking trajectories of service access and/or support further research and policy development. This will assist in

meeting the principles of self-determination and investment into culturally responsive services as identified in the model of care.

## Conclusion

This study has explored the impacts of institutional child sexual abuse for KBH Survivors and their descendants, which has assisted in the development of a survivor-led model of care to support the KBHAC community in promoting community led healing and prevention strategies. KBHAC practice frameworks and guiding principles and values were essential in grounding this project. In honouring this way of working, this project and model of care is positioned as an extension to the KBHAC framework and ways of working (see figure 1 and figure 2), particularly as the research team noted a strong synergy between the yarns with the participants and the *Walking Together Program* model. The themes from this project have produced a thematic layer to assist in exploring the impacts of child sexual abuse on individuals and their descendants, and to better understand what is useful in assisting the healing journeys of individuals and families of the KBHAC community. This project has demonstrated the strength and resilience of this Stolen Generations Survivor community.

To our knowledge, this is one of the first studies conducted in Australia relevant to exploring the experiences of Aboriginal male Survivors' of institutional child sexual abuse across the life course, including for their families. A strength of this project has been from the APAR and survivor-led approach, which ensured that Aboriginal and more specifically, KBHAC ways of knowing, being and doing were amplified and embedded throughout all stages of research and design process of the model of care. Additionally, this research approach was grounded in culturally safe and trauma informed approaches throughout its entirety with recognition to the sensitivities surrounding the research topic. This project provides opportunity to inform the apparent gaps in research on the impacts of institutional child sexual abuse for male Survivors and their descendants. Importantly, this research project has proved the benefits of prioritizing and uplifting Aboriginal survivor-led research.

Whilst this report has outlined the conceptual frameworks of the model of care, it is important the healing model is proactive and implemented in a timely manner in recognition of the ages and health needs of the KBH and other Stolen Generations Survivors. This proactive response must come from KBHAC and also, the various intersecting services and systems that can either support and/or create barriers along individuals healing journeys. A strong emphasis on delivering a proactive approach must ensure that communities are capable and prepared to implement supports in various stages to prevent and mitigate risk of child sexual abuse, rather than initiating supports once the trauma or harm occurs. This project has laid the ground for further survivor-led research, program development and delivery to support Stolen Generations Survivors and their descendants.

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