

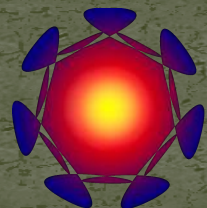


Children at risk

Developmental trauma within a complex trauma environment

Emeritus Professor Judy Atkinson PhD.

Patron: We Al-li Healing People Sharing Culture Regenerating Spirit



**In recognition of ancestors, elders and country,
and with thanks from the country of the Bundjalung**



Dadirri – Listening to one Another



Artwork: Chris Edwards Haines. 2004

- Ngangikurungkurr - dadirri - listening to one another in contemplative - reciprocal relationships.
- Pitjantjatjara - kulini (listening), or pulgkara kulin tjugku (really (deep) listening, and wanting to listen).
- Bundjalung - gan'na hearing, listening, feeling, thinking, understanding.
- Gunmbayngirr - junga-ngarraanga miinggi - hearing, learning, understanding, knowing from the heart.

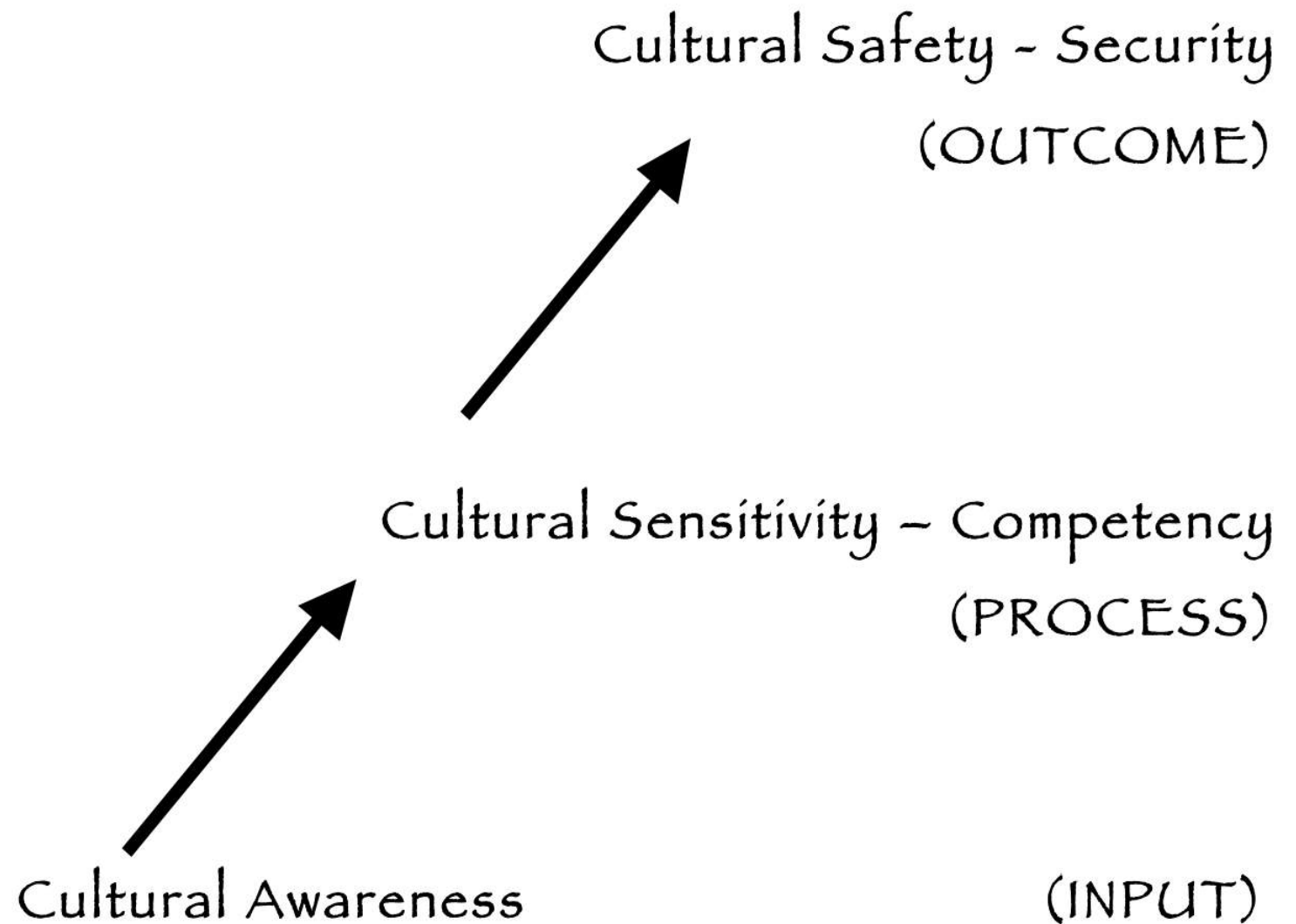


Figure 1. The process toward achieving cultural safety in an educational environment. (Ramsden, 1992.)



Cultural competency

The capacity to work across cultures, with awareness, sensitivity, and the valuing of all humans as cultural bearers to a competency of service delivery, that honours diversity of cultures in the interface of all humans as cultural and spiritual beings.



Cultural Safety refers to: -

- *“an environment that is spirituality, socially and emotionally safe, as well as physically safe for people; ... It is about shared respect, shared meaning, shared knowledge and experience of learning together”* (Robyn Williams 1999, p 213).

Understanding the Trauma Story

“Symptom as History”



Healing generational trauma: its cause and effect

- Salzman and Halloran (2004), describe the destruction of cultural worldviews which have sustained Indigenous peoples for millennia; a collective experience across diverse cultures and peoples: the Yup'ik of Alaska; Navajos and Athabaskan Indians; Hawaiian Natives; Maori in New Zealand, and Aboriginal Australians, all having experienced similar physical, social, behavioural and psychological symptoms (eg high rates of suicide, alcoholism, accidental deaths and intentional deaths, and layers of loss, grief and trauma (p. 233).

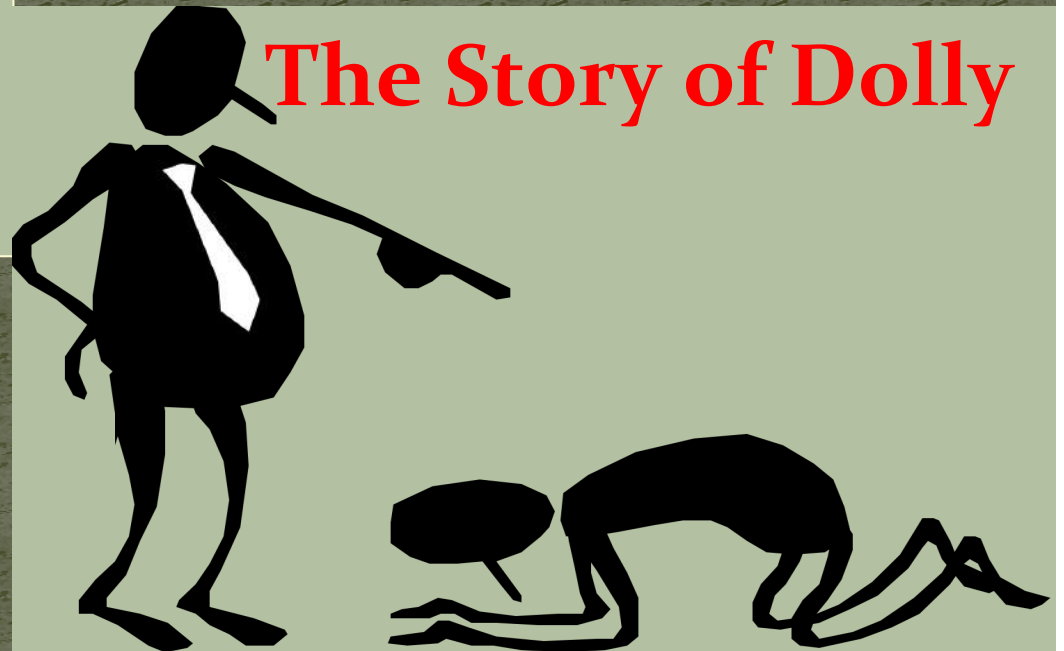
Worldwide colonisations

my story ... 18th September 1987

- Understanding the trauma story
- Cultural, Historic, Social, Collective, Complex Developmental



The Story of Dolly



When we ignore generational trauma

5 generations - South America

- **1st generation. colonised – males killed – imprisoned – females sexually misused**
- **2nd generation. Men turn to alcohol or drugs as their cultural and spiritual identity is damaged – self worth.**
- **3rd generation. Spousal Assault -- Societal trauma**
- **4th generation. Abuse moves from spousal assault to child abuse or both.**
- **5th generation. Cycle repeats as trauma begets violence begets trauma.**
- **6th The grown children of the conquerors begin to live in fear of the grown children of the conquered. (Merida Blanco In Levine, P)**

TRAUMA RUPTURES OUR CONNECTIONS



- **to ourselves**
 - *physically*
 - *Emotionally*
 - *mentally*
 - *vitally - spiritually*



to others

family
social group
generation
culture



to nature

instinctually
environmentally

Childhood trauma

- **Childhood trauma including abuse and neglect, is probably the single most important public health challenge ... (we face) ... a challenge that has the potential to be largely resolved by appropriate prevention and intervention.**
- Van de Kolk, B (2007) Developmental impact of Childhood Trauma, in Understanding Trauma, integrating biological, clinical and cultural perspectives, Kirmayer, L. Lemelson, R, Barad, M. Cambridge University Press p 224.

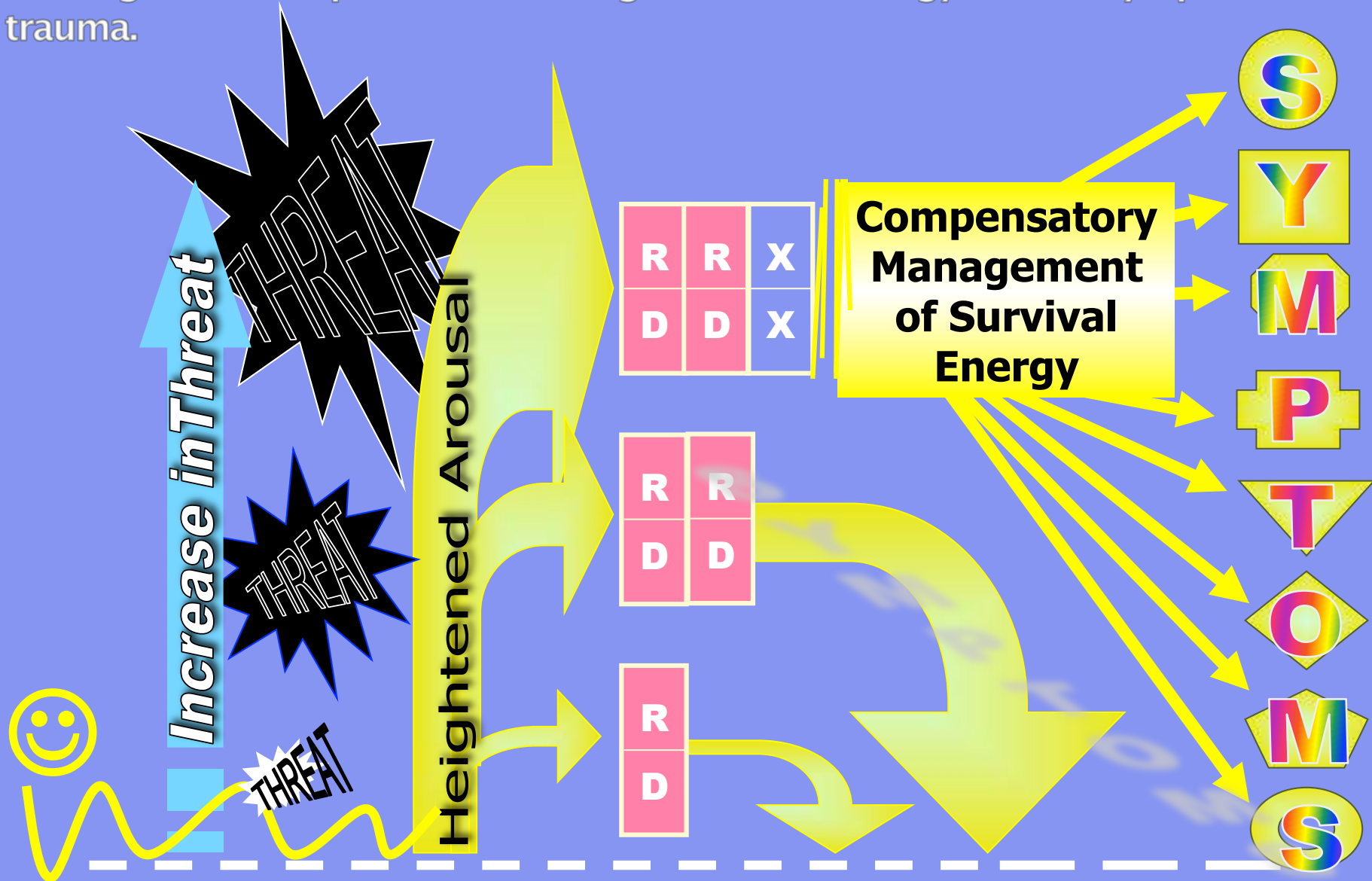
Outcomes of trauma are: -

- Violation of child's sense of safety and trust, of self worth, with a loss of a coherent sense of self,
- Emotional distress, shame, grief, self and other destructive,
- Unmodulated aggression, difficulty negotiating relationships with caregivers peers and marital partners,
- Clear link between suicide, alcoholism and other drug misuse, sexual promiscuity, physical inactivity, smoking, obesity,
- More likely to develop heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease, mental health issues.
- People with childhood histories of trauma make up almost our entire criminal justice population. (van de Kolk ibid)

Collective – Historical Trauma

- Collective trauma is the *“psychological blow to the basic tissues of social life that damage the bonds attaching people together and impairing the prevailing sense of community”* (p. 233), *“a gradual realization that the community no longer exists as a source of nurturance and that part of the self has disappeared”* (Erikson, 1976).
- Historical trauma is *‘the collective emotional and psychological injury, in the life of an individual or of a community, both over the life span and across generations’*, (Muid, 2006, p. 36).

Missing resources plus non-discharged survival energy creates symptoms from trauma.



•Personal functioning baseline

Pre-event → Activation → Discharge →
R = Resource D = Discharge X = Not available

Complex Trauma

(Herman 1992 1997 van de Kolk 2005)

- the pervasive effects that exposure to repeated or chronic trauma sometimes has on an individual's physical, emotional, intellectual, and psychological functioning.
- More recent research shows that trauma is a complex mixture of psychological, physiological and social response to highly stressful experiences which over whelms the individual or group's ability to cope (Brier 2006, Scaer 2001; van de Kolk 2007).
- Complex trauma typically begins in childhood (i.e. early life-onset) and can extend over an individual's life span (Terr 1991 Giller 1999). Such trauma exposure includes child removals, child abuse and neglect, living in poverty, and witnessing – experiencing violence.

Effects of complex trauma are pervasive, and if unresolved, powerfully impacts mental and physical health years later.

- Majority of people (over 90%) treated by public mental health and substance abuse services have trauma histories.
- Child abuse, in all its forms, and chronic neglect, are the key antecedents of complex trauma.
- When unresolved, complex trauma causes ongoing problems, (intergenerational effects in families), and across society as a whole.

Complex trauma and its effects are often unrecognised, misdiagnosed, and unaddressed.

- people impacted by complex trauma present to multiple services over a long period of time; care is fragmented with poor referral and follow-up pathways
- a 'merry go round' of unintegrated care, risks re-traumatisation and compounding of unrecognised trauma
- escalation and entrenchment of symptoms is psychologically, financially and systemically costly and damaging to the individual - family – and society.

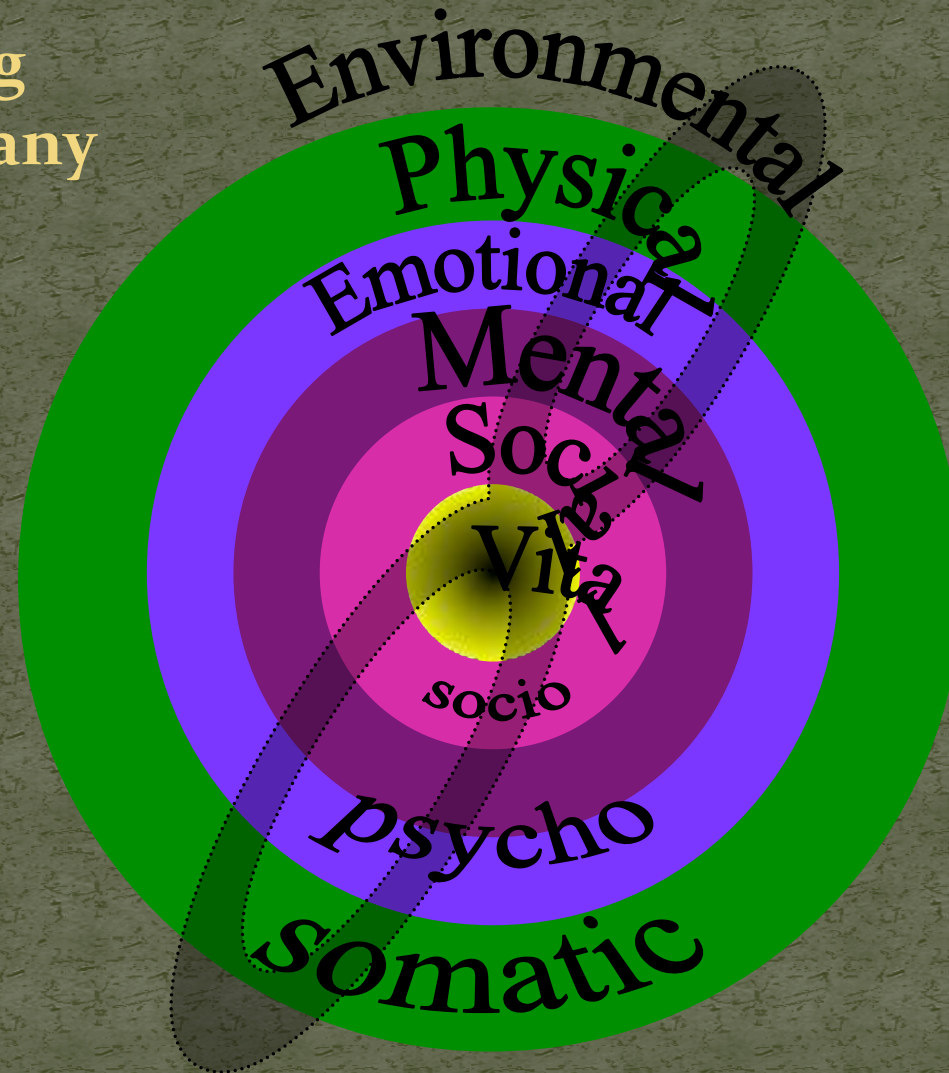


Developmental Trauma

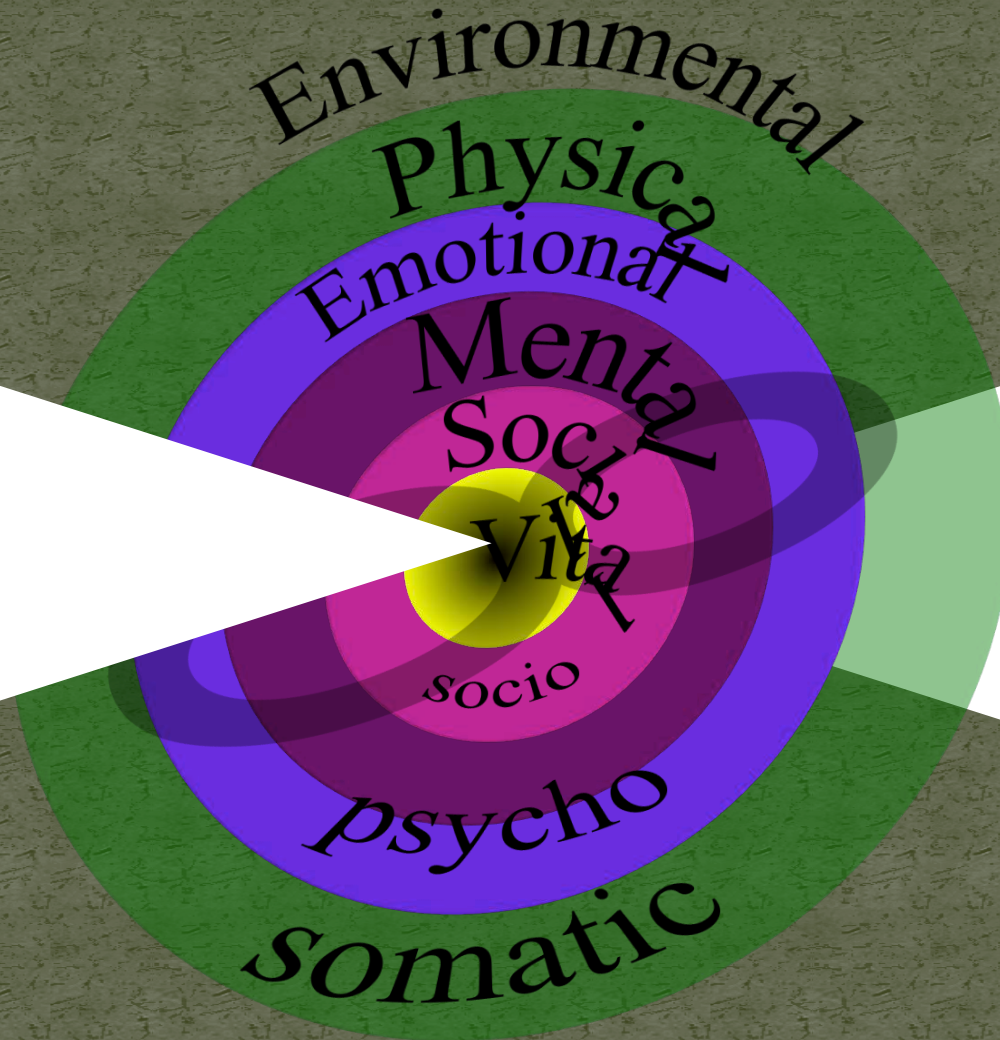
- Repeated instances which contribute to developmental trauma such as abandonment, abuse, and neglect during a child's early life can cause negative effects on cognitive development, neurological development, and psychological development as well as attachment development.

*children are shaped by their early
life experiences.*

Experiencing
happens on many
levels.



Our vital organising nature is felt in the moment when we are safe.

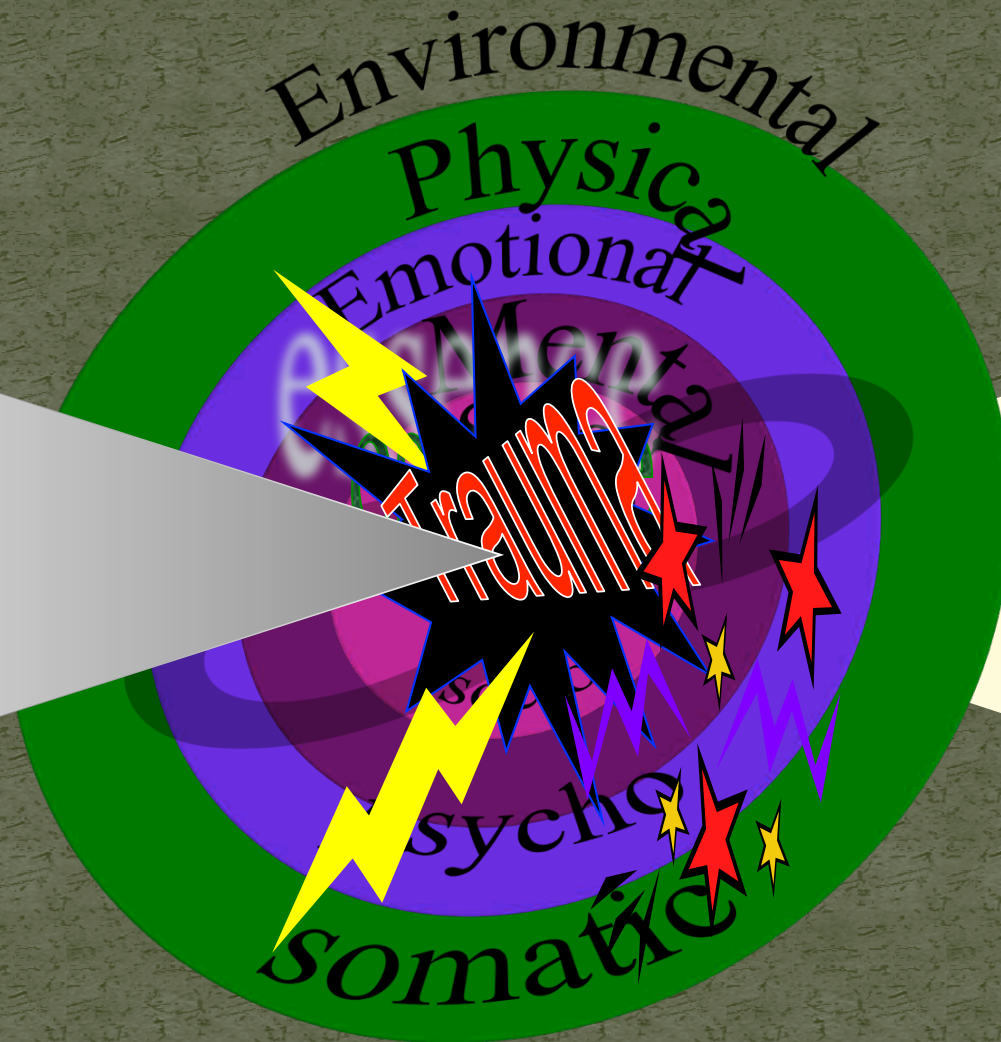


PAST

PRESENT

FUTURE

Shock Trauma cannot be integrated and digested as are normal events. And can cause re-enactment.





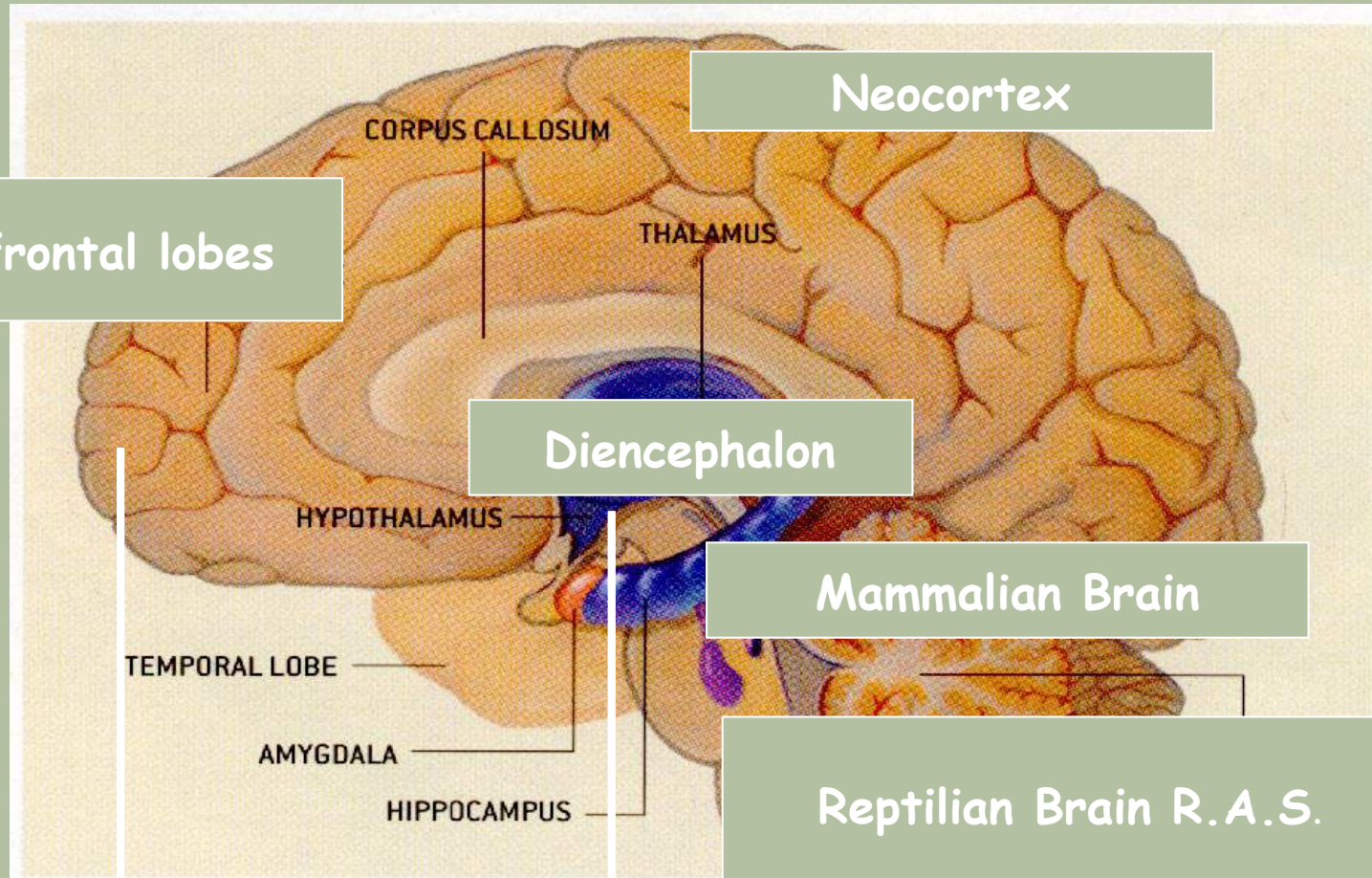
Developmental trauma

- When the survival brain is active it overrides the learning brain, interfering with usual development.
- The survival brain is driven by fear and *“the most complex occurrences of psychological trauma tend to involve’ ... harm and abuse of children, which ... ‘teach the child or adolescent to focus on danger and survival, rather than on trust and learning”* (Ford 2009).

Without help, sexually abused girls and boys grow up to be troubled teenagers -adult

Females tend to:	Males tend to:
Internalise their feelings.	Externalise their feelings.
Suffer depression and suicidal thoughts	Suffer depression and suicidal thoughts
Abuse chemicals.	Abuse chemicals.
Compulsively eat, purge, shop, steal,	Compulsively eat, purge, shop, steal, have sex
Have unhealthy relationships.	Have unhealthy relationships.
Be raped as adults.	Have trouble coping with anger.
Find themselves in a battering relationship.	Act out in an aggressive way.
WE NEED TO BUILD RESILIENCY AND	A MINDFULNESS PRACTICE

Our brain tells us how to behave in response to our experiences.



Prefrontal lobes

Neocortex

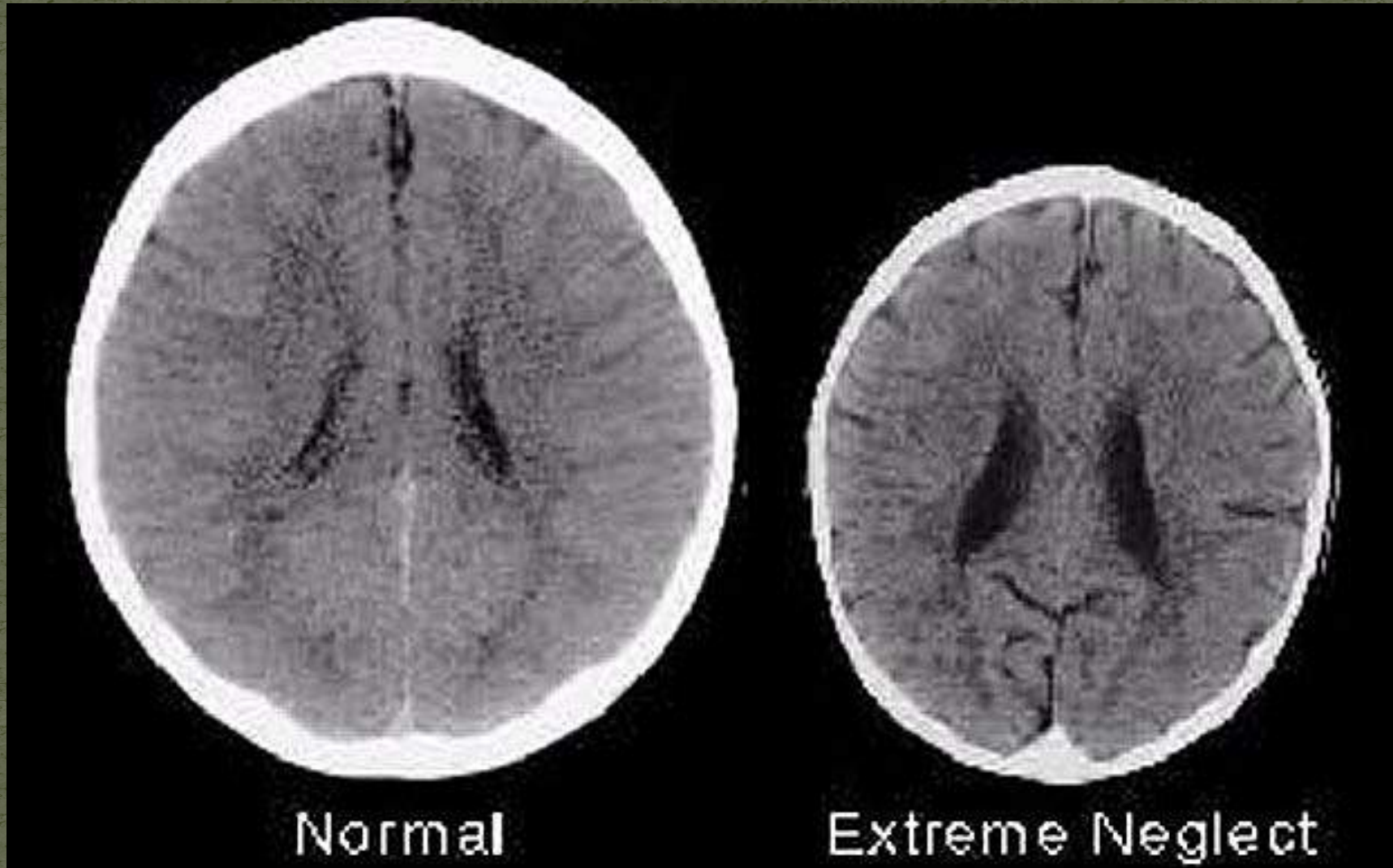
Diencephalon

Mammalian Brain

Reptilian Brain R.A.S.

Heart Brain

3 year old brain ... neglect



Grief versus Trauma

Grief Reactions Versus Trauma Reactions



Grief	Trauma
Grief generally does not attack or 'disfigure' our identity	Trauma generally attacks, distorts, and 'disfigures' our identity.
In grief, guilt says. 'I wish I would or would not have ...'.	Trauma guilt says, ' It was my fault. I could have prevented it. It should have been me'.
In grief, dreams tend to be of the person who died.	In trauma, dreams are about the child himself dying or being hurt.
Generalised reaction SADNESS	Generalised reaction ... TERROR
Grief reactions can stand alone	Trauma reactions generally also include grief reactions.

In grief, pain is related to the loss.

In trauma, pain is related to the tremendous terror and an over whelming sense of powerlessness and fear for safety.

Grief reactions are generally known to the public and the professional.

Trauma reactions, especially in children, are largely unknown to the public and often to professional counsellors as well.

In grief. A child's anger is generally not destructive.

In trauma, a child's anger often becomes assaultive (even after non-violent trauma, fighting often increases).

Trauma reactions are DIFFERENT from Grief Reactions

Trauma reactions OVERPOWER Grief Reactions

Children can be traumatised by violent or nonviolent incidents. Separation from a parent through divorce or foster care, a family member's terminal illness or sudden death, exposure to physical or sexual abuse, witnessing drug use, house fires, tornado, flood, earthquakes, or cyclones, as well as drowning, murder, suicide, and school violence can all be traumatising incidents.

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Signs and symptoms of trauma in Aboriginal populations

((Ratnavale, 2007) sited (Krieg, 2009).

- deep mistrust of self, others, even within family;
- self-directed violence-suicide, risk-taking behaviour;
- substance misuse;
- unremitting grief;
- shame and humiliation;
- intergenerational conflict;
- violence against women;
- role diffusion, including sexual abuse and other boundary violations;
- cultural genocide, losing traditional values, desecrating land and institutions;
- leadership crisis;
- a conspiracy of silence - an overall attitude of secrecy.





memories shame depression

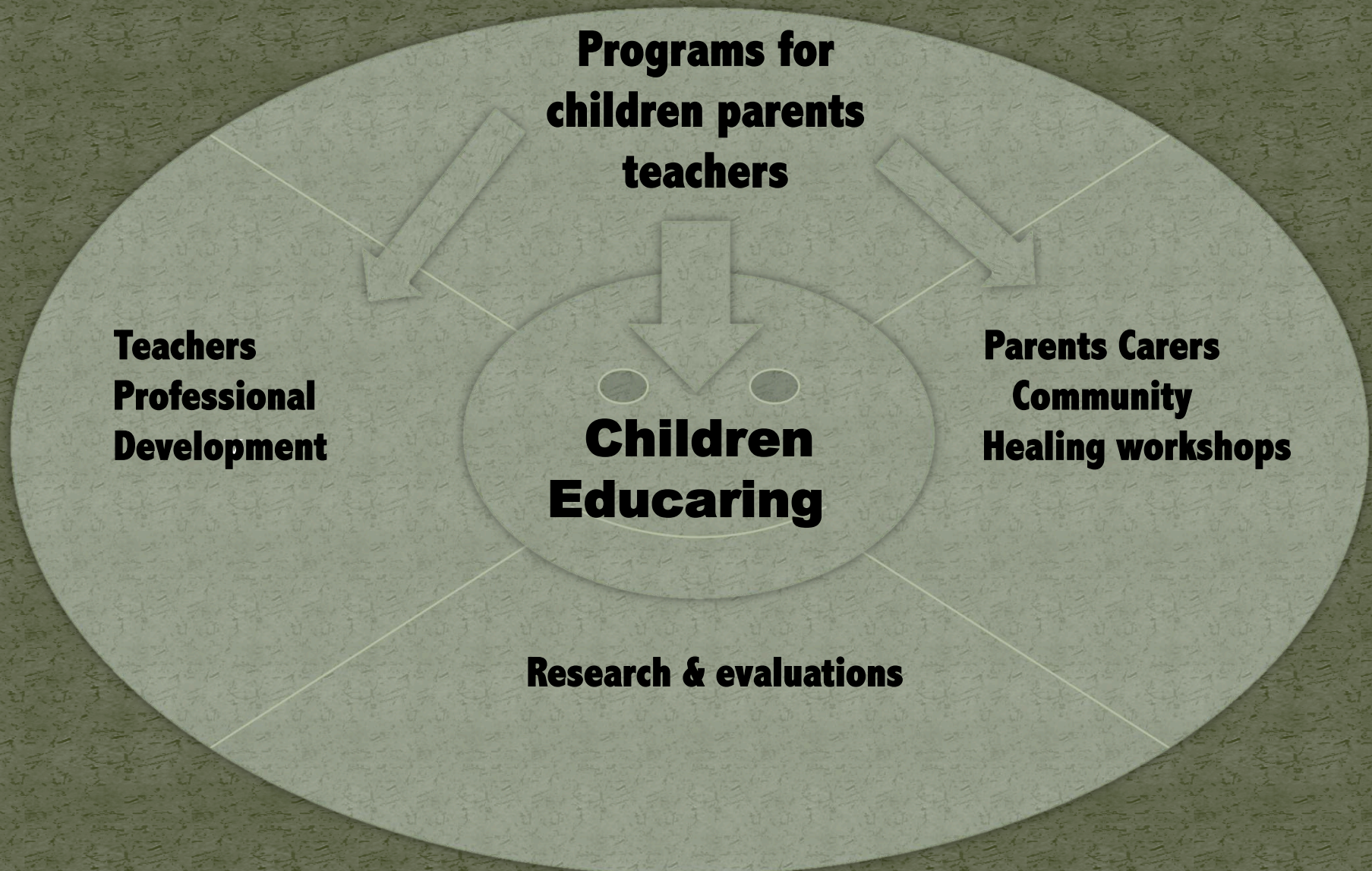
- Triggering .. Conflicting .. Memories
- Chronic Shame Humiliation Mortification
 - Because they are highly visible therefore stigmatised
 - Perception of themselves as failing compared with the others with their culture and within the dominant culture
 - Or because there are benefits gained by other members of the group conferred by the individual's shame.
 - Of shame avoidance strategies being less available to individuals in particular social roles.
 - Because cultural discourses regarding shame are experienced as shameful.
- Depression – suicide

The violence trauma vortex

destroys wellbeing within individuals, the families and the communities



Children at Risk in a Special School an Invitation



What we did. ... An action plan

Step 1: Meet with the newly appointed Principle a number of times to develop a strategic response to her articulated needs

Step 2: Suggested she introduce a new way of thinking: (inspiring staff to think of themselves as innovative change agents, not just teachers of bad kids)

Step 3: After formal invitation, entered a consultation and planning period

Step 4: Ran a half day presentation for the community - parents – carers, on a trauma informed – educaring approach to the needs of the children in the school – Invited them to become involved

Step 5: Ran a full day professional development workshop for staff. The workshop outlined the layers and outcomes across generations, of trauma, passed down within families and communities, with the critical need for generational healing. The implications of historic, social, cultural, complex and developmental trauma was presented, along with the theory and practice of an educaring response to trauma. *

Step 6: At invitation, to develop a three year program to help establish the



What we found:

Diagnosis:

- Emerging psychosis with mood depressive content – some paranoia (he thinks the world is unsafe)
- Suicidal ideation
- Chronic grief
- Chronic Complex Post Traumatic Stress

Observable behaviour

- Highly sexualised
- Sexualised language
- Sudden uncontrollable rages,
- self harm - harm of others
- Subservient versus controlling
- Emotionally illiterate
- FAS



What we found:

- the **Teachers** - clearly experiencing burnout, vicarious trauma, and lack of theory to children's behaviour and skills to respond.
- The **Parents Carers Community** - some parents demonstrate complex trauma symptoms and the community has 'Symptom as History' ... Historical, Social, Cultural trauma symptoms).
- (question – what will make a difference to children who are not bad or mad, but hurting – who clearly have developmental trauma symptoms).

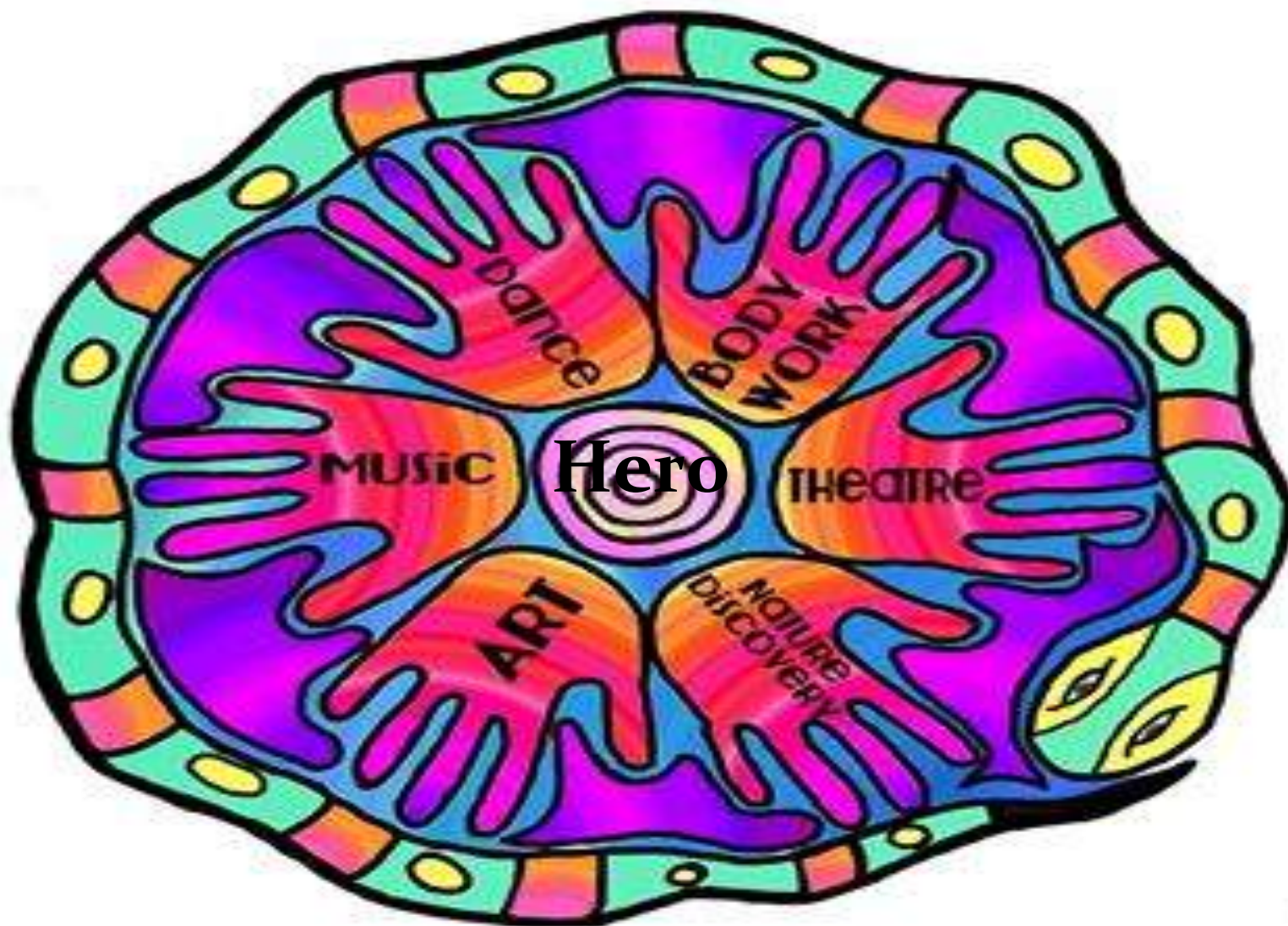


What we found

- In the beginning we observed vicarious trauma in the education workforce.
- Burnout – different for Aboriginal workers versus non-Aboriginal workers
- Little communication between the various sectors responsible for children's wellbeing.
- Need for critical up-skilling of the workforce.

A Model for Healing

Trauma specific response to Aboriginal needs





Healing is:

- An awakening
- A sense of safety and security
- Community Support
- Rebuilding family and community connections
- An ever deepening sense of self knowledge
- Ceremony in Strengthening Cultural and Spiritual Identity
- Is Transformation and Transcendence.

educaring – from theory to practice

1. Creating culturally safe places

2. Finding and telling our stories

3. Making sense of our stories

4. Feeling the feelings

**5. Moving through layers of loss
and grief .. ownership ... choices.**

**6. Reclaiming our cultural and
Spiritual identities**

**A return to wholeness
Judy Atkinson 2002**



Models of Practice

- We Al-li proposes a transformational learning model designed to provide opportunities for children to learn at their optimal levels, while receiving therapeutic care in the learning environment – Edu-caring.

The model is built on the 7 R's of educaring.

RIGHTS RESPECT RESPONSIBILITY
RECIPROCITY RELATEDNESS
RESILIENCE RESONANCE

Respect

- **respect** for each child as an unique being with unlimited potential



Rights



Right to be safe, protected,
allowed to grow and learn at their optimal level within
cultural and spiritual ways of being in the world, at home,
within the school and the community



Responsibility

Learning

responsibility

for

life choices

and

behaviours

Reciprocity



embodied within the principles of **reciprocity**

Relatedness

- **relatedness**,
how the child
engages in the
world in which they
live and learn – a
world of
relationships.



Resilience

Resilience

flexibility

hardiness



Resonance

the language of the heart

Resonance - empathy -
character - moral fibre —
the language of the heart
brain.

To unit hearts and establish order



Attachment Bonding
Belonging
Child rights
Valuing self and other
Meaning Coherence

Working with Children for prevention and healing

A trauma specific unit

Why we did what we did

- The whole We Al-li approach began after a child had been raped. We wanted to have people understand the developmental trauma that results from such experiences. We saw in all our work an unskilled workforce, working with traumatised Indigenous children.

What we did

- Worked from the theory base of neuro-developmental trauma as we worked with children while building on Indigenous healing practice as recognised in the work of Bruce Perry, using cultural tools in healing children from trauma. Emotional release, sandplay, clay work, art, music, theatre, and yoga games.

What we learnt

- This needed to be a fun unit, blending the theory of neurodevelopment (developmental trauma) with activities that supported emotional release and trauma healing skills for working with children. This became one of our most loved units.



the Rainbow Platypus by Jamal

Neuro-developmental rationale for healing trauma

**The Heart brain
Resonance**

Resonance – growth, and physical wellness, vitality, meaningful life-evidenced by responsiveness & responsibility - curiosity and openness promote growth.

Encourage Abstract thought

- ✓ Story telling- writing
- ✓ Drama theatre
- ✓ Art and music

Cortical

4

Limbic

3

Facilitate Emotional Regulation - relationships

- ✓ Dance - play - art -

Midbrain

2

Somato-Sensory Integration

- ✓ Movement & Yoga games
- ✓ Music Touch
- ✓ Nature Discover

Brain stem

1

Establish State Regulation

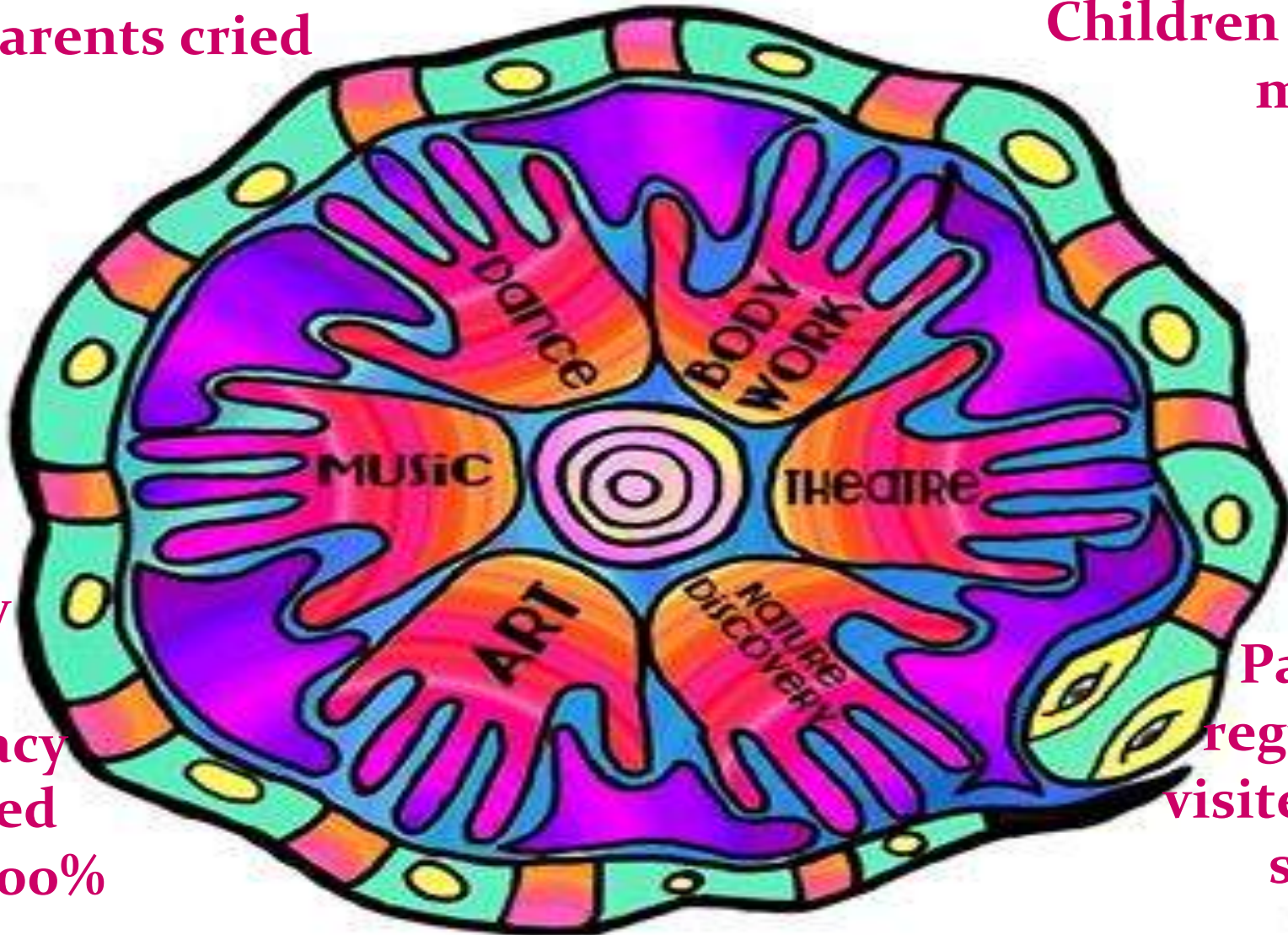
- ✓ Safe touch massage pressure points

Vitality

What happened when we applied these principles in a school?

Grandparents cried

Children never
missed
a day



Literacy
and
Numeracy
Improved
150% - 300%

Parents
regularly
visited the
school

What the Teachers said

- “We have the freedom to teach in the way that the children need”.

“They are so excited about learning”.

“They are not angry any more”



Theatre Dance Music Art





What the children said

- I like music because I can feel the beat through my body.
- I like dance because I can tell different stories.
- I like body work because I feel calm and relaxed.
- I like theatre because I can be growly different characters.
- I like art because I can't make mistakes.
- I like the nature discovery because I can learn things when I am outside.

The We Al-li approach to community healing

Need	Response
Safety and Security	Locate, develop and support safe places and safe caring people, within communities. Help promote a sense of individual and collective safety and security, through community programs of mutual care and trust. Build on these capacities and commitments and begin to grow hope and courage.
Calming, re-bonding from crisis	Calming is required as traumatic events increase emotionally, including heightened and hyper-arousal. Numbing as a defence against the heightened emotionality is also common. Thus, calming will assist both those who are showing overt arousal signs and those that have withdrawn from an emotionally changing and charged world.
Attachment, and belonging	Introduce an educaring program in communities, working with local people to deliver these packages, with educational modalities, to provide a calming approach through the structure of talking together to build community connections, communal attachment, community awareness of issues, without judgement, but with the desire to work together to support change and healing. The educational model of reflective discussions and practice, helps draw out what people already know and builds on a felt sense of competency and control.

The We Al-li approach to community healing ... cont.

Need	Response
Justice, Fairness and Dignity	Provide support and resources for people to build their community recovery. Such activities will include justice programs, promoting a sense of self and collective efficacy, fairness and dignity. In this, support must be given for the development of partnerships between communities and professional workers from outside organisations.
Valuing Self and Valuing Others	Provide support for professional workers. Encourage inter-connectedness and social support in their roles and identities. Give value to the workers who are already doing the hard work, whether living within the community or those invited in to help in the recovery process. Value their contribution so that they can begin to value themselves. Ensure that in all of this the strengths and capacities of individuals, families, communities and workers are highlighted as all are vital to the whole.
Meaning and Coherence	Provide trauma healing in early childhood programs and in schools for children and their parents; for young people, in youth focused creative activities; for men and for women, and for Elders, based on growing a felt sense of hope, coherence, and consistency, for capacity building in making meaning of life, while enriching cultural and spiritual identities.



- Outcomes: “I had two long-term staff members tell me to-day that last week was the best week they have ever had at the school. Interesting that was the week after you had conducted our school development day on trauma informed care and practice through educare!” (email from principle).
- Talk by Aboriginal people (in that town) of the need to clone the school and the staff
- Teachers were transformed from not so good teachers to great teachers, showing real outcomes with the students. They are ‘holding’ the children and their stories, waiting for other sectors to take up their responsibilities.
- Children are transitioning back to other schools in region with remarkable results.

Symptom as History. Stories can heal

(supported by Mollica R 2006 Healing Invisible Wounds in a Violent World)

- The person's violence - trauma story becomes and remains the centre piece of the healing process
- These stories are historical because the storyteller believes that the story is not just about herself, but also her culture and society
- The healer has to place him/herself as close as possible to the pain and suffering of the traumatized person in order to take in the revealed truth. This process becomes the foundation of all healing actions
- There is an inner healing mechanism ...

• (Richard Mollica, (2006) *Healing Invisible Wounds - Paths to Hope and Recovery in a Violent World*. Vanderbilt Uni Press).



Attachment Bonding Belonging

Indigenous Counselor Training



- **Why we did what we did**
 - Realised that people needed to be able to support each other in basic counseling - listening skills.
 - Wanted people to be able to act in peer support over the period of the educational (educaring) programs.
- **What we did**
 - ICT was designed to give people skills to be mind-full listeners. Blend of Indigenous and western counseling theory and practice. Co-counselling model. Learning to respond appropriately without rescuing -
 - modeling the healer holds the stories and allows the person or group to find their own answers.
- **What we learnt**
 - We found this unit was vital. It provided structure and stability so people could support each other at times of crisis after the actual training was finished, face to face in their families and communities, and on the phone.

**Attachment
bonding belonging**

**Justice Fairness
Dignity**



Loss and Grief

What is the difference between loss and grief, victimisation and traumatisation?

Why we did what we did

- Loss and grief is one of the most important units, however grief and trauma can become confused.
- We saw the differences between loss and grief and traumatisation

What we did

- Introduced the Loss History Graph. Impacts of multiple losses,
- Loss cycles. Loss after suicide
- Body awareness to locate body unhealed trauma
- Supporting people to work in pairs
- Ceremonies of healing.

What we learnt

- This along with the trauma unit seem to be the two most important modules. Generally people are carrying compounded loss and grief issues but need to understand the differences between loss and grief and trauma.
- It is important that people come out of this module with a sense they can recover, because at this time there is no outlet from the compressed grief of multiple compounding losses.
- We needed to give people skills to continue their grief work within their families or community.
- Facilitators needed to be continually doing their own work on loss and grief, because of their own personal lives interlinking with the professional practice (stories).

**Justice
Fairness
Dignity**

Trauma and Recovery

What's the difference between generational trauma, political trauma, social trauma and cultural trauma



Why we did what we did – This is a trauma specific unit

- By this time we were hearing many trauma stories. People need to have the theory of trauma (generational developmental complex) before they are introduced to trauma healing skills.

What we did

- A blend of trauma theory and recovery practice – provides analysis of violence related trauma, resulting in alcohol and other drugs, suicides, homicides, domestic violence and child abuse as cause and effect. Tools used are:
- Geno-trauma grams, Felt sense - lessons from nature
- Activation, titration, resourcing and discharge
providing capacity for understanding trauma across generations and tools for working with both individuals and groups.

What we learnt

- Aboriginal people got it! and could see what they could do for themselves. We saw multiple layers of trauma that individuals, families and communities can carry which creates complexity and the need to reemphasis safety and security and knew they had to do something. Through the trauma the other issues are clearly symptoms of the trauma and not separate from it.

Attachment bonding
Belonging
Justice Fairness Dignity
Valuing self others
Meaning and Coherence

Family and community Violence / Recovery

Why we did what we did

- Violence is endemic within many Aboriginal families and communities. We wanted to give participants the opportunity to develop an action plan for themselves and their family/community.

What we did

- We created The Action Team of the Town of Everywhere, where each person / participant was invited to teach others about their knowledge of the different forms of violence within their town, while working together to put an action plan into place. The Action Team was based on learning through dialogue, with a belief that each participant had something to teach us all.

What we learnt

- Not to lock people into a feminist analysis of domestic violence, but allow participants to work in action planning for community recovery from a deep analysis of their own violence experiences/understanding. This provided people with a sense of self capacity and competency. The Action Plans were powerful in their application of knowledge into community action.



Attachment Bonding
Belonging
Celebrating survival



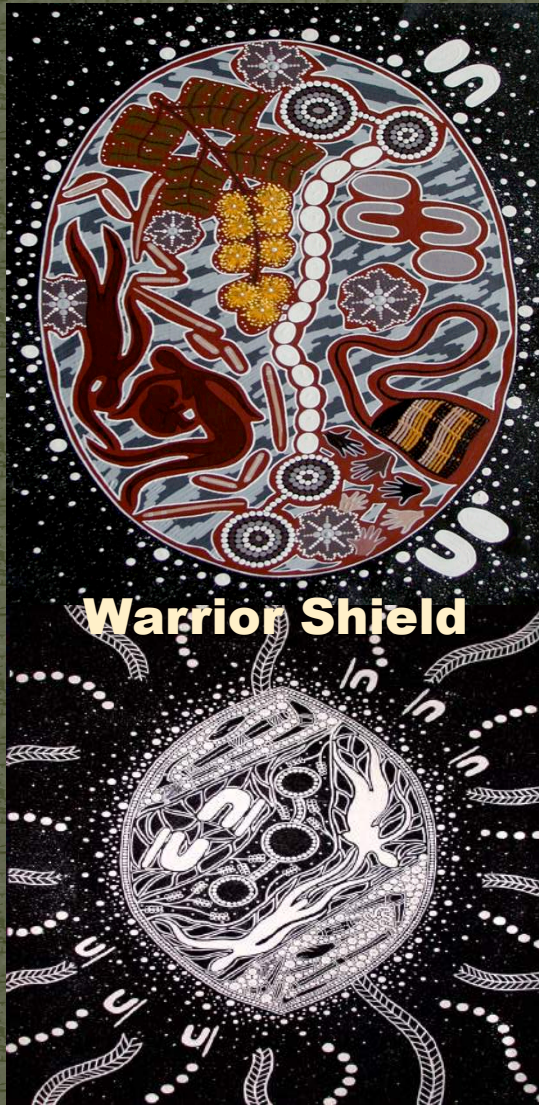
Positive Parenting

Trans-generational strengths in
Positive Parenting through
pride, identity, beliefs, culture and self.

- **Why we did what we did**
- Our Community asked for parenting skills. They felt that because of the layered trauma and institutionalisation, in too many cases, parenting skills had been lost or misplaced.
- **What we did**
- We worked with parents and children, providing examples of parenting practice in real life learning and discussions. We asked people to go back to the old ways of parenting.
- **What we learnt**
- We found parents needed parenting. As healing happened, the knowledge and skills were still there. They just needed to be brought out and valued.

Celebration in Ceremony

Coolaman



Warrior Shield

Men's & Women's Healing Recovery

- **Why we did what we did:** We found men and women needed their own healing program separate to each other.
- **What we did:** In reflective discussion and practice explores the traditional and contemporary issues that contribute to Aboriginal women's and men's lives today. Each woman or man was supported to bring her- his own healing practice to share with others.
- **What we learnt:** The historical experience of western women and men has been transferred to Aboriginal gender roles, and this combined with the historical trauma experiences has negative impacts on both men and women. Both groups welcomed the healing ceremonies they made as separate gender groups.
 - We found men developed a greater sense of responsibility in their growing awareness of the impacts of trauma, as a social construct in their lives. Men seemed more empowered to be responsible for themselves and their families.

the Coolman holds the stories,
Self Care you hold the space.



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