Working with Indigenous Children and Families at risk

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Acknowledgement of Country

We would like to acknowledge and show our respect for the traditional custodians of this land, and acknowledge and show our respect for Elders past and present.
Trauma is an emotional response to a terrible event like an accident, rape or natural disaster.

Immediately after the event, shock and denial are typical.

Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.

- American Psychological Association, adapted from the APA Help Center article, "Recovering emotionally from disaster."
Childhood adversities and trauma

Include experiences such as

- The loss of a parent
- Institutional care
- Abuse, including sexual abuse and physical abuse
- Neglect
- Bullying
Loss and Grief

Grief is a process that stems from a loss of something or someone that the person has had a bond or attachment with.

- Indigenous children and adolescents experience loss and grief as any one does:
  
  However, the amount of loss may be exacerbated by the context of being Indigenous Australians.
Grief in relation to colonisation and disconnection

“We have to recognise the stress of the grief and trauma that comes from the loss of land and cultural identity … I believe our people are still dying from grief”

(Milroy, 2008).
Ongoing effects that stem from colonisation

Collective trauma, soul wounding, and malignant grief can all be consequences of colonisation.
Collective Trauma

- refers to groups and communities and their shared reactions to traumatic events.
The term is used to illustrate the interruptions or losses to community and the resulting social consequences.
Soul Wounding

Soul wounding described the spiritual injury that results from the ongoing trauma of Colonisation (Invasion).
Colonisation has consequences “down the line”.

This is true of those who have been colonised, worldwide.

Transgenerational transmission of trauma continues and, intrinsic to this, is pain, and hurt, and grief.
Malignant Grief

“... the end result of persistent stress experienced in Aboriginal communities”

- this grief can be all encompassing as it is “... irresolvable, collective and cumulative grief that affects Aboriginal individuals and communities”

Milroy, child psychiatrist and First Nations Australian, outlines what she sees as malignant grief to be (Milroy, n.d., as cited in Parker, 2010, p. 5).
The recurrent and ever-present stress dealt with by First Nations Australians is over and above the “normal” stressors of other Australians – and it takes its toll.
The stress snowballs, and has insidious effects for the individual, family and community.
The ongoing associated injustices of colonisation…

People can go into “shut-down”

People can disassociate, or self-medicate, or repress.
They can repress

• Pain
• Sadness
• Grief
• Joy.
Child development

Early brain development

• Promoted by secure attachment

• Dependent upon interactions and stimulation.
Child development

Children’s brains have rapid growth

• Brain development includes connections, and networks/pathways
Child development

Experience shapes early neural connections

• Shared positive experiences and contexts, with caregivers (parents, carers) activate connections
What we know about the effects of adversity on children is:

• Abused children have a higher risk of mental disorders
• Abuse and neglect lead to increased risk of anxiety, mood disorders, substance abuse, PTSD, OCD, and bipolar
• Social disadvantage can impact telomere length (which can lead to adverse health outcomes) – a biomarker of chronic stress
What we know about the effects of adversity on children is:

Childhood trauma has a schizophrenia link;

- Children who experience trauma can be 3x more likely to develop schizophrenia
What we know about the effects of adversity on children is:

The mechanism for these type of increased risks seems to be

• Prenatal stressors that affect cells in the developing brain of the child – the activation of a molecular trigger in brain cells that causes exposed children to be more susceptible later in life
Hereditary trauma

The inheritance of trauma

Current studies with mice indicate that:

• Exposure to trauma leads to depressive behaviour, metabolism impairment (e.g., diabetes), behaviour changes, misregulation of cellular function.
Hereditary trauma

The inheritance of trauma

Current studies with mice indicate that:

• The environment (and context) leaves traces in the blood, brain and sperm
• This then allows the ‘inheritance’ into the subsequent generations
Hereditary trauma

The inheritance of trauma

Those mice not exposed to trauma exhibit symptoms of exposure to traumatic stress

– Into the third generation
The symptoms of post-colonial trauma include:

- Illness
- Dependency and
- Dysfunction

These symptoms should not be seen as mental illness, but rather the normal human responses of traumatic violations that remain unhealed.
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Social determinants of social and emotional wellbeing

Factors that contribute to serious psychological distress for First Nations Australians:
Prevention is key. However, if psychological distress is addressed, many of the correlates may reduce/cease while the systemic causes are being addressed.
Risk and protective factors

For child and adolescent mental health:
<table>
<thead>
<tr>
<th>Context</th>
<th>Protective factors</th>
<th>Risk factors</th>
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</table>
| **Individual**                | • Good social and emotional skills  
   • Positive coping style  
   • Optimism  
   • Easy temperament  
   • School achievement | • Poor social and emotional skills  
   • Impulsivity  
   • Pessimistic thinking style  
   • Difficult temperament  
   • Low IQ  
   • Low self esteem  
   • Disability |
| **Family**                    | • Family harmony and stability  
   • Supportive and caring parents and carers  
   • Strong family norms and values  
   • Responsibility (of child) within the family | • Family disharmony, instability or breakup  
   • Harsh or inconsistent discipline style  
   • Low parental involvement  
   • Family substance abuse  
   • Family mental illness  
   • Disability of parent or sibling |
| **School**                    | • Positive school climate that enhances belonging and connectedness  
   • School norms against bullying and violence  
   • Opportunities for success and recognition of achievement | • Negative school climate that does not effectively address issues of safety, bullying or harassment  
   • Peer rejection  
   • School failure  
   • Poor attachment to school  
   • Inadequate or harsh discipline policies and practices |
| **Life events/situations**    | • Opportunities available at critical points  
   • Involvement with significant other/s | • Physical, sexual or emotional abuse  
   • Difficult school transition  
   • Death of family member  
   • Emotional trauma |
| **Society**                   | • Participation in community networks  
   • Access to support services  
   • Economic security  
   • Strong cultural identity and pride  
   • Cultural norms against violence | • Discrimination  
   • Isolation  
   • Lack of access to support services  
   • Socioeconomic disadvantage  
   • Neighbourhood violence and crime |

(table adapted from CDHAC, 2000, and Spence, 1996)
Notice how many of these risk factors are worsened by:

1. Systemic discrimination

2. Adverse life events
Notice how many of these **protective factors** are **inhibited** by:

1. Systemic discrimination

2. Adverse life events
Figure 6.1: Factors that contribute to serious psychological distress and its outcomes

Prevention is key. However, if psychological distress is addressed, many of the correlates may reduce/cease while the systemic causes are being addressed.
Resources/follow-ups


- Mr Shane Merritt Transgenerational Trauma of Indigenous people Podcast Transcript ACATLGN

ATTACHMENT, TRAUMA AND DEVELOPMENT

PROFESSOR LOUISE NEWMAN
MONASH UNIVERSITY, CENTRE FOR DEVELOPMENTAL PSYCHIATRY AND PSYCHOLOGY
How do we make a difference?

a quote from Atkinson (1997) has long resonated with me:
How do we make a difference?

A quote from Atkinson (1997) has long resonated with me:

“After there has been a great hurt there has to be a healing.”