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

- 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 miingga miingga - hearing, learning, understanding, knowing from the heart.

Artwork: Chris Edwards Haines, 2004
Figure 1. The process toward achieving cultural safety in an educational environment. (Ramsden, 1992.)
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”
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
Figure 1
A six-generation genogram

History
1860–1930
Epidemics
Starvations
Massacres
Removals

1880–1960
Removals to
reserves
Child removals
Government
surveillance

1940–1980
Continuing removals
Government
interventions

Legend
(a/d) alcohol/drug misuse
(mi) mental illness
(sa) sexual assault
(eu/a) suicide attempt
(ppv) perpetrator of physical violence
(vp) victim or witness of physical violence

1866
1933
1905
1981
1942
1970
1943
1883
1952
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 begats violence begats 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.
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 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
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 overwhelms 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 lifespan (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.
Complex trauma and its effects are often unrecognised, misdiagnosed, and unaddressed.
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.
Shock Trauma cannot be integrated and digested as are normal events. And can cause re-enactment.
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

<table>
<thead>
<tr>
<th>Females tend to:</th>
<th>Males tend to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalise their feelings.</td>
<td>Externalise their feelings.</td>
</tr>
<tr>
<td>Suffer depression and suicidal thoughts</td>
<td>Suffer depression and suicidal thoughts</td>
</tr>
<tr>
<td>Abuse chemicals.</td>
<td>Abuse chemicals.</td>
</tr>
<tr>
<td>Compulsively eat, purge, shop, steal,</td>
<td>Compulsively eat, purge, shop, steal, have sex</td>
</tr>
<tr>
<td>Have unhealthy relationships.</td>
<td>Have unhealthy relationships.</td>
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<tr>
<td>Be raped as adults.</td>
<td>Have trouble coping with anger.</td>
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<tr>
<td>Find themselves in a battering relationship.</td>
<td>Act out in an aggressive way.</td>
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WE NEED TO BUILD RESILIENCY AND A MINDFULNESS PRACTICE
Our brain tells us how to behave in response to our experiences.
3 year old brain ... neglect

Normal

Extreme Neglect
Grief versus Trauma
Grief Reactions Versus Trauma Reactions
<table>
<thead>
<tr>
<th>Grief</th>
<th>Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grief generally does not attack or ‘disfigure’ our identity</td>
<td>Trauma generally attacks, distorts, and ‘disfigures’ our identity.</td>
</tr>
<tr>
<td>In grief, guilt says. ‘I wish I would or would not have …’.</td>
<td>Trauma guilt says, ‘It was my fault. I could have prevented it. It should have been me’.</td>
</tr>
<tr>
<td>In grief, dreams tend to be of the person who died.</td>
<td>In trauma, dreams are about the child himself dying or being hurt.</td>
</tr>
<tr>
<td>Generalised reaction …. SADNESS</td>
<td>Generalised reaction … TERROR</td>
</tr>
<tr>
<td>Grief reactions can stand alone</td>
<td>Trauma reactions generally also include grief reactions.</td>
</tr>
<tr>
<td>In grief, pain is related to the loss.</td>
<td>In trauma, pain is related to the tremendous terror and an overwhelming sense of powerlessness and fear for safety.</td>
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<tr>
<td>Grief reactions are generally known to the public and the professional.</td>
<td>Trauma reactions, especially in children, are largely unknown to the public and often to professional counsellors as well.</td>
</tr>
<tr>
<td>In grief, a child’s anger is generally not destructive.</td>
<td>In trauma, a child’s anger often becomes assaultive (even after non-violent trauma, fighting often increases).</td>
</tr>
</tbody>
</table>
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.
Signs and symptoms of trauma in Aboriginal populations

([Rainavale, 2007] cited [Krieg, 2009].)
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.
The violence trauma vortex destroys wellbeing within individuals, the families and the communities
Children at Risk in a Special School
an Invitation

Programs for
children parents
teachers

Teachers
Professional
Development

Research & evaluations

Parents Carers
Community
Healing workshops

Children Educaring
<table>
<thead>
<tr>
<th>Step 1</th>
<th>Meet with the newly appointed Principle a number of times to develop a strategic response to her articulated needs</th>
</tr>
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<tbody>
<tr>
<td>Step 2</td>
<td>Suggested she introduce a new way of thinking: (inspiring staff to think of themselves as innovative change agents, not just teachers of bad kids)</td>
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<tr>
<td>Step 3</td>
<td>After formal invitation, entered a consultation and planning period</td>
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<tr>
<td>Step 4</td>
<td>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</td>
</tr>
<tr>
<td>Step 5</td>
<td>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. *</td>
</tr>
<tr>
<td>Step 6</td>
<td>At invitation, to develop a three year program to help establish the</td>
</tr>
</tbody>
</table>
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
We propose 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

RESILENCE  RESONANCE

Models of Practice

Edu-caring.
Respect

- respect

respect for each child as an unique being with unlimited potential
Rights

Right
Learning responsibility for life choices and behaviors.
Reciprocity
Relatedness

- relatedness
Resilience

Resilience
Resonance
the language of the heart
Working with Children for prevention and healing
A trauma specific unit

Why we did what we did

What we did

What we learnt

Why we did what we did

What we did

What we learnt

the Rainbow Platypus by Jamal
Neuro-developmental rationale for healing trauma

The Heart brain Resonance

Cortical

Limbic

Midbrain

Brain stem

Vitality

Neuro-developmental rationale for healing trauma

- Establish State Regulation
  - Safe touch massage pressure points
  - Somato Sensory Integration
    - Movement & Yoga games
    - Music
    - Nature Discover
  - Facilitate Emotional Regulation
    - Relationships
    - Dance – Play
  - Encourage Abstract Thought
    - Storytelling – Writing
    - Drama – Theatre
    - Art & Music

Vitality

Brain stem

Midbrain

Limbic

Cortical

The Heart brain Resonance

Responsive & Responsible Curiosity & Openness Promote Growth
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
“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

<table>
<thead>
<tr>
<th>Need</th>
<th>Response</th>
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<tbody>
<tr>
<td>Safety and Security</td>
<td>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.</td>
</tr>
<tr>
<td>Calming, re-bonding from crisis</td>
<td>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.</td>
</tr>
<tr>
<td>Attachment, and belonging</td>
<td>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.</td>
</tr>
<tr>
<td>Need</td>
<td>Response</td>
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<tr>
<td>Justice, Fairness and Dignity</td>
<td>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.</td>
</tr>
<tr>
<td>Valuing Self and Valuing Others</td>
<td>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.</td>
</tr>
<tr>
<td>Meaning and Coherence</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.
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 ...
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 mindful 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.
Loss and Grief

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

Why we did what we did

- 
- 
- 

What we did

- 
- 
- 

What we learnt

- 
- 
- 

Attachment
bonding belonging

Justice Fairness
Dignity
Why we did what we did – This is a trauma specific unit

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:
  - Geno1trauma 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.

Trauma and Recovery

What’s the difference between generational trauma, political trauma, social trauma and cultural trauma
Family and community
Violence / Recovery

Why we did what we did

What we did

What we learnt
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
- What we did
- What we learnt
Men’s & Women’s Healing Recovery

- Why we did what we did:

- What we did:

- What we learnt:

  - 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.
Self Care

the Coolman holds the stories,
you hold the space.
Bibliography:

- Aboriginal and Torres Strait Islander Healing Foundation, 2012 Glossary of Terms. ATSIHF. Canberra.
- Mollica, R 2006
- Silove, D. 2007 From Trauma to Survival and Adaption for guiding mental health initiatives in post-conflict societies