Working with Children and Young People

Developmental trauma in children growing up in complex trauma environments

Emeritus Professor Judy Atkinson

Patron: We Al-li
In recognition of ancestors, elders, peoples and lands of the Wurundjeri and Boonwurrung, with thanks from the lands of the Bundjalung.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 9.00 to 10.30am  | **Introduction:** Welcome and Recognition of country Dadirri – Introductions Who am I - who are we  
|                  | What do I – We - want from this workshop? Cultural Competency, Safety, Proficiency. |
|                  | Morning tea                                                            |
| 11.00 to 12.30   | **Presentation:** Understanding the Trauma Story  
|                  | Discussion – What do we mean - Symptom as History.                      |
|                  | Lunch                                                                   |
| 1.30 to 3.00 pm  | **Presentation:** A Case Study - Trauma Healing Practices that Work.  
|                  | Discussion in small groups: Introducing Restorative Practice in our work systems and communities |
|                  | Afternoon tea                                                           |
| 3.15 to 4.00 pm  | **Reporting Back:** Large Group discussion on thoughts - feelings for the day. What more do you need? |
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 miinggi - hearing, learning, understanding, knowing from the heart.

Artwork: Christopher Edwards Haines 2004
Who am I? Who are We?
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).
Cultural Proficiency

- Cultural awareness, sitting on the beach, feet in the sand - aware
- Cultural Safety
- Cultural competency
- Cultural proficiency – surfing BUT...
  - What can disrupt proficiency?
The TODA Institute says:

- Cultural safety and security is a dimension of human security that has often been neglected.
- It consists of the security of personal and collective identity. It includes but is not limited to freedoms of thought, conscience, language, speech, life style, ethnicity, gender, association, assembly, as well as cultural and political participation.
- What does this mean?
Understanding Trauma and Its Impact

Safe physical and emotional spaces and services

Ensuring Cultural Competence

Supporting the workforce – supporting clients through providing Control, Choice and Autonomy

Sharing Power and Governance

Integrating Care – a holistic approach to service needs.

Healing or Recovery Happens in Relationships

Healing or Recovery is Possible.
Understanding the Trauma Story
Worldwide colonisations
the beginning 18th September 1987

- “Symptom as History”
- Historic, Social, Cultural, Collective, Complex Trauma.

The Story of Dolly
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 layers of loss, grief and trauma (p. 233).
Colonisation as Traumatisation

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
(su/a) suicide attempts
(ppv) perpetrator of physical violence
(vp) victim or witness of physical violence

1856 1933
1883 1952
1905 1981
1942 1943
1970

10 year old boy, ss - vpv, attempted suicide at 9.

8 year old boy.
sa - vpv. School expulsion - aggression.

10 year old boy.
When we ignore generational trauma
5 generations - South America

- 1\textsuperscript{st} generation. colonised – males killed – imprisoned – females sexually misused

- 2\textsuperscript{nd} generation. Men turn to alcohol or drugs as their cultural and spiritual identity is damaged – self worth.

- 3\textsuperscript{rd} generation. Spousal Assault -- Societal trauma

- 4\textsuperscript{th} generation. Abuse moves from spousal assault to child abuse or both.

- 5\textsuperscript{th} generation. Cycle repeats as trauma begats violence begats trauma.

- 6\textsuperscript{th} The grown children of the conquerors begin to live fear of the grown children of the conquered. (Merida Blanco In Levine P
Violence - Trauma can become generational, unless healed

- 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).
TRAUMA RUPTURES OUR CONNECTIONS

To ourselves
- physically
- emotionally
- mentally
- vitality

To others
- family
- social group
- generation
- culture

To nature
- instinctually
- environmentally
Is the pervasive effects that exposure to repeated or chronic trauma sometimes has on an individual’s physical, emotional, intellectual, and psychological functioning.

Such trauma exposure includes child removals, child abuse and neglect, living in poverty, and witnessing – experiencing violence.
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 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 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.
Missing resources plus non-discharged survival energy creates symptoms from trauma.

- Personal functioning baseline
- Pre-event ➔ Activation ➔ Discharge ➔ Symptom

R = Resource  D = Discharge  X = Not available
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.
Developmental Trauma

- Repeated instances of 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.
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).
Childhood trauma including abuse and neglect, is probably the single most important public health challenge ... a challenge that has the potential to be largely resolved by appropriate prevention and (healing).

Trauma across the lifespan:

- 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 behaviours.

- Un-modulated aggression, difficulty negotiating relationships with caregivers, peers and partners, a 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, and people with childhood histories of trauma make up almost our entire criminal justice population. (van de Kolk 2007)
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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<td>-------------------------------------</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>
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</tbody>
</table>
Trauma reactions are DIFFERENT from 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.

Signs and symptoms of trauma in populations

- 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;
- A leadership crisis;
- a conspiracy of silence - an overall attitude of secrecy.
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
Let’s talk: what do we mean by “Symptom as History”

End of session two
A Case Study
Trauma healing approaches that work.
“I will tell you something about stories. They aren’t just entertainment. Don’t be fooled. They are all we have fight of illness and death. You don’t have anything if you don’t have stories.

Their evil is mighty, but it can’t stand up to our stories. So they try to destroy the stories. Let the stories be confused or forgotten. They would like that. They would be happy, because we would be defenseless then.”
An Educaring approach

- Educaring is an integrated educational / healing model asserting that those who came together had much to teach each other ... exemplifying the true meaning of the term ‘educare: to rear up, to nurture the children, to lead out from, to show the way under principles of teaching learning reciprocity.
Educaring - in Healing Trauma

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 sacred selves

A return to wholeness
Judy Atkinson 2002
Safe Places
Making Sense of the Stories
Feeling feelings, layered trauma
Loss and grief

- Under anger
- is
- always grief
Children in a Special School
An Invitation

Programs for children, parents, teachers

Children Educaring

Teachers Professional Development

Research & Evaluations

Parents Carers Community Healing workshops
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:** Applied an Educaring model in the school
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

**Question** – what will make a difference to children who are not bad or mad, but hurting, clearly with developmental trauma symptoms).
What we found:

- The Parents - Carers - Community - some parents demonstrate complex trauma symptoms and the community has ‘Symptom as History’ ... Historical, Social, Cultural trauma symptoms).

- the Teachers - clearly experiencing burnout, vicarious trauma, and lack of theory to children’s behaviour and skills to respond to their needs.
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.
- 2015 … Holy Moly!
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
RESILENCE RESONANCE
Respect

- **respect** for each child as a 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

flexibility

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

To unit hearts and establish order
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”
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.
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.
### Whole of community – Multiple Event Crisis intervention

<table>
<thead>
<tr>
<th>ADAPT (Silove)</th>
<th>Five Essential (Hobfall)</th>
<th>Atkinson / Brooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security / Safety</td>
<td>Sense of Safety</td>
<td>Safety / Security</td>
</tr>
<tr>
<td>Attachment</td>
<td>Calming</td>
<td>Calming, re bonding from crisis – Hope and Courage</td>
</tr>
<tr>
<td>Justice</td>
<td>Self and collective efficacy</td>
<td>Attachment and Belonging</td>
</tr>
<tr>
<td>Role/Identity</td>
<td>Connectedness</td>
<td>Justice, Fairness and Dignity</td>
</tr>
<tr>
<td>Existential Meaning</td>
<td>Hope</td>
<td>Valuing Self – Valuing others</td>
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<td></td>
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<td>Meaning and Coherence</td>
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## The We Al-li approach to Whole-of-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. Working together, 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 while promoting the understanding that change and healing is possible</td>
</tr>
<tr>
<td>Calming, re-bonding from crisis</td>
<td>Calming is important when people have been distressed as traumatic events increase emotional turmoil. Establish talking circles (which can move into learning circles and healing circles) to provide a bonding through the structure of talking together to build community connections, communal attachment, community awareness of issues, without judgment, but with the desire to work together to support change and healing. Activities could include “education and training of coping skills, including deep muscle relaxation, breathing control, assertiveness, role playing, covert modeling, thought stopping, positive thinking and self-talk” (Hobfoll et. al., 2007, p. 291).</td>
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### Attachment and belonging

“Large-scale community outreach and psycho-education about post-disaster reactions should be included among public health interventions to promote calming” (Hobfoll et. al., 2007, p. 292). Introduce an *educaring* program in communities, working with local people to deliver these packages, with educational modalities, that provide skills for community empowerment and a felt sense of efficacy. The educational model of reflective discussions and practice, helps draw out what people already know, emphasizing the central importance of social support and sustained attachments, building on a felt sense of competency and control while creating communal attachment and belonging, essential for ameliorating stress and trauma.

### Justice, Fairness and Dignity

“Damaging effects of trauma events on people’s sense of meaning, justice and order can have extremely stressful effects. [People will] struggle with a sense of meaning and justice in the face of shattered assumptions about prevailing justice in the world” (Hobfall, 2007, p. 285). Provide support and resources for people to build their community recovery. This involves a commitment to justice reinvestment. 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 / Valuing Others. | “Following trauma exposure people are at risk of losing their sense of competency to handle events they must face”. (Hobfoll et. al. 2007, p. 293). All humans must have a sense of control over their life circumstances and that such control will result in positive outcomes, more particularly through self-regulation of thought, emotions, and behaviour. This should also be extended to a collective sense that people belong to a group that can experience positive outcomes (Hobfoll, 2007, p. 293). A community development approach would provide support for both local community people, and 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. |
| Role, identity self and collective efficacy | Focusing on a community development model over responses to individual needs means groups can work together to help others, investing in early childhood programs, and in schools for children and their parents; promoting youth based creative and culture/environmental activities; for men and women, and for Elders. Such programs, while providing trauma and healing, grows a felt sense of hope, coherence, and consistency, for capacity building in making meaning of life, while enriching cultural and spiritual identities. (Atkinson, 2007; Hobfoll, 2007; Silove, 2007). |
Principles for whole-of-community healing to protect children from harm

1. Work together
2. Begin earlier
3. Think Developmentally
4. Support parents and schools to ‘educare’
5. Implement the principles & practice of Child Rights
6. Make adequate resources available
7. Work from a sound knowledge base
8. Create a culture of non violence
Community learning – sharing stories in reflective discussion and practice,
learning through dialogue (yarning)
Discussing ‘what we know’ from our lived experiences, against what others know - the practice of living and learning together against the text book theory,
Art – individual and collective,
Music – dance, theatre,
Ceremonies - emotional release,
Traditional - healing - body work - massage yoga – movement.
Let’s talk

End of session three
# Outline for day two

<table>
<thead>
<tr>
<th>Time</th>
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| 9.00 to 10.30am | Check in from yesterday  
“Children’s play is hard work”  
Four principles of Neurodevelopment |
|                 | Morning tea                                                          |
| 11.00 to 12.30  | **Presentation: Educaring as Healing**  
**Discussion: How does this apply to my workplace – community?** |
|                 | Lunch                                                                |
| 1.30 to 3.00 pm | **Vicarious Trauma - Burn Out =**  
Self-care as re-investment practice. How do I care for myself – How do we care for each other? |
|                 | Afternoon tea                                                        |
| 3.15 to 4.00 pm | **Elders circle**  
Post evaluations  
Close |
Trauma informed care and practice

- Understanding Trauma and Its Impact
- Safe physical and emotional spaces and services
- Ensuring Cultural Competence
- Supporting the workforce – supporting clients through providing Control, Choice and Autonomy
- Sharing Power and Governance
- Integrating Care – a holistic approach to service needs.
- Healing or Recovery Happens in Relationships
- Healing or Recovery is Possible.
“You said, 'They’re harmless dreamers and they’re loved by the people.' 'What,' I ask you, 'is harmless about a dreamer, and what,' I ask you, 'is harmless about the love of the people?' Revolution only needs good dreamers who remember their dreams

Tennessee Williams

There is always a dream dreaming us

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Bibliography:

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- Stepan Hobfoll et al, Five Essential Elements of Immediate and Mid–Term Mass Trauma Intervention Psychiatry 70(4) winter 2007,
- Silove, D. 2007 From Trauma to Survival and Adaption for guiding mental health initiatives in post-conflict societies