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Closing the gap clearinghouse

Trauma-informed services and trauma-specific care for Indigenous Australian children

Resource sheet no. 21 produced for the Closing the Gap Clearinghouse

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Summary

What we know

Although some Indigenous children grow up in safe environments, others experience trauma (ABS 2006, 2009; ABS & AIHW 2008; FaHCSIA 2011; Silburn et al. 2006). The trauma of historical events associated with colonisation of Indigenous land can pass to children (inter-generational trauma). Even if protected from the traumatic life experiences of family, some Indigenous children, like non-Indigenous children, directly experience trauma through exposure to an accident, family violence and abuse. Although the effects of childhood trauma can be severe and long lasting, recovery can be mediated by appropriate interventions.

What works

Trauma research specific to Indigenous Australian children and their families is in its infancy. Hard evaluative data are comparatively rarely available in the peer-reviewed literature. However, evidence takes many forms. Consequently, this paper draws

on documented practice experience; that is, writings from trauma and research experts on how, where and why they are delivering trauma-informed services and trauma-specific care to aid the healing and recovery of victims/survivors of trauma. It is also informed by relevant literature from diverse fields such as neurodevelopment.

Service providers working with all population groups who are affected by trauma need to adapt their programs to account for their clients' traumatic experiences. The perspectives of trauma experts, service providers and clients suggest that services need to be 'trauma-informed'. Trauma-informed services directly deal with trauma and its effects. Such services:

- understand trauma and its impact on individuals (such as children), families and communal groups
- create environments in which children feel physically and emotionally safe
- employ culturally competent staff and adopt practices that acknowledge and demonstrate respect for specific cultural backgrounds
- support victims/survivors of trauma to regain a sense of control over their daily lives and actively involve them in the healing journey

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- share power and governance, including involving community members in the design and evaluation of programs
 - integrate and coordinate care to meet children's needs holistically
 - support safe relationship building as a means of promoting healing and recovery.

Although the development of trauma-informed services is critical, children who are victims/survivors of trauma also require individual therapeutic care (that is, trauma-specific care). There is no single way to provide such care. Documented practice experience suggests that approaches informed by Indigenous culture show promise for supporting healing and recovery. A neurodevelopmental view of childhood trauma offers novel directions for assessment and intervention. There is also emerging evidence that supports an ecological approach (which considers and acts on all systems that are negatively affecting a child's situation) and physical activity as a means of promoting positive mental health outcomes for children.

What doesn't work

Given the lack of evaluative data in this area, conclusions regarding what doesn't work are inappropriate.

What we don't know

The links between the implementation of trauma-informed services and trauma-specific care and improvements in the health and wellbeing of Indigenous children are typically anecdotal. Further systematic research is needed to determine whether, and on what basis, trauma-informed services and trauma-specific care practices appropriately tackle childhood trauma.

Introduction

While many Indigenous and non-Indigenous Australian children grow up in safe homes and live in safe communities, there are some who do not. In the case of Indigenous children, some families and communities are unable to, or are still working to, heal the trauma of past events, including displacement from Country, institutionalisation and abuse. The Stolen Generations also represent a significant cause of trauma. In 2008, an estimated 8% of Indigenous people aged 15 and over reported being removed from their natural family and 38% had relatives who had been removed from their natural family (ABS 2009). This trauma can pass to children (inter-generational trauma) (Atkinson 2002; Atkinson et al. 2010).

Indigenous children may also experience a range of distressing life events including illness and accidents, hospitalisation or death of close family members, exposure to violence, family disintegration (with kin networks fragmented due to forced removals, relationship breakdown and possibly incarceration) and financial stress (ABS 2006, 2009; ABS & AIHW 2008; FaHCSIA 2011; Haebich 2000; Silburn et al. 2006).

Experiencing trauma in childhood can have severe and long-lasting effects; effects that can be overcome by appropriate interventions. This resource sheet examines these effects and explores how they can be tackled. It focuses on the design and delivery of trauma-informed and trauma-specific children's services and care.

Recent government initiatives

The section below is designed to provide further context for the reader regarding a range of national initiatives that are currently in place. These initiatives are not examined within the body of the paper.

Some of the content in this resource sheet may cause sadness and/or distress to the reader.
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The Aboriginal and Torres Strait Islander Healing Foundation

The community-based healing programs supported by the Aboriginal and Torres Strait Islander Healing Foundation aim to improve the emotional wellbeing of Indigenous people, in particular members of the Stolen Generations, and to provide appropriate training for people delivering the healing. The Foundation has been funded \$53 million for 8 years until 2016–17.

Programs supported by the Foundation aim to improve mental health in Indigenous communities by providing healing services and access to traditional healing, education about trauma and how to manage grief and loss more effectively, as well as a professional workforce that can better respond to loss, grief and trauma in these communities.

Topics dealt with include suicide prevention, depression, violence, incarceration, substance abuse, intergenerational trauma, and pathways to healing.

Renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework

The Commonwealth Department of Health and Ageing is leading the renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework, and a cross jurisdictional and expert working group is guiding its development. The Framework is expected to be finalised late 2013, after an extensive consultation process.

The Social and Emotional Wellbeing Program

In 2011, the Australian Government provided continued funding for the Social and Emotional Wellbeing (SEWB) Program. The objective of the SEWB

Program is to enhance service delivery to Aboriginal and Torres Strait Islander people and communities, prioritising members of the Stolen Generations, through more flexible models of service delivery and increased capacity to meet demand for services. The program delivers:

- Link-Up services in eight locations across Australia, which provide family tracing, reunions and counselling for members of the Stolen Generations.
- SEWB counselling services, which provide counselling support for Aboriginal and Torres Strait Islander people, prioritising members of the Stolen Generations, in over 90 Aboriginal Community Controlled Health Organisations across Australia. In 2012–13, there are more than 160 counsellor positions across all states and territories.
- SEWB workforce support and training through eight Workforce Support Units and nine Indigenous Registered Training Organisations across Australia.
- Support for the Stolen Generations peak organisations, the National Sorry Day Committee and the National Stolen Generations Alliance.
- National coordination and support including assistance to Link-Up services for family tracing through the Australian Institute for Aboriginal and Torres Strait Islander Studies.

The Mobile Outreach Service Plus

The Mobile Outreach Service Plus (MOS Plus) provides an outreach service delivering culturally safe counselling and support for Aboriginal children and their families and communities in remote Northern Territory who are experiencing trauma associated with any form of child abuse or neglect. It also provides access to external professional development and community education to increase community members' and local agencies' understanding of child abuse and related trauma. MOS Plus is delivered by the Northern Territory Office of Children and Families in the Department of Education and Children's Services under the National Partnership Agreement on Stronger Futures in the Northern Territory.



Key elements of the MOS Plus model are that it:

- includes preventative and therapeutic interventions
- is available to children aged 0 to 17
- is culturally sensitive
- is accessible locally
- involves key individuals in the child or young person's family and community, and specialist staff such as Aboriginal Therapeutic Resource Workers and counsellors.

Trauma overview

Trauma, in this context, refers to an event that is psychologically overwhelming for an individual. The event involves a threat (real or perceived) to the individual's physical or emotional wellbeing. The person's response to the event involves intense fear, helplessness or horror, or for children, the response might involve disorganised or agitated behaviour (Briere & Scott 2006; Courtois 1999; Guarino et al. 2009).

Complex trauma results from the problem of an individual's exposure to multiple or prolonged traumatic events that do not categorically fit psychiatric criteria for post-traumatic stress disorder. These events are typically of an interpersonal nature, such as psychological maltreatment, neglect, physical and sexual abuse (van der Kolk 2005). The events often begin in childhood (that is, early life-onset) (van der Kolk 2005) and can extend over an individual's life span (Giller 1999; Terr 1991).

Indigenous Australian children may experience trauma (from one-time or ongoing events) through their own direct experience and secondary exposure (Ralph et al. 2006) and are at heightened risk of experiencing complex trauma. Direct experiences of trauma might include abuse, neglect and exposure to violence. In 2011, Indigenous children were 5.4 times as likely as non-Indigenous children to experience a hospital separation for assault, eight times as likely to be the subject of substantiated child abuse or neglect and 15 times as likely to be under juvenile justice supervision (AIHW 2011).

Further, family and household factors can place some children at direct risk of traumatisation. The Western Australian Aboriginal Child Health Survey (Silburn et al. 2006; Zubrick et al. 2005) identified the following range of factors that increased the risk of children experiencing distress:

- poor physical and mental health of carers, compounded by their substance misuse (including tobacco and alcohol)
- poor physical and mental health of the child (particularly hearing, speech and vision impairment)
- economic deprivation (poverty, substandard or lack of housing)
- poor family functioning (money concerns, communication problems or limited support networks)
- poor-quality parenting (past experiences of abuse and neglect can negatively influence parenting capacity)
- exposure to racism, discrimination and social marginalisation (including living in socially disadvantaged or excluded communities).

Secondary exposure to trauma is also a reality for some Indigenous children. Much has been written about the trauma resulting from the colonisation of Indigenous populations (see Atkinson 2002, 2008; Atkinson & Ober 1995; Baker 1983; Brave Heart-Jordan 1995; Duran & Duran 1995; Hunter 1998; Milroy 2005; Napoleon 1991; Wesley-Esquimaux & Smolewski 2004). A key consequence is intergenerational trauma. Trauma can be transferred from the first generation of survivors that have experienced (or witnessed) it directly in the past to the second and further generations of descendants of the survivors (Atkinson et al. 2010).

Historical trauma is a type of trauma transmitted across generations (that is, intergenerational trauma). It is defined as the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as 'cumulative emotional and psychological wounding' (Mu'id 2004: 9). Duran and Duran (1995) suggest that historical trauma can become normalised within a culture because it becomes embedded in the collective, cultural memory of a people and is passed on by the same



mechanisms through which culture, generally, is transmitted. As Dr Charles Nelson Perrurle Perkins AO (an Australian Aboriginal activist, football player and administrator) explained: 'we know we cannot live in the past but the past lives in us' (cited at the close of the motion picture *One Night the Moon* 2001).

Effects of trauma

Everyone responds to trauma differently. Despite individuals' great capacity to adapt, it is well established that childhood experiences of trauma can have severe and long-lasting effects (van der Kolk 2007).

Current research shows that experiences of stress and trauma early in life can affect brain development. The architecture of the brain is constructed through a process that begins before birth and continues into adulthood; experiences—positive and negative—shape critical features of the brain architecture. The effect of an experience will vary depending on the brain development stage occurring at the time. If the experience occurs during a critical period of development (that is, the brain is on an accelerated growth curve and neural networks are being built), the effect can be significant. For example, between the ages of 3 and 5 the frontal cortex is in a critical period of development. The frontal cortex is the area responsible for executive function. People use it for activities such as planning, organising and paying attention to, and remembering, details. If children experience trauma during this critical development period of the frontal cortex, their life-long executive function can be diminished (CDCHU 2011; NSCDC 2007).

Traumatic experiences affect brain development in children and adults differently. Because a child's brain is developing, the effects can be more profound. For example, for adults, trauma alters a mature brain in which neurological connections have already been made. Although reorganisation of these connections can cause difficulties for adults, the impact on a developing brain (that is, a child's brain) is comparatively worse. Because a child's brain is so malleable (receptive to environmental input), changes to the brain architecture manifest quicker and more deeply.

A child's development can be impaired or slowed down (van der Kolk 2005). Van der Kolk (2007) refers to this as 'developmental trauma'. Further, if traumatic states become the primary organising experience for a child's brain then neurological systems can be distorted for the long term (Perry 2009; van der Kolk & McFarlane 1996).

Trauma can also cause the dominance of the 'survival mechanisms' of the brain (and body) over the 'learning mechanisms' of the brain (and body). The survival and learning mechanisms use different core processes and their orientations to the environment are different. The survival mechanisms look to anticipate, prevent or protect against the damage caused by potential dangers. The learning mechanisms engage in the acquisition of new knowledge and the development of neuronal/synaptic connections. In traumatised individuals, there can be a trade-off in which avoiding harm (the survival mechanisms) takes priority over healthy growth and development (the learning mechanisms). This trade-off comes at a high cost for children's mental and physical wellbeing and education (Ford 2009).

Trauma can also produce other negative psychological and social consequences. Drawing on clinical experience and literature reviews, van der Kolk (2007) and D'Andrea and others (2012) argued trauma can:

- violate a child's sense of safety, trust and self worth, with a loss of a coherent sense of self
- trigger emotional distress, shame and grief
- result in unmodulated aggression and difficulty negotiating relationships with caregivers, peers and (later in life) marital partners
- disrupt attachment styles. (Because attachment appears to play a central role in developing socio-emotional skills, the disruption can lead to interpersonal difficulties. The Clearinghouse resource sheet *Parenting in the early years: effectiveness of parenting support programs for Indigenous families* highlights programs designed to enhance attachment. See Appendix 1).

Victims/survivors of childhood trauma are also more likely to adopt behaviours destructive to themselves and others. These behaviours include alcoholism and other drug misuse, sexual promiscuity, physical



inactivity and smoking (van der Kolk 2007). Further, researchers have noted a link between experiences of childhood trauma and suicide (Pompili et al. 2011; van der Kolk 2007).

Childhood trauma is associated with an increased use of services. Shaw (2010) reports increased involvement in health services for depression and suicidal behaviours. Further, victims/survivors of childhood trauma participate in high numbers in the child welfare and juvenile justice systems (and later in life in the adult criminal justice system) (Shaw 2010).

Finally, adults with a childhood history of unresolved trauma are more likely to experience health concerns. These include heart disease, cancer, stroke, diabetes and liver disease (ABS 2006; Silburn et al. 2011; van der Kolk 2007), all of which can contribute to lower life expectancy.

The Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009:4) sum up the situation as follows:

many of the problems prevalent in Aboriginal and Torres Strait Islander communities today—alcohol abuse, mental illness and family violence ... have their roots in the failure of Australian governments and society to acknowledge and address the legacy of unresolved trauma still inherent in Aboriginal and Torres Strait Islander communities.

Although the legacy of unresolved trauma contributes to many problems and presents many challenges, the strength and resilience of Indigenous Australians and Indigenous culture—particularly in face of extreme adversity—must be acknowledged. Protective attributes—including strong kinship systems and connection to spiritual traditions, ancestry, Country and community—have enabled many Indigenous Australians to transcend painful personal and communal histories. Research into risk and protective factors affecting Indigenous Australians needs to inform any future healing strategies (Caruana 2010; Kelly et al. 2009).

Taking action on trauma

What is clear is that many children do not have all of the opportunities to help them meet their potential. The high level of distress in some Indigenous families suggests that children and adolescents are at risk of exposure to a toxic mix of trauma and life stressors. The effects of this exposure can be severe and long lasting. Brain development can be impaired, insecure attachments can result and self-destructive behaviours can develop. Consequently, trauma-informed policies and services are needed along with trauma-specific care.

The conclusion provides suggestions regarding the development of trauma-informed policies. This section focuses on the delivery of trauma-informed services and trauma-specific care.

Trauma-informed services

Trauma-informed services directly deal with trauma and its effects. They look at all aspects of their operations through a 'trauma lens'. Their primary mission is underpinned by knowledge of trauma and the impact it has on the lives of clients receiving services (Harris 2004). Every part of the service, management and program delivery systems are assessed and modified to include an understanding of how trauma affects the life of individuals seeking support and the workers delivering the care (SAMHSA).

Table 1 identifies the principles that inform the function of trauma-informed services. These principles are based on the work of acknowledged trauma experts (Bloom 2011; Harris & Fallot 2001) and feedback from service providers and their clients (Guarino et al. 2009). All services supporting children, young people and adults alike who are trauma victims/survivors need to consider the applicability of these principles to their operations.

There is evidence that some organisations and practitioners (who work with a range of target audiences including children) are becoming trauma-informed by delivering on one or more of these principles. Examples of services and tools that show promise, but are yet to be evaluated or evaluations are in progress, are provided in Box 1.

Table 1: Core values of trauma-informed services

Principle	Explanation
Understand trauma and its impact on individuals, families and communal groups	This expertise is critical to avoid misunderstandings between staff and clients that can re-traumatise individuals and cause them to disengage from a program. Two strategies promote understanding of trauma and its impacts: trauma-informed policies and training. Trauma-informed policies formally acknowledge that clients have experienced trauma, commit to understanding trauma and its impacts, and detail trauma-informed care practices. Ongoing trauma-related workforce training and support is also essential. For example, staff members need to learn about how trauma impacts child development and attachment to caregivers. Appropriate support activities might include regular supervision, team meetings and staff self-care opportunities.
Promote safety	Individuals and families who have experienced trauma require spaces in which they feel physically and emotionally safe. Children need to advise what measures make them feel safe. Their identified measures need to be consistently, predictably and respectfully provided. Service providers have reported that creating a safe physical space for children includes having child-friendly areas and engaging play materials. Creating a safe emotional environment involves making children feel welcome (e.g. through tours and staff introductions), providing full information about service processes (in their preferred language) and being responsive and respectful of their needs.
Ensure cultural competence	Culture plays an important role in how victims/survivors of trauma manage and express their traumatic life experience/s and identify the supports and interventions that are most effective. Culturally competent services are respectful of, and specific to, cultural backgrounds. Such services may offer opportunities for clients to engage in cultural rituals, speak in their first language and offer specific foods. Culturally competent staff are aware of their own cultural attitudes and beliefs, as well as those of the individuals, families and communities they support. They are alert to the legitimacy of inter-cultural difference and able to interact effectively with different cultural groups.
Support client's control	Client control consists of two important aspects. First, victims/survivors of trauma are supported to regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy. Second, service systems are set up to keep individuals (and their caregivers) well informed about all aspects of their treatment, with the individual having ample opportunities to make daily decisions and actively participate in the healing process.
Share power and governance	Power and decision making is shared across all levels of the organisation, whether related to day-to-decisions or the review and creation of policies and procedures. Practical means of sharing power and governance include recruiting clients to the board and involving them in the design and evaluation of programs and practices.
Integrate care	Integrating care involves bringing together all the services and supports needed to assist individuals, families and communities to enhance their physical, emotional, social, spiritual and cultural wellbeing.
Support relationship building	Safe, authentic and positive relationships assist healing and recovery. Trauma-informed services facilitate such relationships; for example, by facilitating peer-to-peer support.
Enable recovery	Trauma-informed services empower individuals, families and communities to take control of their own healing and recovery. They adopt a strengths-based approach, which focuses on the capabilities that individuals bring to a problem or issue.

Source: Adapted from Guarino et al. (2009).



Box 1: Examples of trauma-informed services and tools

Aboriginal Family Support Services

The programs and services of the Aboriginal Family Support Services (AFSS) focus on ensuring staff respond to the needs of clients with an enhanced awareness and acknowledgement of trauma and its impacts. To achieve this aim AFSS: ensures staff and work environments are culturally sensitive and competent; develops frameworks to receive and support clients feedback, choice and autonomy; and builds close and respectful partnerships with other service providers and systems to provide integrated services for individuals, families and communities. AFSS also obtained a grant to purchase books and resources in the area of healing of trauma (AFSS 2012).

Culturally sensitive trauma-related practice tools

The Australian Aboriginal Version of the Harvard Trauma Questionnaire (AAVHTQ) is a culturally competent measure of specific traumatic stressors and trauma symptoms (DSM-III-R criteria for post-traumatic stress disorder —PTSD). The questionnaire includes specific cultural idioms of distress reactions relevant to Australian Aboriginal people (Atkinson 2008).

Community designed and driven healing projects

In October 2010, following an open tender process, the Aboriginal and Torres Strait Islander Healing Foundation awarded funds to 21 Indigenous-controlled agencies to create and deliver their own healing projects. Projects include the development of local healing centres, individual and group counselling and healing camps on Country. In the January to June 2012 reporting period, 17 of the initial projects continued to operate. Projects have reported on agreed national outcomes (such as strengthened connection to culture) and contributed to case studies. A Healing Foundation report provides insights into existing healing work and its perceived effectiveness (see Aboriginal and Torres Strait Islander Healing Foundation 2012). <<http://www.healingfoundation.org.au/our-work>>.

Information exchange

The Australian Child & Adolescent Trauma, Loss and Grief Network has a section committed to sharing information and background materials about child and adolescent trauma, loss and grief from an Indigenous perspective. A key resource includes interviews with five members of the Footprints in Time Steering Committee on what is known about grief and loss and how to support children to cope with adversity. <<http://www.earlytraumagrief.anu.edu.au/Indigenous-children-and-families>>.

The network is also developing the Aboriginal and Torres Strait Islander Families and Communities Hub. Resources on topics such as healing, sharing wisdom, trans-generational trauma, resilience and cultural awareness will be identified and developed in collaboration with key partners. Partners include the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Secretariat of National Aboriginal and Islander Child Care (SNAICC). There is also an online space or gallery, Resilience through the Arts, where Indigenous artists can present their work on a rotational basis.

Although the development of trauma-informed services is critical, more support is needed. Some Indigenous Australian children also require individual therapeutic care that is trauma-informed (that is, trauma-specific care).

Trauma-specific care

Trauma-specific care consists of the specific actions taken to deal with the consequences of trauma in individuals and to facilitate their healing. These actions need to focus on developing understanding of, and appropriate responses to, the complex

psychobiological and social reactions to trauma and less on recounting and categorising the trauma events (Briere & Scott 2006; Scaer 2007; van der Kolk 2007).

There is no single way to provide trauma-specific care. Instead, practitioners and service providers, through consultation and feedback with trauma experts and clients, need to identify the strategies and practices best suited to the needs and circumstances (including geographic location) of the individuals, families and communities they seek to support. This section shares approaches documented by individuals and service providers working with and for victims/survivors of trauma.



As highlighted earlier, this section draws mainly on documented practice wisdom. Further research is needed to enhance understanding of: the level of the need for trauma recovery in the Indigenous Australian community (Vicary & Bishop 2005); the risk and protective factors associated with Indigenous social and emotional wellbeing (Kelly et al. 2009); and the efficacy of available trauma-specific care programs and practices. Such research will be enabled through adequate funding for an evaluation component for the existing (often small-scale) programs (Kowanko et al. 2009). The Canadian experience exemplifies the importance of building a strong evidence base of innovative and effective strategies in this area (Archibald 2006), while respecting the intellectual property of traditional healing practices (Quinn 2007). With ongoing support, the Aboriginal and Torres Strait Islander Healing Foundation has the potential to follow the lead of the Canadian Aboriginal Healing Foundation in producing a wealth of information that will help inform future trauma-specific models of care (ATSISJC 2009).

Cultural approaches to trauma-specific care

Trauma-specific care must consider cultural factors. Culture plays a role in the type of trauma that individuals may experience, the risk for continued trauma, how individuals handle and express their experiences and which type of care is most effective (Guarino et al. 2009).

One powerful means of recognising culture is the development of Indigenous-specific approaches to care. Two Indigenous-specific programs that work with children were identified: the Take Two Aboriginal Team and Yorgum.

Take Two is a Victorian-based therapeutic service for children who have suffered abuse and neglect. It undertakes therapeutic interventions to achieve positive outcomes, such as recovery from trauma. Partners include Berry Street, Austin Health, Child and Adolescent Mental Health Service (CAMHS), La Trobe University School of Social Work and Social Policy, Mindful (Centre for Training and Research in Developmental Health) and the Victorian Aboriginal Child Care Agency (VACCA). Given the

disproportionate number of Aboriginal children within the Take Two program, the service created the Take Two Aboriginal team in 2004. The functions of the Aboriginal team include clinical work, program and research development and training and practice development (see Box 2) (Frederico et al. 2010).

Box 2: Yarning up on Trauma—an example of Take Two's work with Aboriginal services and communities

Yarning up on Trauma is an education package and approach to understanding trauma and attachment for Aboriginal children, Aboriginal communities and those working with the Aboriginal community. Take Two clinically trained facilitators (one Aboriginal and one non-Aboriginal) typically deliver the program. It is designed to provide workers with knowledge and understanding of:

- the effects of trauma on their clients, themselves as Aboriginal people, Aboriginal communities and their work environments
- appropriate interventions based on trauma and attachment theories.

From 2006 to 2008, approximately 240 participants attended the training. An analysis of post-training surveys revealed that the vast majority of participants found the content 'definitely or mostly' helpful. A year after training delivery, trainers have received feedback from community members about the ongoing application of their learning. Further, Yarning up on Trauma has directly informed training within the Victorian-based Berry Street, Take Two partnership with the Bouverie Centre.

Further evidence of whether, and on what basis, this package contributes to reductions in the trauma symptoms of children are needed in order to confirm this promising practice as a 'best-practice' model that other trauma-specific services should consider.

Source: Coade et al. 2008; Frederico et al. 2010.



Yorgum is an Aboriginal child and family counselling service operating in metropolitan Perth and parts of south-west Western Australia. The service draws on a range of therapeutic approaches, grounded in Aboriginal philosophies, to deliver trauma-specific care to local Aboriginal communities. Its practices acknowledge the connection between the negative impact of historical and complex trauma and family breakdown, poor parenting skills and capacity and substance misuse, violence and abuse. Crucial to Yorgum's work are the connections it makes with other services, such as Link-Up for the Stolen Generations. These connections enable Yorgum to deliver integrated, holistic support (see Box 3).

Box 3: Yorgum—promising examples of adopted therapeutic approaches

Yorgum's practitioners draw on a range of therapeutic approaches to work with various clients, including:

- sand-play therapy (particularly with children)
- art therapy (adults and children)
- yarning therapy (based on the principle that telling the story is part of the therapeutic process, where enabling the client to share their story validates their experiences)
- one-on-one counselling
- group work and education workshops.

Practical supports and referrals to other services are also provided in ways that empower clients to take control and do things for themselves.

The services provided by Yorgum represent promising practices as they are yet to be formally evaluated. However, anecdotal accounts suggest that Yorgum is delivering a much sought-after program. Internal reviews of the service (not publicly available) have also contributed to continued funding by government agencies.

For further information visit <<http://www.yorgum.com.au>> and <<http://www.aifs.gov.au/afrc/pubs/newsletter/frq017/frq017-6.html>>.

Initiatives such as Take Two and Yorgum require appropriately skilled workers. Hence this section is supplemented with a discussion of two training courses designed by, with and for Indigenous practitioners: We Al-li and Nunkuwarrin Yunti. We Al-li is designed both to support workers to heal

their own trauma and to prepare these workers to support children and other target groups in their recovery. Nunkuwarrin Yunti delivers a counselling-related diploma, particularly suited to Aboriginal workers, that explores responses to trauma.

We Al-li (the Woppaburra terms for fire and water) is a community-based response to the violence and trauma experienced by some Indigenous Australians and the need to develop healing activities. Established in 1993, the program consists of a series of workshops that incorporate Indigenous Australian cultural practices and therapeutic skills. The workshops are designed to provide personal and professional development for practitioners working in the areas of trauma, family violence and positive parenting. One workshop focuses on working with children (see Box 4).

Box 4: We Al-li: healing people, sharing culture, regenerating spirit

A key component of We Al-li is Working with Children—Prevention and Healing (formerly The Child Learns). First developed and run in 1994, this workshop/unit explores:

- cultural safety when working with children who have been hurt
- child development and childhood trauma—theories, processes and effects
- emotional first aid and emotional release work through sensory and tactile work, narrative, dance, movement, play therapy, nature discovery, storytelling and performance
- applying skills for working with children that promote positive spiritual and cultural growth and identity
- understanding the importance of establishing our own trigger points when working with children and apply self-care strategies to prevent burnout (We Al-li workbook 2002–12).

Other We Al-li workshops include Lifting the Blanket—Trauma and Recovery, Prun—Managing Conflict and Journey to the Crocodile's Nest—Loss and Grief.

Although reviews and post-course evaluations of We Al-li have been undertaken (see below), ongoing research is required in order to determine whether this promising practice represents a best-practice model for services to consider.

For further information visit <<http://www.wealli.com.au>>.



We AI-li has been evaluated. All nine workshops were assessed in 1995 as part of a doctoral study (Atkinson 2001). The evaluation sought feedback from program participants who included Aboriginal workers from alcohol rehabilitation, child-care and youth services. It found strong support for the program's focus on cultural tools for healing. Participants identified the strongest tools as:

story, art, music, theatre, dance, always placing the trauma stories of people and place as the centre-piece of our work. The storytellers were our teachers and we learnt as we listened. These stories were not just about individuals but linked social groups across history and country. The stories were about the storyteller(s') culture and identity (Atkinson 1995; Atkinson forthcoming).

When We AI-li was incorporated into the Masters of Indigenous Studies at Gnibi College of Indigenous Australian Peoples at Southern Cross University, it was reviewed as an academic program every 3 years. The reviews considered the underpinning educational theory and program fidelity (that is, are units of study implemented as intended?). The results of these reviews have not been officially published.

We AI-li is now delivered at a community level. Anecdotal accounts from feedback forms (which have been collected over a number of years) suggest reductions in the trauma symptoms experienced by participants at course completion. The results of these post-course evaluations are yet to be published.

Nunkuwarrin Yunti (taken from the dialects of the Ngarrindjeri and Narungga people and meaning 'working together') is an Aboriginal and Torres Strait Islander community controlled organisation. It delivers a diverse range of health-care and community support services in and around Adelaide, South Australia.

Nunkuwarrin Yunti is the registered training provider for the Diploma of Narrative Approaches for Aboriginal People (counselling, group and community work). The diploma is particularly suited to Aboriginal workers who are employed in various social and emotional wellbeing job roles in which counselling duties compromise a significant part of their work. This training is made up of 17 units of competency.

Five units focus specifically on narrative counselling. The others cover comorbidity, advocacy, crisis work, domestic and family violence, health promotion, strategic approaches to Aboriginal and Torres Strait Islander health, social and emotional wellbeing assessment and intervention and responses to trauma.

No evaluations of the course were identified. However, information regarding the design and operation of the course is available from the People Development Unit at Nunkuwarrin Yunti (see: <http://www.nunku.org.au/index.php?option=com_content&task=view&id=29&Itemid=45>).

Neuroscience and trauma-specific care

Perry & Pollard (1998) and Perry (2009) advocate an approach to clinical work with child victims/survivors of trauma that is informed by neuroscience. Neuroscience deals with the structure or function of the nervous system and brain.

The approach designed by Perry involves:

- assessing the key systems and areas of a child's brain that have been impacted by trauma
- selecting and sequencing developmentally appropriate therapeutic, enrichment and educational activities to help the child re-approximate a more standard or typical development trajectory (Perry 2009).

For example, an assessment might reveal that a 10 year old child victim/survivor of trauma has the self-regulation skills of a 2 year old, the social skills of a 5 year old and the speech and language capability of an 8 year old. This assessment informs the design of specific therapeutic intervention for the child. It would start with the lowest (in the brain) undeveloped/abnormally functioning set of problems and move sequentially up the brain as improvements are observed. In the case presented, this might involve initially focusing on the poorly organised brainstem and related self-regulation by using drumming or massage. Once there is improvement in self-regulation, the therapy would move to more relational-related problems (limbic), using activities like play or art (Perry 2009). Table 2 provides the theoretical framework for the approach.

Table 2: Theoretical framework for optimising child neurodevelopment

Develop- mental age	Sensitive brain area	Critical functions	Primary goal of development	Optimising experiences	Enrichment activities
0–1	Brainstem	Regulation of arousal	State regulation Flexible stress response	Rhythmic and patterned sensory input Auditory or tactile	Massage Rhythm Touch
1–2	Midbrain	Integration of multiple sensory inputs Motor regulation	Sensory integration Motor control affiliation	More complex movement Simple narrative	Music Movement Touch
1–4	Limbic	Emotional states Social language Interpretation of social information	Emotional regulation Attachment Empathy	Complex movement Narrative Social experiences	Dance/play Art Nature discovery
2–6	Cortex	Abstract cognitive functions Social/emotional integration	Abstract reasoning Creativity	Complex conversation Social and emotional experiences	Story telling Drama Exposure to performing arts

Source: Law 2000, from the work of Bruce Perry and Peter Levine.

Preliminary efforts to integrate this approach into a variety of settings, including therapeutic preschools, shows promise for helping to heal traumatised children. However, further clinical and research efforts are needed in this area to better understand impacts (Perry 2009).

It is unclear from the available literature whether and how cultural differences influence the implementation of this framework. However, Perry (2009) has suggested the theoretical framework aligns with Indigenous cultural practices (see below).

Links between the theoretical framework for optimising child neurodevelopment and Indigenous healing rituals

A key principle underpinning the theoretical framework for optimising child neurodevelopment is that activities are most effective when implemented with focused repetition targeting the neural systems one wishes to modify (Perry 2009). Accordingly, Perry suggests that Indigenous healing rituals have the capability to promote healing and recovery because they:

assuredly provide the patterned, repetitive stimuli—such as words, dance or song—required to specifically influence and modify the impact of trauma, neglect, and maltreatment on key neural systems (Perry 2008:xi).

Additionally, Perry emphasises the power of relational health to promote healing and recovery and the need



to incorporate social connections into therapeutic work. He reports that 'healthy relational interactions with safe and familiar individuals can buffer and heal trauma-related problems' (Perry 2009: 248). Given the relational aspect of Indigenous healing rituals, this finding also points to the capacity of traditional practices to promote healing and recovery. As Perry explains, healing rituals are:

all provided in intensely relational experience(s) with family and clan participating in the ritual:... retell the story, hold each other, massage, dance, sing, creating images of the battle in literature, sculpture and drama, reconnecting to loved one and to community, celebrate, eat and share (Perry 2008:x).

This overlap suggests a convergence between modern concepts of neurodevelopment and the traditional healing practices of Indigenous people. However, further research is needed to understand whether and how Indigenous healing rituals support healing and recovery, and what factors facilitate or impede the use of such rituals for Indigenous families and communities.

Box 5: Anecdotal accounts of healing activities with cultural links

Story telling, sand play and continuity of being among Anangu Pitjantjatjara girls (South Australia)

Story telling encompasses the rhythmic beating of a stick and making marks on the sand, along with gestures and words or song. Anangu Pitjantjatjara girls start this form of play at a young age. It is highly gender specific; boys are discouraged from its use.

In this case, the cultural context provides a particular 'meaning-making' system for the girls. Within this system, girls start to develop their own sense of self and space. Their early experiences—such as connections with and separation from the mother—can be reflected in the play. What occurs is the interplay of culture and child development. Children use and internalise what is provided within their cultural context and in turn contribute to their culture through their own playful and exploratory experiences.

Although not specifically named as trauma-specific care, this activity has the elements of a cultural trauma healing activity significant to children. It is included because the author of this paper adopted a similar technique when working with a group of Anangu Yankunytjatjara girls after a distressing experience for the girls and their community.

For further information: <<http://www.healthinfont.ecu.edu.au/key-resources/bibliography/?lid=14296>>.

ArtThink (South Australia)

Specifically for Indigenous and culturally and linguistically diverse groups, ArtThink assists communities to discuss and respond to mental health issues through art. It aims to improve mental health literacy (including understanding of conditions such as post-traumatic stress), grow participants' confidence to respond effectively to mental health issues and decrease stigma associated with mental illness.

Art-based educators invite participants to express their understanding of mental health issues using different art forms, such as painting, stories or theatre.

For further information: <<http://www.artthink.com.au/>>.



Other potentially promising approaches to trauma-specific care

Other approaches emerge in the available literature as potential strategies for supporting victims/survivors of trauma. These are an ecological approach to the identification and treatment of trauma, physical activity to promote recovery and therapeutic residential care.

An ecological approach involves taking into consideration the interaction within and between various systems in a child's life in order to identify trauma risk factors. It requires practitioners and service providers to keep a broad, rather than narrow, view of issues and recognise that the trauma experienced by children may be the result of a combination of factors related to the child, their parents and carers and their environment. Therefore, their trauma-specific care needs to seek to tackle issues or problems in all the systems that are negatively affecting the child's situation (Leon et al. 2008; Phenice & Griffo 1996).

Box 6: Example of a care model informed by the ecological perspective

Overt problem:

- Child exhibiting disorganised or agitated behaviour (which, as highlighted earlier, can be symptomatic of trauma).

Identified issues:

- Child demonstrating insecure attachments and not attending school. Family history of trauma. Also experiencing homelessness and unemployment. Community experiencing internal conflicts and high levels of substance misuse and high levels of mental illness.

Identified support and assistance:

- Child: counselling, in-school support
- Family: interventions focused on parenting skills, healing and recovery and addictions. Referrals to housing support and employment agencies.
- Community: community mediation and increased access to rehabilitation and mental health services.

Source: Adapted from Leon et al. 2008.

There is a small, but emerging, evidence base in support of an ecological approach to trauma-specific care. Further research is needed to measure impacts and outcomes (Leon et al. 2008).

Physical activity is the other approach. When seeking to enable trauma recovery in children, interventions are often drawn from the domain of therapy (cognitive behavioural therapy, eye movement desensitisation and reprocessing (EMDR), pharmacotherapy, etc.). However, physical activity could represent another important means of supporting the recovery of children who are victims/survivors of trauma. Ahn and Fedewa (2011) analysed the findings of 73 studies examining the relationship between children's physical activity and mental health outcomes. The authors found that increased levels of physical activity had significant effects in reducing depression, anxiety, psychological distress and emotional disturbance in children (Ahn & Fedewa 2011).

Therapeutic residential care is intensive and time-limited care for a child or young person in statutory care. Such care is designed to respond to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment and developmental needs (National Therapeutic Residential Care Working Group, cited in McLean et al. 2011). The eight Australian child protection jurisdictions offer therapeutic residential care services. Australian and international research suggests this model represents optimal therapeutic care for children in the out-of-home care environment (McLean et al. 2011).

Supporting family and community

Finally, it is important to acknowledge that even though this paper has focused on children, the needs of other family and community members must also be considered and acted upon. Those working in the field of trauma recovery and healing may benefit from exploring current approaches to caring for adults and communities who have experienced trauma. Although it is outside the scope of this paper to explore initiatives for these groups in detail, useful resources are available. The online resources section (see Appendix 2) highlights practice guidelines



designed for mental health professionals who directly engage in treatment of adults (aged 18 and over) with the lived experience of complex trauma (Kezelman & Stravropoulos 2012). A Closing the Gap Clearinghouse resource sheet *Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people* (see Appendix 1) examines the Family Wellbeing course, a cultural healing program that aims to enhance participants' capacity to deal with the day-to-day stresses of life and to help others. This resource sheet also examines how parenting initiatives, such as Indigenous adaptations of Triple P-Positive Parenting, can enhance the quality of the parent-child relationship and in turn positively impact on children's emotional development. Finally, there is a growing body of literature on international experiences of community-based healing/trauma interventions following events such as mass torture or natural disasters (see Ertl et al. 2011; Hobfoll et al 2007; Reyes & Jacobs 2006).

Conclusion

Many Indigenous Australian children grow up in safe homes and live in safe communities, but there are some who do not. Inter-generational trauma and distressing life events can cause childhood trauma. Although childhood trauma is a real problem that demands urgent action, it is important to acknowledge the strength and resilience of Indigenous people and culture in Australia in the face of extreme adversity. Protective attributes (such as strong kinships systems and connection to Country) have enabled many people to transcend painful personal and communal histories.

Trauma-informed services and trauma-specific care are important for those unable, or still working, to heal trauma. Although there are a growing number of early childhood programs specifically aimed at Indigenous children, most do not originate from trauma-informed services or incorporate trauma-specific care. Of the trauma-informed services and trauma-specific care that is available, most show promise for promoting healing and recovery but have not been formally evaluated, or the available evaluations focus on process and client satisfaction, rather than clinical outcomes (such as reduced trauma symptoms).

Trauma-informed services and trauma-specific care models reach into the hearts of children who are victims/survivors of trauma and into those of their families. Practitioners and service providers write of providing education and therapeutic and enrichment initiatives designed to respond to children's needs including their neurodevelopmental growth. Many of their reported practices are grounded within the richness of children's cultural and spiritual heritage. Such culturally informed approaches recognise Indigenous worldviews for strengthening cultural and spiritual identity, in early childhood and across the lifespan.

Even though this paper has focused on children, the needs of other family and community members must be considered and acted upon. It takes not just a family but also a healthy community to raise healthy children.

Further trauma-informed services and trauma-specific care interventions will be strengthened by action at the policy level. All government and non-government agencies need to ensure their policy frameworks are trauma-informed. To date, there are some encouraging signs. For example, the National Mental Health Policy 2008 recognises that exposure to traumatic events places individuals at heightened risk of mental health problems and mental illness. However, further work is recommended to move away from a potentially piecemeal approach, in which individual frameworks or strategies highlight the effects of trauma, with no single policy presenting a coherent strategic plan of action for supporting trauma recovery (Zubrick et al. 2010).

Finally, although this resource sheet has sought to demonstrate the need for and potential of specific interventions for Indigenous children who have experienced trauma, all children (Indigenous and non-Indigenous) would benefit from trauma-informed services and trauma-specific care that is focused on their developmental needs.

Appendix 1

The Closing the Gap Clearinghouse Assessed Collection includes summaries of research and evaluations that provide information on what works to overcome Indigenous disadvantage across the seven Council of Australian Governments building block topics.

Table A1 contains a list of selected research and evaluations that were the key pieces of evidence used in this resource sheet. The major components are summarised in the Assessed collection.

To view the Assessed collection, visit <http://www.aihw.gov.au/closingthegap/collections/>.

Table A1: Assessed collection items for Trauma-informed services and trauma-specific care for Indigenous Australian children

Title	Year	Author
More than words—the language of relationships: Take Two—Third Evaluation Report. Clearinghouse summary: http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=8781&type=ac .	2010	Frederico M, Jackson A & Black C
Our healing, our solutions. Volume 3. Clearinghouse summary: http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=9714&type=ac .	2012	Aboriginal and Torres Strait Islander Healing Foundation
Trauma trails, recreating song lines: the transgenerational effects of trauma in Indigenous Australia. Clearinghouse summary: http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=9427&type=ac .	2002	Atkinson J
An Aboriginal family and community healing program in metropolitan Adelaide: description and evaluation. Clearinghouse summary: http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=4926&type=ac .	2009	Kowanko I, Stewart T, Power C, Fraser R, Love I & Bromley T
The role of spirituality in social and emotional wellbeing initiatives: the Family Wellbeing Program at Yarrabah. Clearinghouse summary: http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=8709&type=ac .	2009	McEwan A, Tsey K & Empowerment Research Team

Table A2 contains a list of Closing the Gap Clearinghouse issues papers and resource sheets related to this resource sheet.

To view the publications, visit <<http://www.aihw.gov.au/closingthegap/publications/>>.

Table A2: Related Clearinghouse resource sheets and issues papers

Title	Year	Author
Community development approaches to safety and wellbeing of Indigenous children	2010	Higgins DJ
Parenting in the early years: effectiveness of parenting support programs for Indigenous families	2012	Mildon R & Polimeni M
Strategies to minimise the incidence of suicide and suicidal behaviour	2013	Closing the Gap Clearinghouse
Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people	2013	Closing the Gap Clearinghouse
Programs to improve interpersonal safety in Indigenous communities: evidence and issues	2013	Day A, Francisco A & Jones R
The role of community patrols in improving safety in Indigenous communities	2013	Closing the Gap Clearinghouse

Appendix 2: Additional resources

Published resources

Aboriginal Elders Roundtable 2007. Aboriginal partnership in early child development and parenting centres South Australia. [Aboriginal Roundtable response to: 'What would it take for Aboriginal partnership in early child development and parenting centres?' for Fraser Mustard.] Adelaide: South Australian Department of the Premier and Cabinet. Viewed 19 March 2013, <http://www.thinkers.sa.gov.au/lib/pdf/Mustard_AppendixB_Aboriginal_Roundtable.pdf>.

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Online and other resources

- Yarning up on trauma.

A PowerPoint presentation by Shaun Coade and Sandi de Wolf for the 'Yarning up on trauma' workshops. <http://www.snaicc.org.au/_uploads/rsfil/02683.pdf>.

The Yarning up on trauma booklet, by Shaun Coade, Laurel Downey and Lisa McClung, can be purchased from Berry Street. <<http://www.berrystreet.org.au/BuyOurResources>> or phone: (03) 9429 9266.

- Working with Aboriginal children and families: a guide for child protection and child and family welfare workers (VACCA).

This guide can be purchased from VACCA. Phone: (03) 8388 1855.

- Working and walking together and Foster their culture: caring for Aboriginal and Torres Strait Islander children in out-of-home care (SNAICC).

These resources can be purchased from SNAICC. Phone: (03) 9489 8099.

- Calmer classrooms: a guide to working with traumatised children, by Laurel Downey. <http://www.cyp.vic.gov.au/childsafetycommissioner/publications/orgs_resources.htm>.
- Making SPACE for learning: trauma-informed practice in schools.
This is a resource guide to assist schools to unlock the potential of traumatised children and young people to grow and develop at school. <<http://www.childhood.org.au/training/learning-resources>>.
- The trauma-informed toolkit: a resource for service organisations and providers to deliver services that are trauma-informed. <<http://www.trauma-informed.ca/home.htm>>.
- Trauma-informed organisational toolkit for homeless services.
This toolkit provides information for homeless services providers about integrating trauma-informed care principles into their operations. <<http://www.familyhomelessness.org/media/90.pdf>>.
- Advancing trauma-informed practices: bringing trauma-informed, resilience-focused care to children, adolescents, families, schools and communities, by William Steele and Caelan Kuban. <<http://assets1.mytrainsite.com/500051/tlcwhitepaper.pdf>>.
- Responding to childhood trauma: the promise and practice of trauma-informed care, by Gordon R Hodas, 2006. Harrisburg, PA: Pennsylvania Office of Mental Health and Substance Abuse Services. <http://www.dpw.state.pa.us/ucmprd/groups/public/documents/manual/s_001585.pdf>.
- The National Institute for Trauma and Loss in Children. <<http://www.starrtraining.org/trauma-and-children>>.
- Trauma-informed and developmentally sensitive services for children: core competencies for effective practice.

A set of competencies (knowledge, attitudes and skills) that adults who work with young children need to have to be able to provide care and create a system that is trauma-informed and developmentally appropriate for children and their families. These competencies are intended to guide workforce development activities including

training, curriculum development and professional standards. <<http://stoneleighfoundation.org/content/trauma-informed-developmentally-sensitive-services-children-core-competencies-effective-pra>>.

- Child Trauma Research Program.
The Child Trauma Research Program develops and evaluates family-centred interventions for children aged birth through to age 5 who experience traumatic events. It is based in San Francisco in the United States. <<http://childtrauma.ucsf.edu/>>.
- Tulane Institute of Infant and Early Childhood Mental Health.
Based in Louisiana in the United States, the Institute researches, disseminates and applies knowledge to promote social and emotional competence in young children. A key question investigated by researchers at the Institute is: how much recovery is possible from early adversity and traumatic experiences? <<http://www.infant institute.org/index.html>>.
- Zero to Three.
The Zero to Three journal issues includes articles on research, policy and practice concerning the healthy development of infants, toddlers and families. It contains a wealth of information on helping infants and children to cope and recover from traumatic and stressful experiences. For example, the September 2010 edition focused on how parents, caregivers and other professionals can bolster the resilience of young children in the face of stressful and potentially traumatic experiences. <<http://www.zerotothree.org/maltreatment/trauma/trauma.html>>.
- Practice guidelines for treatment of complex trauma and trauma informed care and service delivery.

Although prevention and early intervention is the ideal way to support children at risk of or experiencing trauma sometimes the effects of trauma stay with individuals into adulthood. The Practice guidelines for treatment of complex trauma are designed for mental health professionals who directly engage in treatment of adults (aged 18 and over) with the lived experience of complex trauma. <<http://www.asca.org.au>>.

- The first 5 years: starting early, by Sven Silburn, Georgie Nutton, Fiona Arney & Bonita Moss.
Although not specifically about trauma or Indigenous children, this resource explores how children's experiences establish the foundation for their future health, learning and behaviour. It explores the links between a mother's health, nutrition and environmental circumstances and a foetus' brain development during gestation and considers the potential consequences of high stress levels during pregnancy (including child emotional and cognitive problems). The report presents results from longitudinal studies that show a relationship between social disadvantage in early life and chronic physical, social and emotional wellbeing problems, poor educational outcomes and unemployment in later life. <<http://ccde.menzies.edu.au/sites/default/files/resources/Silburn%202011%20First5YrsStartingEarly%20No.%202.pdf>>.

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Acknowledgments

Judy Atkinson retired from Southern Cross University in 2011 so she could refocus her life. She was granted the title Emeritus Professor in recognition of her work in the area of violence, relational trauma and healing and her contribution to the further development of an Indigenous Critical Pedagogy. During her years of work as an academic, she developed a series of trauma-informed educational programs at diploma, undergraduate, masters and professional doctorate levels, with trauma-specific modules of study, based on ‘educaring’—a balance of transformational learning within professional skills grounded in the ethics of applied human rights.

She presently serves as a Director on the Board of the Aboriginal and Torres Strait Islander Healing Foundation; and is a co-director within the Global Mental Health Research Alliance: —Australia—Timor Leste. Judy will continue with her commitment to developing a skilled trauma-informed workforce through accredited community based education and training programs, while also mentoring Indigenous research students to develop and lead in research critical to Indigenous needs.

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Abbreviations

AAVHTQ	Australian Aboriginal Version of the Harvard Trauma Questionnaire
AFSS	Aboriginal Family Support Services
CAMHS	Child and Adolescent Mental Health Service
EMDR	eye movement desensitisation and reprocessing
MOS Plus	Mobile Outreach Service Plus
NACCHO	National Aboriginal Community Controlled Health Service
PTSD	post-traumatic stress disorder
SEWB	Social and Emotional Wellbeing Program
SNAICC	Secretariat of National Aboriginal and Islander Child Care
VACCA	Victorian Aboriginal Child Care Agency

Terminology

Indigenous: Aboriginal and Torres Strait Islander and Indigenous are used interchangeably to refer to Australian Aboriginal and/or Torres Strait Islander people. The Closing the Gap Clearinghouse uses the term 'Indigenous Australians' to refer to Australia's first people. This term includes 'Aboriginal Australian people' and 'Torres Strait Islander people'.

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