



STARTTS

# Bouncing back?

## Treating trauma in early childhood

*The number of young children arriving in Australia is growing, and they and their families need increasing support to overcome their trauma. JOCELYN BARNETT spoke to ROSEMARY SIGNORELLI, the driving force behind STARTTerS, the early childhood clinic at STARTTS, established to better understand and treat the needs of young children at a complex and critical time.*

It's often thought that young children escape trauma relatively unscathed. After all, they don't talk about it. Also they may not have the language or cognitive development to describe or make sense of their experiences. Surely, then, if children fail to understand their trauma, they'll get over it. Haven't we all heard how quickly children bounce back? And isn't it the same for children who are refugees and asylum-seekers?

In the midst of political rhetoric, we often hear about children in detention or children on boats. Often they are used as tools to argue for or against one policy or another in an attempt to evoke a duty of care within the public or politicians: we must protect the vulnerable. Without denying their experiences, we may fail to understand what these children go through and how trauma shapes them.

Recognizing trauma in young children is often not straightforward. Rather than vocalising distress and disturbing thoughts, as an adult might, children may display a variety of disturbances.

Rosemary Signorelli, a counsellor at the STARTTerS early childhood clinic explains that "people may think because a child can't talk about traumas that they're not affected.

Children at the clinic, on the other hand, often

present with symptoms such as frequent sickness, headaches, stomach aches, eating problems, nightmares or sleep problems. They may have problems handling sensory input such as sound, touch, taste and sense of movement.

They may have changes in behavior, such as being withdrawn, or becoming more aggressive, or having a shorter attention span. They may stop playing with other children or adults, or they may become more distressed when separated temporarily from a loved one. These signs are primarily related to disruptions to normal development, and also to the changes that can occur in the structure and function of the brain when a very young child is exposed to trauma, especially in the parts of the brain that handle stress. The clinic's patients, typically aged up to six years, are in very sensitive, and often critical, phases of development. During this time, children acquire essential skills in overlapping stages. Failure to fully master one level can hamper successful development at the next level.

Consequently, a child whose development has been interrupted, by trauma for example, may have great difficulty acquiring the skills needed to function normally throughout their lives. Trauma can have such an impact that children may actually regress in their development. That is, a child who has acquired a skill may lose it in the face of traumatic experiences, so a child may begin to wet the bed although they had previously mastered this, or may become more aggressive than before.

The good news, however, is that with early intervention, adverse changes due to trauma can be reversed, and disrupted attachment with the traumatised parent can be repaired. Children can then continue towards normal development and regain skills that may have been lost. This is one reason why the STARTTerS clinic welcomes clients from infancy. Rosemary emphasises, however, that while early intervention is preferable, older children can similarly benefit from treatment.

In terms of traditional therapy, treating young traumatised children poses a challenge. In addition to the emotional stress a child feels, and other trauma related signs, therapists must deal with any apparent develop-

PHOTO:

mental delays. Furthermore, as children struggle to articulate the extent of their trauma, both to themselves and to others, effective intervention requires a degree of creativity. Traumatised parents may also have some difficulty in participating because they are exhausted, or in their culture they are not used to playing with their child.

In her sessions, Rosemary uses a variety of techniques, centered on music and movement, play therapy and sensorimotor activities. While creating a safe and accessible environment, all activities serve a therapeutic purpose. Play, for example, is an effective way to gauge how a child engages socially and emotionally, and gives a child the opportunity to express or re-enact the traumatic experiences.

Specifically selected music, movement and play activities serve the multiple purpose of working through sensory-processing problems (if the child is sensitive to noise or touch, for example), helping children to regulate their emotions and behaviours, and teaching children communication skills. Similarly dance and physical games may allow children to acquire or master motor skills. There is no “one size fits all” approach, and it is imperative to first get a personal history from parents to assess any existing problems, and constantly observe the child’s play and behaviours, so that activities can be adapted appropriately.

Parents themselves are also key players in a child’s recovery. At the STARTTerS clinic, they participate in the sessions with their children. This equips them with tools to facilitate a child’s recovery and development at home. Engaging and playing together reinforces the bond between caregiver and child, and this attachment is fundamental to any youngster’s wellbeing and recovery.

Indeed, the clinic sees many children with disrupted attachment patterns, and encouraging parents to engage with children through play can be an integral part of healing. A parent’s own struggle and trauma can often affect the way in which they relate to a child, particularly when a traumatised child also has greater needs.

Furthermore, young children who are unable to make sense of their experiences may try and understand through their caregiver’s behaviour. A parent’s own trauma may thus unintentionally exacerbate the child’s difficulties.

Although attachment is directly related to the carer-child relationship, it is important not to place blame on the parent.

“The reality is that everyone in the family has been traumatised, and the parents have gone to great lengths to seek safety and a good future for their children”, Rosemary says.

In fact, a parent’s participation in the child’s session can be mutually beneficial. “We talk about co-regulation where both the parent and the child are finding that ability to regulate their emotions and their physical state together”, explains Rosemary. By engaging their child, caregivers are also supporting themselves and enhancing positive attachment.

The caregiver’s willingness to participate in sessions may also be related to culture and cultural transition. In some cultures, for example, it is simply not the parent’s role to play with their children. For others, the transition to a new country may affect how they discipline or engage with the child. With such a vast range of cultures, it can be a challenge to develop and implement therapeutic activities.

Although the clinic attempts to engage communities, integrate traditional songs and language into sessions and address barriers through the use of interpreters, the therapeutic model is a Western one.

For this reason, Rosemary emphasises the importance of working with, and in, communities to better tailor programs to the needs of cultural groups. Research in this area has already begun with Karen and Mandaeen communities, and there is potential for further study in the future.

With an ever-increasing number of referrals, STARTTerSis exploring the best ways to expand and improve on the service. It is hoped that the program will collaborate more with preschools, partner organisations and health providers in the area.

The value of the STARTTerS early childhood clinic lies in its ability to reverse damage done by trauma, damage that could otherwise lead to a lifetime of mental and physical health problems. Therapists aim to facilitate development and to enhance recovery, community development and the carer-child relationship. In the complex world of trauma and displacement, the clinic places children firmly on the road to healing, health and normal development. R

**Trauma can have such an impact that children may actually regress in their development.**

# Opening old wounds: *the past is still raw for survivors of torture*

By Olga Yoldi and Richard Walker



CAPTION

In a speech to Parliament on September 11, Peter Phelps, a member of the Legislative Council and Chief Whip in the NSW Upper House, marked the 40 year anniversary of General Augusto Pinochet’s overthrow of Chilean President Salvador Allende.

“There are many who believe that General Pinochet was a reluctant hero, a morally courageous man,” said Dr Phelps. He went on, “We have to accept that sometimes it’s necessary to do bad things to prevent terrible things. It’s all too easy to say we believe we should never sanction dictatorship or that we should have no truck with evil, but such principles are foolish and self-defeating in the real world. Yes, Pinochet killed people and if you know of any way to overthrow a government other than military force then let me hear about it.”

Given that the Pinochet regime is widely regarded as an authoritarian dictatorship that used torture, disappearance and extra-judicial killings as a form of social control, Dr Phelps’ comments are indeed controversial. However, perhaps more damaging is the impact of the statements on the Chilean community in Australia.

On a daily basis STARTTTS sees the horrific and ongoing impact of torture and trauma, particularly that used as part of state-sponsored violence. Many Chilean-Australians are victims of the Pinochet regime who fled Chile and settled in Australia during the 1970s and 80s. Many of these refugees lost family members, witnessed terrible acts of violence, or were tortured themselves. The horror of those experiences is still very much present for those who survived and comments such as these can reopen old wounds and significantly impede the healing process.

STARTTTS has seen on many occasions how events like this can retraumatise survivors. Not only is it a reminder of their experiences, but it also invalidates

what they have been through. For the pain that they suffered under torture and with the killing of their family members, there was no trial and no bringing to justice of the perpetrator. General Pinochet was never made to answer for his actions, which had a catastrophic impact on so many people, and for those actions to be justified by a member of Parliament is deeply upsetting for the people who survived them.

The Chilean community have been understandably distressed, with the comments provoking protests and calls for Dr Phelps to be disciplined or sacked. In an open letter to the Premier, Chilean lawyer Adriana Navarro noted that “Mr Phelps’ speech has caused deep hurt in the hearts of the thousands of Chileans who suffered terrible atrocities during Pinochet’s regime, and reside in this community... By praising an assassin, he has caused many of my fellow Chileans to relive those terrible days.” Ms Navarro notes that she writes “on behalf of the thousands of Chileans in NSW who carry the scars of those horrifying times on their bodies and their souls, some of which continue to receive medical and psychological treatment”.

Dr Phelps has rejected the suggestion he condoned human rights abuses committed during Pinochet’s time as President, stating that he merely defended the removal of Allende from power. Nevertheless, such comments can have a powerful personal impact on torture and trauma survivors, even many years after the fact. It must be remembered that, in these circumstances, injudicious comments by public figures have real power to hurt.

For most survivors the physical scars of torture are only the beginning - it is the emotional scars that cut the deepest and last the longest. And it doesn’t take too much to tear open old wounds and bring to the present an experience that many would wish to keep in the past. R