Increasing evidence suggests that services which implement a trauma-informed approach which draws on ancient wisdom of Indigenous cultures are most successful in facilitating healing and recovery (van der Kolk, 2007).1 Furthermore, the connection to land, spirituality, community and ancestry are often seen as protective factors for Aboriginal and Torres Strait Islander people to help manage their wellbeing (Zubrick et al., 2010).2

Trauma affects every child differently depending on their age, personality and past experiences. Trauma can disrupt the relationships a child has with their family and school staff, as well as affect the development of a child’s language and physical skills, and their social and emotional wellbeing. The support and care children receive from the adults in their lives can help them cope with, and recover from, trauma. Some ways that trauma can affect children’s emotions, behaviour, attachment and memory are described on the following pages.


<table>
<thead>
<tr>
<th>AREA</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Emotions</td>
<td>Experiencing trauma can change the way that children understand, manage their emotions and relate to others.</td>
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<td></td>
<td>Emotions act as an early warning signal to a child’s brain to be cautious about what is about to happen. Emotions like fear help children respond when they are experiencing trauma in a way that keeps them safe from harm (for example, running away from danger). Children who experience trauma spend a lot of time in this state and they can struggle to feel calm, safe, and in control. This can affect how they learn about and process emotions.</td>
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<td>Children who have experienced trauma often have difficulty understanding their own feelings. They can find it hard to experience strong emotions (even positive ones) because in the past they were signals that a threat was coming. Also, strong emotions like shame can trigger memories of the trauma itself. Shame may have many different meanings to Aboriginal and Torres Strait Islander people, but is often used to describe things that people see as embarrassing or private; or that are associated with stigma and negative connotations. Wanting to avoid shame and embarrassment can also prevent Aboriginal and Torres Strait Islander children and families from seeking and receiving support when they need it. Accordingly, it's really important that school staff are aware of and sensitive to the things that can cause shame.</td>
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<td>Children who have experienced trauma also find it hard to develop a language to describe their emotions in a meaningful way, and understand the feelings of others around them. Under these conditions, children are sometimes not given the chance to develop empathy for others and do not always see the consequences of their own behaviour on their peers, siblings and family.</td>
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<td>Finally, research also shows that children who have experienced trauma are more vulnerable to developing emotional difficulties after experiencing trauma. When schools are aware of the effect trauma can have on children’s emotions and know what to look out for, they can help children and their families to get support when they need it.</td>
</tr>
</tbody>
</table>

**AREA** | **DESCRIPTION**
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**Behaviour** | Experiencing trauma can impact on a child’s behaviour. They might become quiet and withdrawn; or their behaviour might become more explosive, aggressive and unpredictable. They might damage furniture, or do things that could hurt others. Sometimes children may also engage in repetitive routines in order to help them to calm and soothe themselves and make themselves feel better.

Some of the behaviours seen in children who have experienced trauma include:

- **Sudden mood swings** — children might appear happy and relaxed one minute and then become frightened the next
- **Outbursts of temper** — sudden aggression or rage, including yelling and throwing things
- **Nightmares** — calling out in sleep, waking suddenly in the night appearing confused or frightened
- **Problems sleeping** — early waking, problems falling asleep, waking up frequently
- **Flashbacks** — appearing dazed or confused, a child acts or feels as if they are back experiencing (reliving) the trauma
- **Hypervigilance** — being startled easily, appearing ‘jumpy’, always paying attention to what’s going on around them
- **Anxiety or panic** — appearing scared, experiencing physical anxiety such as sweating, shaking, nausea, shortness of breath
- **Depression** — crying, sadness, no interest in playing with others or engaging in previously enjoyed activities
- **Dissociative experiences** — a child’s face and expression appears ‘frozen’ and they behave as if they are thinking intently or listening to something only they can hear, they appear not ‘present’ or ‘zoned out’
- **Problems communicating** — might be selective in whom they speak with.

Finally, along with emotional difficulties, research suggests that Aboriginal and Torres Strait Islander children are more vulnerable to developing behavioural difficulties after experiencing trauma. When schools are aware of the effect trauma can have on children’s behaviour and know what to look out for, they can help children and their families to get support when they need it.
Attachment is the emotional bond between a child and caregiver that is formed in order to establish a sense of security and safety. Secure attachment relationships provide children with a sense that someone will help them when they are distressed, and that they have a safe base to explore the world around them. Experiencing trauma can fundamentally alter a child’s attachment to the people in their lives. Children who experience trauma can find it difficult to trust other people, make friendships with their peers and develop relationships with adults in their life (including their teachers). This may mean that they are also reluctant to go to school. Children who have experienced trauma can find the school environment challenging and difficult to navigate. Trauma can affect a child’s learning, memory, relationships and behaviour, making it difficult for them to be at school.

It’s good to remember that even if a child experiences trauma or other adversities, having an adult who responds to their needs is a protective factor for their social and emotional wellbeing. Children are naturally geared to seek to have their needs met by their families or those close to them. One of the strengths of many Aboriginal and Torres Strait Islander communities is the kinship care system, in which a number of people often support and meet children’s needs. For example, Aboriginal and Torres Strait Islander children may seek nurturance from an Auntie, and seek boundary setting from a Grandfather. However, when a family has experienced trauma, a child may be able to turn to other adults to have their needs met if their normal care systems aren’t in the position to do so. This might be a member of the extended family (like an Auntie, for instance), family friends, or a member of the community. Children who have experienced trauma benefit from kinship care, because the relationships keep them connected to their family, community and culture; and support their healing from trauma.

Sometimes children who have experienced trauma can be overwhelmed by memories of it. Intrusive memories can impact on a child’s learning at school, as they interfere with their ability to retain chunks of information and develop their working memory and process such information. Often children try to avoid memories of trauma, because they are so frightening. However, some memories are intrusive and can impact on a child’s ability to form new memories and stories about themselves and their relationships. Children who have experienced trauma benefit most from relationships that provide the memory resources they may lack. Caring adults can act to help children to keep track of their moods, their beliefs, their qualities, and these safe relationships can support children to rebuild their own positive memories.