WHĀRAURAU
Empower the Workforce | Manaaki Mokopuna

Trauma Informed Care: From Māori and Pacific Perspectives Webinar
Key Themes from the Questions

How does intergenerational trauma occur?

Intergenerational trauma

- Definition: refers to the ways in which trauma experienced in one generation affects the health and well-being of descendants of future generations. Parents and whānau may have their own trauma experiences that impact on how they care for their children—Sangalang and Vang (2016).
- Other examples of intergenerational trauma include intergenerational poverty, family violence, racism etc.
- The effects of intergenerational poverty, family violence, racism and colonisation are examples of trauma that can occur across generations and across all cultures.
- Intergenerational trauma impacts all cultures, yet in Aotearoa for tangata whenua, these unacknowledged and unresolved challenges continue to have a residual influence on health and wellbeing. Similarly, for Pasifika the effects of intergenerational trauma may be experienced as a result of collective dislocation and also racism.
- Trauma due to disconnection from whakapapa knowledge where the term 'whakapapa trauma' has further been used to focus on the "layering" of negative post-colonial experiences that affect the safety and cohesion of traditional kin structures within Te Ao Māori.
- Impact on subsequent generations: Intergenerational trauma is passed down from one generation to the next. Colonisation, racism, and other traumatic events have impacted Māori across generations and have led to severed ties with whakapapa, separation from language and loss of cultural identity.
- In 2013, Hoosain found that:

    Intergenerational trauma can be defined as trauma that is transmitted to the next generation when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support to deal with it, the trauma will be passed from one generation to the next (Wesley-Esquimaux & Smolewski, 2004:2). Volkan (1996), using Freudian principles, coined the term the *transgenerational transmission of trauma* and argued that unresolved trauma of the past is transmitted from one generation to the next and thus develops the potential for fuelling future conflicts. Kogan (2012: 5-7) asserts that transmission occurs mostly unconsciously (p. 32).

Historical trauma

- Historical trauma is often the basis for intergenerational trauma. In Aotearoa New Zealand, Māori identity, economy, whenua, sovereignty, tikanga and reo were usurped by the English. If people don't have the opportunity to heal from trauma, they may unknowingly pass it on to others through their behaviour, which stems from inequitable access to education, employment, housing and other opportunities.
- First definitions of indigenous experiences of historical trauma:

    "Cumulative emotional and psychological wounding over the lifespan and across

> generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self- destructive behaviour, ... anxiety, low self-esteem, anger, and difficulty recognising and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised." (p. 7)
> (Maria Yellow Horse Brave Heart, 2003, as cited in Wirihana & Smith, 2014).

- Wirihana & Smith (2014) found that "the historical trauma framework provided a means for indigenous peoples to conceptualise the generational effects of colonial oppression on well-being and offered a process for understanding how it exacerbates post- traumatic suffering" (p. 198).

Can we get your explanation of each of the traumas typed up please?

Definitions of different types of trauma

Trauma is multifaceted, these terms explain the various ways trauma can impact tamariki and are often interconnected.

From Emerging Minds 2020. Emerging Minds is an Australian organisation that now leads the National Workforce Centre for Child Mental Health. Emerging Minds develops mental health policy, services, interventions, training, programs, and resources in response to the needs of professionals, children and their families. (https://emergingminds.com.au/)

Traumatic event:

A traumatic event is likely to involve either loss of life or a threat to life, loss of liberty or a threat to liberty, abuse, including emotional physical, or sexual abuse or neglect, and physical harm or a threat of harm.

A traumatic experience can happen directly to a child, such as being physically abused or a car crash, or it can be something they have witnessed, such as living in a home with family violence.

Relational Trauma:

Relational trauma, or interpersonal trauma, describes the distressing or overwhelming experiences that occurs within the important attachment, care-giving or trusted relationships in a child's life.

It almost always involves an abuse of power. Examples of this can include sexual, emotional, or physical abuse or neglect.

Relational trauma has a profound impact on a child, as the person they need to protect them is causing them harm. This damages the safe and supportive relationships that a child needs to develop well and to recover from traumatic experiences.

Community Trauma:

Community trauma events affect the whole community. These may include mass shootings, suicides, and natural disasters.

Events such as earthquakes, bushfires, storms, and drought can be particularly traumatic for many children, as they impact entire communities, involve significant damage and destruction, and often result in loss of property or life.

The effects of natural disasters are also felt long-term, creating adverse financial, social, and emotional living circumstances for many families for extended periods of time.

Developmental Trauma:

Developmental trauma refers to ongoing and repeated traumatic events, such as living in a violent household or continued neglect of a child's emotional or physical needs.

Developmental trauma also describes a child's experience of multiple or compounding adversities (e.g., a natural disaster, family violence following the disaster, parental divorce, shifting schools) that occur within a timeframe that does not allow for healing and recovery.

Burnout:

Burnout is being physically, mentally, or emotionally worn out, or feeling overwhelmed by our work. It can include emotional exhaustion, cynicism, and feeling detached.

Burnout is most likely to occur when you're working too many hours back-to-back, having too many responsibilities, being pulled in too many directions and things that usually feel easy and manageable are just too hard.

Studies have shown overwhelmingly that if you're a doctor, lawyer, teacher, "helping'' professional or senior executive, you're more prone to burnout than those in other roles. However, burnout can be experienced by anyone, in any role.

Compassion fatigue:

The cost of caring - when constantly caring for and supporting others, our ability to feel compassion and empathy is lessened over time.

Secondary trauma:

Secondary trauma is when someone is indirectly exposed to and affected by another's trauma. It can happen to anyone who listens to another person's account of trauma, and people who do so regularly are more at risk—social workers, doctors, lawyers, judges, clinicians, support workers. Symptoms include avoidance, hypervigilance, becoming overinvolved in cases, defensiveness and being overprotective of self, clients and whānau.

Vicarious trauma:

Vicarious trauma happens when a person starts to experience the signs and symptoms of another person's trauma themselves. When the practitioner enters the client's world to the extent that they lose their own perspective and experience the client's trauma as if it was happening to them. This can lead to workers feeling victimised by their work – a more direct impact than secondary traumatic stress.

What is the impact of trauma on the brain?

Biological impact on the brain

- Brain development in infancy and early childhood lays the foundation for all future development, including mental health.
- Repeated experiences, good or bad, imprint on our brain and create neural pathways.
- Trauma experiences lead to heightened stress responses in the brain and body that can impede the formation of other neural pathways needed for adaptive behaviour. (Perry, B.D. 1999)
- 90 % of brain development happens before tamariki start school. At birth the baby brain is a ¼ of the adult brain, by 3 years it's 80% of the size of an adult brain.
- https://youtu.be/ZLF_SEy6sdc Trauma and the brain - developed by Dovetail Queensland.
- At birth, the brain has all the neurons it will ever have, and it's those pathways or connections talked about in the video that make the difference.
- Brain connections are made through everyday experiences and a child's relationship with adults are the most important influences on their brain development.
- These interactions are often called 'serve and return', babies are wired to invite interactions- smiling, cooing, crying- and they provide an opportunity for adults to give attention and respond, creating a pathway.
- The more a pathway is activated, the stronger the pathway. These pathways become the basis for how tamariki see, interpret, and respond to the world.
- The bad news: Overwhelming evidence shows that exposure to chronic, prolonged traumatic experiences has the potential to alter a child's brain development.
- The good news: Most children will recover from experiences of trauma and adversity.
- While most children will recover from experiences of trauma and adversity, there is now overwhelming evidence to show that exposure to chronic, prolonged traumatic experiences has the potential to alter a child's brain development.
- This can lead to long-term effects in the areas of the brain that govern relationships, behaviours, development and learning milestones, and social and emotional wellbeing.

You have suggested that intergenerational trauma can be genetic – can you expand on this please?

Defining epigenetics and exploring cultural trauma

Lehrner, A., & Yehuda, R. (n.d.) Cultural trauma and epigenetic inheritance. *Development and Psychopathology,* 1-15. doi: 10.1017/S0954579418001153 Please note, the below information is taken from this article, the blue bits are our additions.

> "Epigenetics has been described as the means through which environmental influences "get under the skin," directing transcriptional activity and influencing the expression or suppression of genes. This complex environment-biology interface has shown increasing promise as a potential pathway for the intergenerational transmission of the effects of trauma." (p.3)

"There is a general consensus that parental and communal trauma affect development, but how this happens and what it means remain open questions."

"The emergence of epigenetics (the impact of the environment at a genetic level) as a potential biological mechanism for transmission of parental experiences has thrust these questions to the forefront of many academic and popular culture forums."

"The effects of parental trauma may influence male and female gametes (reproductive cells) prior to conception, foetal development in utero, and postnatal parenting and family environment, all of which may shape offspring biology and phenotype (the person we see)."

"It is strange, however, that the possibility of conservation and transmission of learning related to trauma from parent to offspring is most commonly assumed to convey vulnerability and damage."

"Transmission of cultural memory through rituals, symbols and practices serves to transmit learning and meaning, to allow future generations to understand the world and to respond adaptively. In many traditions, transmission of memory of important cultural events aims to convey a sense of identity, to forewarn and forearm future generations against threat, and to celebrate resilience and perseverance. It is interesting that the possibility that such memory might also be conserved at a molecular level, shaping expression of the genome, frequently becomes mired in a narrative of damage."

"The cultural narrative about what is being transmitted and what it means profoundly shapes the nature of the experience of offspring of trauma survivors (Mohatt, Thompson, Thai, & Tebes, 2014)."

"Western conceptions of mental health and wellness, and definitions of "normalcy," are culture bound, and reflect expectations of safety, trust, optimism, and happiness, among other things. To be affected by experiences that undermine these expectations can be interpreted as "maladaptive" or reflecting mental illness, and the sociocultural conditions that gave rise to such experiences and that may continue to shape experiences of later generations can be ignored. Yet these assumptions are widely unexamined in relation to discussions of the effect of cultural trauma on development and future generations."

Thinking about circuit breakers and intergenerational trauma, how have individuals managed to transcend?

How do we heal from trauma?

Lopez-Zeron, G., & Blow, A. (2017). The role of relationships and families in healing from trauma. *Journal of family therapy, 39*(4), 580-597.

- "Trauma should be treated as an event that affects everyone in the family and is nested in societal and cultural contexts."
- "Close relationships can maintain or exacerbate problems, but they can also be a powerful source of healing."
- "Systemic protocols that not only address intrapersonal difficulties, but also focus on survivors' relationships, are critical for healing in the aftermath of trauma."

- "Although sorting out the intrapersonal chaos caused by traumatic experiences is essential for healing, trauma is also a relational event that affects the individual survivor's inner state and their web of close relationships (Kerig and Alexander, 2012, Matsakis, 2013)."
- "Positive family support is often central to the survivor's recovery environment (Herman, 1997). Close relationships may provide the necessary support that can allow traumatised individuals to reconnect with themselves and others and engage in a healing process (Figley and Figley, 2009)."

Schultz, K., Cattaneo, L. B., Sabina, C., Brunner, L., Jackson, S. & Serrata, J. V. (2016). Key Roles of Community Connectedness in Healing from Trauma. *Psychology of Violence, 6* (1), 42-48. doi: 10.1037/vio0000025

- "Connection to community matters for those who have experienced trauma, yet many interventions do not build on, or in some cases, disrupt positive connections to community. This commentary examines Latino and American Indian/Alaska Native communities for examples of this disruption, and how those communities have responded with culturally specific interventions to increase community connections."
- "The mechanisms through which community connectedness operates in these examples include accountability, community norming, and belonging and identity."
- "Researchers and practitioners must consider how interventions impact community connectedness and increasing capacity for connection should be targeted in healing efforts."
- "We suggest more theorising on the mechanisms that potentially enable community connectedness to buffer the effects of trauma and implications for intervention. Community-informed efforts have the potential to be more effective and sustainable in reducing the impact of trauma on families and societies."

Goodkind JR, Hess JM, Gorman B, Parker DP. (2012). "We're Still in a Struggle": Diné Resilience, Survival, Historical Trauma, and Healing. *Qualitative Health Research,* 22(8):1019-1036. doi:10.1177/1049732312450324

- "Within Western medicine and psychology, healers have tended to focus on treating specific symptoms and/or eradicating disease, as opposed to holistic healing of a person within the context their family and community, which is typically the emphasis within indigenous cultures (Frank, 1973)."
- "Although in some ways these approaches stand in contrast to each other, many health researchers have noted that because the approaches are divergent, they can also be complementary (Davies, 2001; McCoy, 2008; Rappaport & Rappaport, 1981). "
- "Brave Heart (1998), in the United States, argued that healing for indigenous people also requires that historical trauma be addressed through a process of acknowledgement of the effects of historical events, followed by producing a catharsis [process of releasing, and thereby providing relief from, strong or repressed emotions, for example: 'music is a means of catharsis for them'] and processing grief in individual and collective settings. Although **Diné (Navajo)** cultural teaches caution against bringing up past suffering, there is evidence that understanding and transforming at the community/societal level are key aspects of traditional Diné healing."
- "Furthermore, Farella emphasised the centrality of acknowledgement in the healing process, which is also consistent with Brave Heart's (1998, 1999) approaches. According to Farella, the ceremony "transforms the patient back into a person" (p. 132). Beyond this personal

transformation, Farella added that societal transformation must occur, and that both of these require participation from the patient and community members."

- "In sum, recognising that resilience, survivance, historical trauma, and healing are important concepts within research, practice, and theory on American Indian behavioural health, we wanted to explore their local relevance, meanings, and implications for behavioural health services within one particular tribal community."

Trauma-Informed Health Care

Selwyn, C.N., & Lathan, E. (2021). Helping Primary Care Patients Heal Holistically via Trauma-Informed Care. *The Journal for Nurse Practitioners, 17*(1), 84-86. https://doi.org/10.1016/j.nurpra.2020.06.012.

Realizing

- Dedicating oneself to learning more about the prevalence and impact of trauma exposure on patients' health is an important initial step toward incorporating TIC (trauma-informed care) into one's own practice.
- The mechanisms linking trauma exposure and adverse health outcomes are multifactorial.

Recognizing

Once one realizes the prevalence and health impact of trauma exposure, the next step is to become able to recognise potential trauma signs and symptoms. Broadly, signs and symptoms of trauma may include intrusive trauma-related thoughts, persistent avoidance of memories or reminders of the trauma, negative alterations in cognitions and mood, and/or marked alterations in reactivity and arousal.

Screening

When initiating screening, consider the distinction between trauma exposure and trauma impact; trauma exposure does not guarantee adverse health impacts. To screen for trauma exposure, consider use of the ACE Questionnaire to assess for ACEs or the Life Events Checklist to assess exposure to a wider variety of potentially traumatic experiences during both childhood and adulthood.

Responding

Once a patient has completed the screening process, respond according to the guiding principles of TIC (i.e. safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and cultural, historical, and sex issues)

This is an opportunity to help patients better understand the symptoms they are experiencing and offer them hope for recovery. Provide feedback on the patient's screening results and validate their responses as follows: "I see you have experienced some potentially upsetting events (transparency). Thank you for being willing to share this information with me (safety and trustworthiness). Knowing how painful it can be to discuss such difficult experiences, we won't go into detail today (safety and transparency). I want to give you some information about what your responses may mean and how we can move forward (collaboration and mutuality). How does that sound? (safety, empowerment, and choice)".

Resisting Retraumatisation

- Retraumatisation is the process of experiencing traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experience.

- To resist retraumatisation, providers must also shift their understanding of patients' behaviours by consciously attributing a patient's 'difficult' behaviour to potential trauma exposure (i.e. 'this patient has been through a lot' instead of a personality flaw: 'this patient is rude and unappreciative').

Resiliency

Ginsburg, K. R., Jablow, M. M., & American Academy of Pediatrics. (2011). *Building Resilience in Children and Teens : Giving Kids Roots and Wings: Vol. 2nd ed*. American Academy of Pediatrics.

Seven C's of resilience in tamariki (Dr K Ginsburg, 2011) -- this was written for a school environment, and we have adapted it for wider use.

Competence describes the feeling of knowing that you can handle a situation effectively—

- Competence is built by recognising strengths, fair appraisals of actions and feedback, supporting decision making, believing in ability.

Confidence is a belief in our own abilities, and comes from competence—

- Confidence is built by focusing on strengths, assisting people to recognise success, honest praise, and recognising limits.

Connection is developing strong ties to family, friends and community—

- Connection is built by maintaining a safe and secure environment, allowing people to express emotions, building school spirit, addressing conflict openly.

Character is having a set of morals and values to determine right from wrong and demonstrating a caring attitude toward others—

- Character is built by showing how behaviour of one affects others, encouraging and recognising caring behaviour in people, calling out racist, sexist, hateful or stereotypes.

Contribution is about the importance of serving others and realising the world is a better place because of it—

- Teach people that contributing can improve the wellbeing of others and make themselves feel good. Model generosity with time, energy, and resources and create opportunities for people to contribute in a specific way, like volunteering or helping others.

Coping effectively with stress —

- Model positive coping strategies and assist people with activities that reduce stress: deep breathing, mindfulness, exercise, planning, looking after self (sleep, food, water).

Control is about people understanding that they have some agency in what happens based on their choices and behaviours —

- Assist people to learn that actions have consequences, discipline is fair, consistent and focussed on repairing relationship. Support people to learn how to regulate themselves when relating with others.

Individual responses to a history of trauma (substance misuse, behaviour, personality development)

Dass-Brailsford P, Myrick AC. (2010). Psychological Trauma and Substance Abuse: The Need for an Integrated Approach. *Trauma, Violence, & Abuse*, 11(4):202-213. doi:10.1177/1524838010381252

A growing body of literature shows a strong association between posttraumatic stress disorder (PTSD) and substance use disorders (SUD), highlighting the clinical and public health importance of understanding and responding appropriately to these co-occurring disorders (Breslau, Davis, & Schultz, 2003; Jacobsen, Southwick, & Kosten, 2001).

High rates of trauma exposure have been observed in both male and female substance-using populations (e.g., Karadag et al., 2005; Tamar-Gurol, Sar, Karadag, Evren, & Karagoz, 2008).

Adverse events in childhood have been correlated with the onset of alcohol use at an earlier age (Dube et al., 2006) and childhood trauma was found to be more likely to occur prior to alcohol and other substance abuse in adolescence (Waldrop, Santa Ana, Saladin, McRae, & Brady, 2007).

The Relationship Between Self-Regulation, Early Trauma, and Substance Abuse Emerging literature (Ford, 2009; Koenen, 2006) focuses on the effects of childhood trauma on brain development. The development of early neural networks depends on a combination of genetic information and external stimuli (Green, Crenshaw, & Kolos, 2010) and any number of variables may extend or limit the functional capacity of the brain during later stages of life (Helmeke, Ovtscharoff, Poeggel, & Braun, 2001). Early adverse environmental experiences can play a major role in arresting the self-regulation pathway (Ford, 2005). Offspring reared under stressful conditions are often insecurely attached and emotionally dysregulated. Trauma exposure activates the amygdala, which is connected to three self-regulatory systems; dysregulation in these systems is more likely to occur in young children, because inhibitory connections from the prefrontal cortex to the amygdala are still in a formative stage (Ford, 2005).

Dysregulation of the stress response system as a consequence of early traumatisation has been found to contribute to the earlier onset of alcohol and drug use and heavier drinking compared to trauma experienced in adulthood, with survivors of childhood trauma reporting onset at least two years earlier for consuming alcohol for the first time and approximately 7 years earlier for those who become heavy drinkers (Fisher, Gunnar, Chamberlain, & Reid, 2000; Waldrop et al., 2007)

Smith, D. K., Leve, L. D., & Chamberlain, P. (2006). Adolescent Girls' Offending and Health-Risking Sexual Behaviour: The Predictive Role of Trauma. *Child Maltreatment*, *11*(4), 346–353. https://doi.org/10.1177/1077559506291950

In summary, our results contribute two main findings to the existing research base. First, they corroborate previous research findings that delinquent girls have high rates of trauma experiences and PTSD symptoms. Second, they suggest that experiential measures of trauma are significant predictors of delinquency and involvement in health-risking sexual behaviour. These findings highlight the possibility that measuring girls' traumatic experiences might be an effective method of identifying those who are at the greatest risk for negative outcomes. By identifying girls who might benefit from trauma treatment services (even in lieu of diagnostic symptoms), such experiential trauma measures have the potential to guide prevention and intervention efforts to decrease

negative outcomes that affect the health and well-being of delinquent girls, the safety of the community, and the well-being of delinquent girls' offspring.

Duffy, P.M. (2021). ***Childhood adversity and the development of depression, personality, and trauma related disorders.*** **[Doctoral thesis, University of Edinburgh]. Edinburgh Research Archive. https://era.ed.ac.uk/handle/1842/38280**

Research has captured the direct relationship between Adverse Childhood Experiences (ACEs) and the development of mental health disorders in later life. Potential mediators of this relationship are less well understood however there is emerging evidence that attachment, mentalisation and interpersonal difficulties may influence this relationship across a diverse range of depression, personality, and trauma related disorders.

Across all studies, results were reported which suggest insecure attachment may play a role in the development of depression, personality and trauma related disorders following childhood adversity. In the empirical study, serial mediation analysis demonstrated that interpersonal problems and deficits in reflective functioning, specifically hypomentalising, better explain the relationship between childhood adversity and depression. This hypothesised model builds on the established direct link between childhood adversity and depression to provide an improved understanding of the trajectory.

Results from the systematic review indicate that insecure attachment may be involved in the development of mental health difficulties following childhood adversity. Suggestions include adopting an attachment-based perspective to prevention, treatment, and governmental policy.