

# Caring classrooms

A guide to understanding traumatised children and young people—for parents and the school community



Published by the Child Safety Commissioner, Melbourne, Australia,  
June 2010

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Printed by Vega Press

# Foreword



*Calmer classrooms: a guide to working with traumatised children* was written in 2007 to assist kindergarten, primary and secondary teachers and other school personnel to understand and work with children and young people whose lives have been affected by trauma, in particular by trauma from abuse and neglect.

I acknowledge that parents may find it difficult to understand the problematic behaviour of other students within the classroom that may affect their own children's concentration and learning.

*Caring classrooms: a guide to understanding traumatised children and young people—for parents and the school community* has therefore been developed to similarly help parents and others within the school community to better understand and (where possible) assist young people within their children's school who have been affected by trauma. By doing this we hope that school communities will come to accept all children. We hope that the children themselves will have better experiences at school, and forge a meaningful connection to their school and its wider community.

The effects of abuse and neglect can have a significant impact on the development and learning ability of children and young people. Positive outcomes in their lives are made more likely through the wider school community coming to a better understanding of these issues and knowing ways to deal with them; and building relationships.

Providing opportunities for positive, sensitive interaction within the school community will build the resilience of young people who have lived through trauma, and provide them with hope.

A handwritten signature in black ink, appearing to read 'Bernie Geary'.

Bernie Geary OAM  
Child Safety Commissioner

# Acknowledgements

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The author would like to acknowledge her colleagues from Take Two, particularly Annette Jackson, Shaun Coade and Lisa McClung, whose work has contributed to this booklet.

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Change comes about through  
compassionate healing  
relationships, patience, high  
expectations and inclusion.

# Section one

## Introduction: what can parents do?



## Background

This booklet is one of a series of resources that helps to explain the impact of trauma on children and young people. This suite of resources has been written for teachers, professionals and now parents, carers and members of the school community.

## Using this guide

Following this introduction, Section two provides some explanations and advice for members of school communities, particularly parents. The third section is a series of stories about children which may help parents to understand the experience of the traumatised child. Readers may want to begin by reading the stories (pages 9 to 23).

## Who should read this booklet?

*Caring classrooms: a guide to understanding traumatised children and young people—for parents and the school community* aims to help parents and carers of other (non-traumatised) children to understand why some children who have been hurt by abuse, neglect or other trauma behave in distressing or worrying ways.

It should also assist parents to respond positively to children whose behaviours are sometimes difficult, and help their own children (and school) to respond positively. The aggressive and disruptive behaviour sometimes shown by such children can be very worrying to parents of other children—who may be concerned that their own child's learning will be disrupted or that their child will be hurt. Some children who have been traumatised end up excluded from schools because of their behaviour and the impact of their problems on other children. Our hope is to help school communities understand the experiences of traumatised children and that all school communities will work towards acceptance of all children.

## An important note

- Not all children with behavioural or emotional problems have suffered child abuse or neglect.
- Children may have other problems—such as autism spectrum disorders, medical or mental

health conditions—that make it hard for them to concentrate, or to behave in normal ways.

- Some just have difficult temperaments.
- Not all traumatised children have been abused or neglected.
- Some may have experienced other trauma such as having been in a war, or a refugee camp, or experiencing necessary but painful and frightening medical procedures.
- Others may have been caught up in a bushfire, or serious car accident, or have lost loved ones in traumatic circumstances.
- Not all children who have suffered from abuse, neglect or other trauma will display behavioural problems.
- **It is important to respond to each child as an individual.**

## Doing the best they can

The majority of children whose emotions and behaviours impact on their own learning and that of others in the classroom will have identifiable reasons for being as they are. While these children are doing the best they can, we can always help them to do better.

*If a child whose life has been disrupted by abuse and neglect can form a positive attachment to their school, and rely on the school community to help them feel secure in the world, they will be able to learn and grow.*

## Hope and resilience

- Children who have been hurt by trauma can build **resilience** through the **care and attention of adults in their lives**.
- They can settle into a school and a classroom where they **feel understood and are nurtured**.
- These children need to know that there will be **consequences for hurting or frightening others**, or disrupting classrooms.



- They need firm limits and for the adults around them to **provide structure, containment and acceptance**.
- If a child whose life has been disrupted by abuse and neglect can form a **positive attachment to their school, and rely on the school community to help them feel secure in the world**, they will be able to learn and grow.
- Teachers and members of the school community can **make a difference**, by offering experiences that help children to feel good about themselves.

*Schools are communities, and the best schools are healthy communities which focus on the health, development and inclusion of all children.*

### **Staying strong**

- Teachers and others working with traumatised children need to be strong, to **control and manage their own emotions** and responses to the child with difficult behaviours.
- **Staying calm enough** to keep on thinking while dealing with an angry, out of control child will help that child calm down and get back in control of themselves.
- **School staff need the support of the whole school community to be able to do this**, and parents can help.

### **Responding positively**

- As mentioned above, this booklet should help parents and carers of other (non-traumatised) children in schools and pre-schools to understand and respond positively to children who have experienced trauma.
- Parents can then help their own children to respond positively.
- *Caring classrooms: a guide to understanding traumatised children and young people—for parents and the school community* also suggests that other parents can support teachers and the school to hold on to and

manage difficult children without rejecting them (and thus adding to the layers of difficulty they carry through life).

- It can be very difficult for other children and their parents to cope with the behaviours of traumatised children. However, the way other children and the school community respond to such children can make their problems better or worse.
- **Schools are communities**, and the best schools are **healthy communities** which focus on the health, development and inclusion of all children.
- Parents of children who have had issues of abuse, neglect or other trauma may also find this booklet helpful, as it may increase their understanding of their own child; and if necessary they may seek assistance and support. It may also be beneficial for foster parents who are caring for children with trauma histories, and it may also be of interest to children and young people themselves.
- Parents may wish to read it with their children, to help them make sense of difficult things that may have happened in their lives.

*This booklet will assist school communities to recognise and develop those skills and capabilities—so that all children can achieve socially and academically, and participate fully in school life.*

### **Noticing hidden talents**

Children and young people who have experienced trauma—no matter what the cause—will often have **hidden skills and capabilities** that may have been overlooked in the worry and concern for their health and development. Hopefully this booklet will assist school communities to **recognise and develop those skills and capabilities**—so that all children can achieve socially and academically, and participate fully in school life.

## **Stories help us understand**

This booklet has been written as a series of **stories about children and young people**, to show how trauma and disruption affect children, and how schools can help. These stories are fictional, but are based on real case studies of children and young people whose lives have been touched by trauma.

## **Partnerships for education**

- The children described in these stories range in age from three to 14 years. Older adolescents (up to 16 or 17) living within the child protection and care system, who have been affected by trauma, and whose difficulties have made it hard for them to attend mainstream school, may be supported in alternative education settings. However, they may have no access to education at all.
- It is important for school communities to strive toward understanding and the **inclusion of all young people** who want to continue their education, and to **provide the support for them to do so**.

- There are many wonderful partnerships between education and non-government organisations which provide appropriate settings for traumatised young people who simply cannot cope with mainstream schooling: these may continue to be necessary no matter how well schools are structured to assist children.

## **Setting firm limits**

- In dealing with traumatised children the tendency is either to be lenient and excuse bad behaviour (because the child has had a difficult life), or to come down hard and shame or reject the child and their family.
- It is much better to **set firm limits** that tell everyone that **certain behaviour is not acceptable—using whole school approaches to safety and non-violence, while also encouraging compassion, care and support**.

# Section two

## Understanding and taking action



The stories in Section three (pages 9 to 23) of this booklet are designed to help you to understand the experience of the traumatised child, and some of the impact of that trauma on the child's development. Understanding leads to compassion, and that is what these children need from their communities.

Having read the stories, the next time you witness an event involving a child with problems and/or their family, or have to help your own child understand something like this, you will be able to draw on this information to know that:

- children adapt to their environments, and their behaviour reflects this
- the child's survival has often depended on them adapting to their environment
- in general the child is doing the best they can under the circumstances
- in most cases the parent is not uncaring, but has had bad experiences. They are often products of problems passed from one generation to another
- while it can be hard for a child to change (and harder for adults), it is possible—with good support, education and counselling
- change comes about through compassionate healing relationships, patience, high expectations and inclusion
- change comes about as the child begins to see themselves as valuable, lovable and worthwhile.

### **How can I help?**

Ways in which you can help fall into three groups:

- your child
- your child's classroom
- your child's school.

## Talking to your child and deciding what to do

Your child may come home and want to talk about another student whose behaviour is worrying them.

- Encourage your child to talk to you about all their worries, as this will enhance your relationship with them.
- Take the issue seriously. Using gentle questions, try to get the full story about what happened; e.g. where were you when this happened? Was anyone else with you?
- If it does not seem to be a serious issue, try to steer your child away from complaining about others.

If the incident was serious, you might approach it differently depending on whether or not your child was involved.

Keep an open mind, children often see things from their own point of view.

**Remember:** There are always two sides to every story.

## Serious incident: your child was not involved

If your child was not involved, but may have seen an incident, get a full story of what happened.

- Was your child upset or frightened by the incident?
- Does this child make them feel threatened or anxious?

Depending on the circumstances you may want to do some of the following:

- If your child was upset by witnessing the incident, then inform the principal.
- You should work with your school to develop a safety plan for your child that will support them to feel safe, less anxious and supported in school.
- Discuss with your child, in a way that is appropriate for their age, that not all children have easy and safe lives, and that sometimes not being safe at home or previous experiences make children behave in unsafe ways at school. Explain that not being safe makes it hard for children to join in games and play happily with others.

## Serious incident: your child was involved

Your child might have been directly involved in an incident or making the situation worse, by:

- excluding the other child from play
- saying nasty things
- bullying, teasing or put-downs.

Remember that children can get caught up in a group reaction to a child who seems different, and may not behave as they would if they were alone or at home.

All schools must develop policy and procedures to address complaints and concerns in collaboration with parents and school communities. For further details see the Department of Education and Early Childhood Development guide *Addressing parents' concern and complaints effectively: policy and guides* which can be accessed via the website at [www.education.vic.gov.au](http://www.education.vic.gov.au).

If you think your child might have been involved, gently help them to do things differently—particularly if this behaviour is out of character.

*Why do you think Jamie got so angry?*

*Is there anything you and the other children could have done so that Jamie didn't get so angry?*

*Could you have done anything to calm things down before they got out of control?*

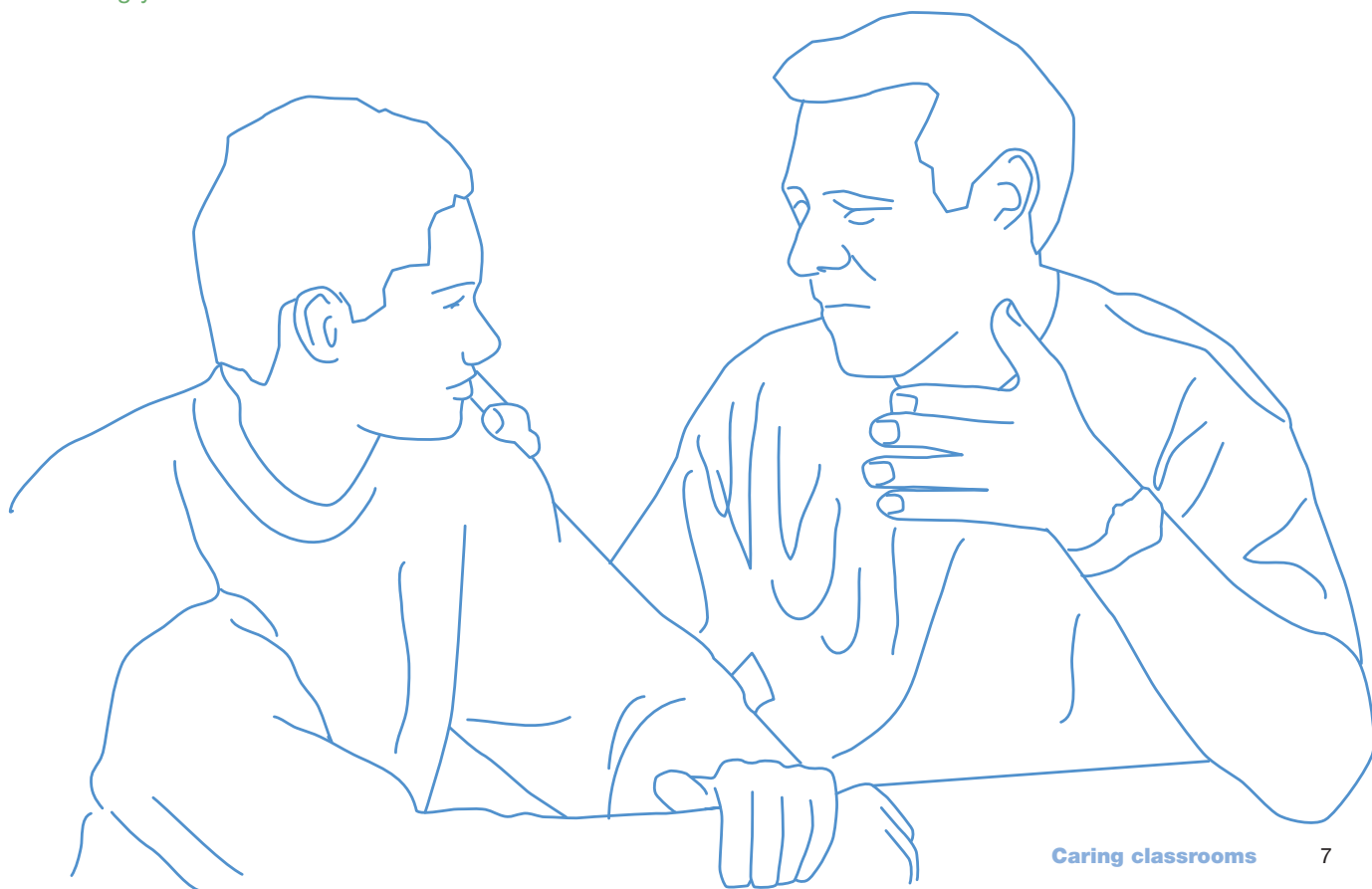
*If you were Jamie, what would you like to happen in the playground?*

*What do you think you could do to help Jamie when he gets upset?*

If you begin to think excluding or bullying other children is normal for your child you may want to try to help your child understand that bullying hurts others and it is not appropriate behaviour. You may also want to set consequences for the behaviour, or talk to the classroom teacher about your concerns. If you are worried your child is provoking others, or bullying, speak to the school counsellor or seek other help.

## Making a difference: your child's classroom

- Discuss the situation with your child's classroom teacher, and ask for advice or if you can do anything to help.
- Try to keep things in proportion and not overreact to the situation.
- Make sure the child with difficult behaviours is well supported.



- If possible, ask the classroom teacher to find a way to explain why the child with difficulties is behaving this way. For examples use picture story books such as *When Lester lost his cool* by Sophie Havighurst or see other picture story books available at [www.peoplemaking.com.au](http://www.peoplemaking.com.au)
- Check to see if the classroom teacher knows about *Calmer classrooms: a guide to working with traumatised children* and refer them to the Office of the Child Safety Commissioner website if they want to obtain a copy ([www.ocsc.vic.gov.au](http://www.ocsc.vic.gov.au)).

## Making a difference: your child's school

Through the parents' committee or school council, try getting involved in the school community and understand the whole school approach to wellbeing.

Read about trauma and attachment disruption, and the impact they have on child development and learning. Encourage your school to increase greater understanding and better services for traumatised children, as the safety of children is a community responsibility.

### The whole school approach

Schools which invest in whole school approaches to safety and non-violence will have clear frameworks to educate children in socially acceptable and health-promoting ways of dealing with emotions, conflicts and behaviour. Schools using these ideas will be well set up to manage children who have been traumatised by abuse, neglect or other experiences, and will also have the structures in place to support other children, parents and members of the school community who may be affected by the behaviour or distress of the traumatised child.

The health-promoting school approach provides a framework for effective health practice within a school setting. The World Health Organisation model illustrates this as the integration of three core areas (see Figure 1).

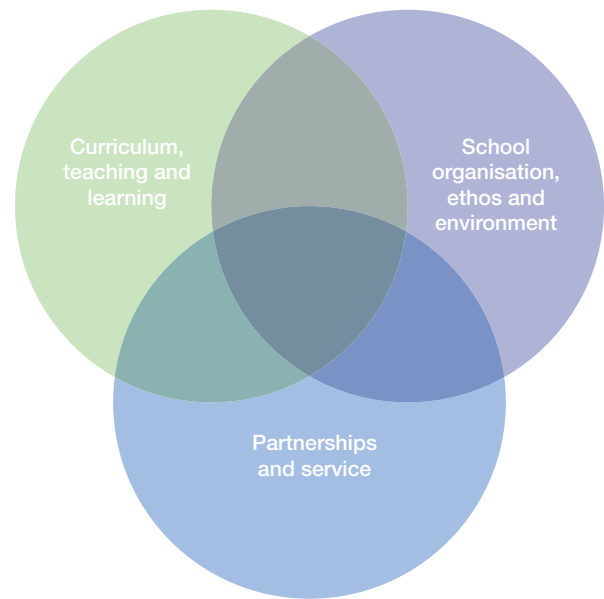


Figure 1: Curriculum, teaching and learning

### Curriculum, teaching and learning

The formal curriculum includes what is taught and how it is taught. Health and wellbeing can be achieved through collaboration across key learning areas, encouraging student-led participation and employing teaching styles and methods that empower students.

### School organisation, ethos and environment

The 'feel' of the school includes the physical and social environment: ideally this should provide a safe, fun and stimulating place for work and play. The physical environment includes the playground and classrooms and covers environmental health issues such as shade structures and toilets. The social environment refers to school policies and the ethos of the school; for example whether it has safe play, non-violence and anti-bullying policies. These policies may include ways for students to let school personnel know about personal safety worries.

### Partnerships and services

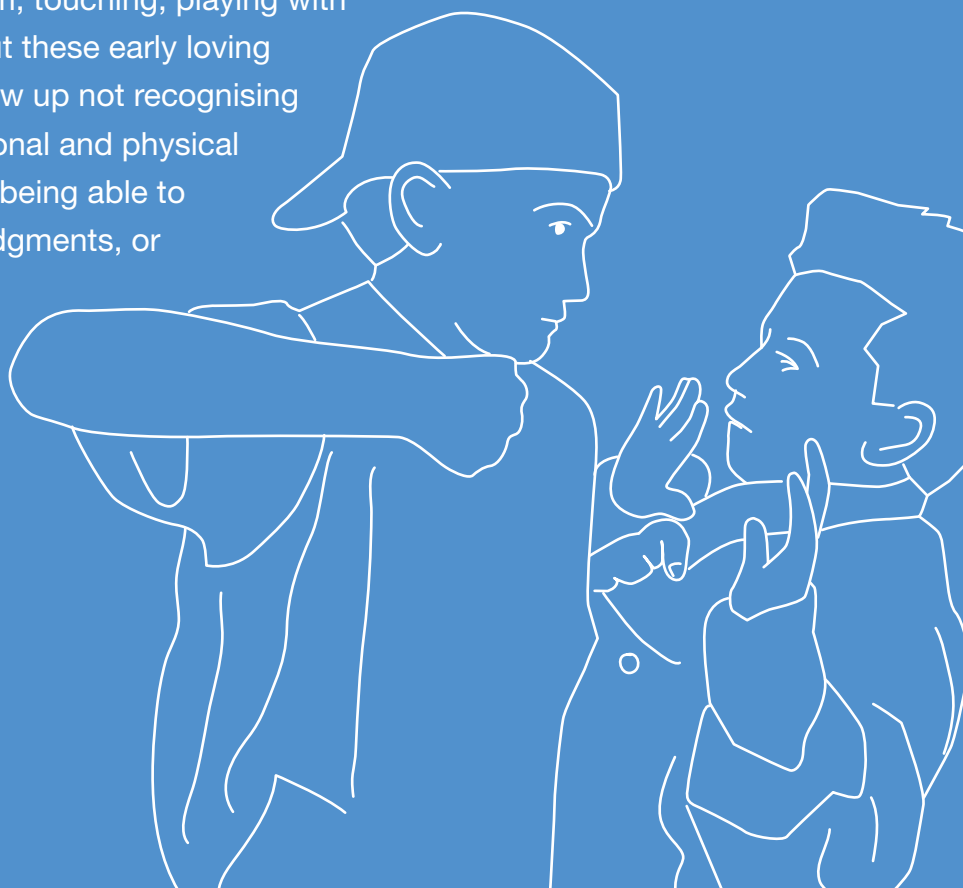
The health-promoting school framework also covers mutually supportive links between schools and their wider community: parents, local businesses, governmental and non-governmental organisations (*adapted from:* [www.health.nsw.gov.au/public-health/health-promotion/settings/schools/whole-school.html](http://www.health.nsw.gov.au/public-health/health-promotion/settings/schools/whole-school.html)).

# Section three

## The stories

The stories that follow are fictional, but are based on real case studies of children and young people whose lives have been touched by abuse and neglect. For many of these children there was an experience of early neglect, which can cause profound difficulties, overlaid with experiences of abuse, which cause problems as well. Some children experienced abuse and disruption to their relationships with parents or caregivers.

For all of them, early security was compromised. Infants and young children need to be soothed when they are distressed, and when caregivers provide this, children build up a protection against stress. Caregivers help the child to know their own feelings by giving words to their experience (oh, you look tired, what a beautiful smile, you look so happy, you're really upset now). They help the child to regulate themselves physically and emotionally by nurturing and holding them, touching, playing with and comforting them. Without these early loving interactions, children can grow up not recognising or understanding their emotional and physical states and consequently not being able to make good decisions and judgments, or to manage strong emotions.



# Jasmine finds connection with her grandmother

Jasmine at almost four years of age was a quiet, distant child who didn't like to be cuddled and was delayed in many developmental areas. She was born to Jane and Doug and remained in their care for her first eight months. Jane has a mild intellectual disability of unknown cause, and Doug was using heroin at that time. **It is likely that her parents were both unable to meet Jasmine's physical or emotional needs**, and she was surrounded by frequent outbursts of anger and conflict between her parents, and episodes of violence by Doug.

As a small infant **Jasmine had been left in her cot for long periods of time**, as her parents were unskilled and under-educated about parenting. Doug was frequently using heroin, and did not pay attention to Jasmine when he was 'high'. However, when he was coming down from drugs, or couldn't get access to any, he found her fussing and crying unbearable. He often yelled, smacked and pinched her in an attempt to get her to be quiet, and sometimes hurt her badly.

Jane took Jasmine to hospital at eight months of age stating that she couldn't get her to eat or drink. Jasmine was extremely underweight, dehydrated, listless and had extensive scarring from nappy rash. **Medical examination also uncovered several old fractures to her ribs and stress fractures around one knee.**

At this time Jasmine was placed in the care of Jane's mother Rhonda, who also had four of her own teenage and young adult children living with her. Rhonda had always tried to support Jane and continues to provide emotional and practical support to her. There was an investigation which found that Doug had caused the fractures, and Jasmine was placed permanently with Rhonda. Doug spent time in jail for assaulting Jasmine.

Rhonda said that Jasmine responded well to her care, recovering physically quite quickly, although she was never cuddly and did not like to maintain eye contact. Rhonda had no specialist help with Jasmine when she was first placed with her. She was told that Jasmine's delayed development was probably similar to Jane's, **and that she would not suffer from any trauma as she was too young to remember.** These statements turned out not to be true.

At kindergarten Jasmine engaged in some activities but was often on the outer with other children. She had trouble playing with others and found sharing difficult. Jasmine was quite poorly coordinated and she noticed that other children could run and climb in ways that she couldn't, which made her unhappy and also made her lash out at others. **She had many outbursts of anger, and would spit at and bite other children. At other times she was very quiet and withdrawn, appearing to be 'in her own world'.**

Each time an infant is left cold, hungry, dirty or unattended this experience triggers a fear response, which turns to terror if it goes on for long. This fear or terror will have the same effect on the brain and body of the child as the fear caused by abuse.

The terror from being left alone is also compounded by the lack of stimulation often seen in neglect, which slows brain growth and social development.

Trauma overwhelms our ability to cope. The fear and feelings of helplessness brought on by terrifying experiences cause ongoing harm, as well as any harm done by actual physical injury. This is made worse by an infant or child's dependency on the person who may have caused the fear and pain. Children are harmed by the fear brought on by trauma, even when they do not remember the event.

Children learn to manage their emotions and reactions in early childhood by having a loving caregiver who 'lends' them their own self-control and ability to self-soothe. When children miss out on this they can have problems 'regulating down', managing extreme emotions of rage and distress, but also can find it hard to 'regulate up', to find excitement and joy in daily life.



Rhonda loves Jasmine and cares for her very well. Jasmine reminds her of Jane as a toddler, although she says Jane was much more responsive and loving. **Jasmine often seems to keep Rhonda at arm's length as if she feels uncomfortable with closeness.**

Jasmine's language development was also quite delayed. She found it difficult to find words to express how she felt or what she wanted. This makes it difficult for her to interact with others.

Not long before her fourth birthday, Jasmine was assessed by a clinician, who fortunately knew a lot about early neglect, trauma and attachment. The clinician then spent a lot of time with the pre-school staff setting up an intensive program for Jasmine and several other children who had been identified with developmental delays or other problems. This program included sensory enrichment, massage, dance and rhythm, and included the children's parents or caregivers. Jasmine started speech therapy as well, to assist with her language development.

The clinician also worked with Rhonda and Jasmine to help them get more connected with each other. This work took Jasmine right back to early infancy—to the interactive play she never experienced at that stage—and recreated patterns of soothing, stimulation, connection and nurturing that Jasmine had missed out on.

A close, warm and loving parent-infant relationship builds attachment. Attachment is the system that all infants and their caregivers develop to keep in close and caring contact. This protective relationship assists the child to acquire the security necessary to develop regulation, explore the world and become socialised. Through their experience of secure attachment infants come to have a positive expectation of relationships. Secure attachment allows the child to form warm and close relationships.



The aim was to develop a secure pattern of attachment between Rhonda and Jasmine, **to help Jasmine begin to trust in herself and the world**. This also works to rebuild the neurological pathways that will help Jasmine to learn, to be in relationships and to manage her own emotions and behaviour.

The clinician also spent some time with the other parents at the pre-school, explaining why some children who have been neglected or abused behave the way they do. This helped the parents to feel easier about letting their children interact with Jasmine and the other children with problems, and allowed them to see and celebrate the changes in the children as they occurred.

Now, 18 months later, Jasmine at five and a half has responded well to these interventions. She is much less aggressive to other children and finds it easier to join in their play. Her coordination has improved through the massage and dance program, and her language development is coming along in leaps and bounds. Her relationship with her grandmother is much stronger, her eye contact is better and she easily turns to Rhonda for help and comfort when she is hurt or upset, which she hadn't done before. Rhonda reports that Jasmine will now cuddle with her spontaneously, she initiates conversation and is developing a good sense of humour. Jasmine is getting ready to go to school next year, and it is expected that she will continue to learn and grow alongside her friends.

Jasmine has caught up a lot developmentally and Rhonda now knows she can mostly expect normal behaviour and development from her, even though there are some times when she struggles. This expectation helps keep Jasmine on track.

In early caregiving relationships children grow to know love, to depend on that love and to come to the conclusion that they themselves are fundamentally good and worth loving. Without a good experience of early love, children's brains don't develop the pathways they need to understand the social world, to understand the rules of relationships and to gain strength from the pleasure of healthy touch, healthy talk and healthy play.

**In summary, Jasmine experienced:**

- physical neglect—not enough food, warmth, cleanliness or soothing touch
- emotional neglect—not enough stimulation, talk, soothing and comfort
- trauma—terror caused by physical assault
- not enough help for her caregiver to understand Jasmine's problems as a neglected infant.

**The interventions that helped were:**

- a thorough assessment
- assistance with coordination and self-regulation and speech and language
- therapy with her grandmother to build a stronger attachment relationship.

# Michael's teacher takes an interest

Michael, nine years of age, is an Aboriginal boy born to Vivien and Charlie. He has two older half-siblings who live with their maternal grandparents and have intermittent contact with him. About four months ago he was placed in the care of a family with an Aboriginal mum, Cheryl, and non-Aboriginal dad, Pete, who live in the same town as his birth family. They have three older children, 14, 17 and 20, all living at home.

Michael has many delightful characteristics including a good sense of humour and an enjoyment of life. At Cheryl and Pete's, however, he can be oppositional and at times is aggressive towards them and the older boys. He seems closer to Pete than to Cheryl, and even though she tries really hard to give him the love and warmth she gives her own children, **he constantly pushes her away**.

Michael's current difficulties exist within a history of trans-generational trauma and abuse. Michael's grandmother, Violet, was taken from her mother when she was only three and sent to live in a children's home in South Australia. Conditions in the home were very harsh; she was beaten for any disobedience and never cuddled or comforted. She never saw her mother again, as she died before Violet had a chance to find her. When she was 13, she was sent to live as a maid in a household where she was treated very badly and sexually abused by an older boy in the family. She became pregnant at 16 and was thrown out for having 'poor morals'. Violet went on to marry and eventually raised five children, one of whom was Vivien. **Violet struggled to parent her children** as she had no experience of being parented herself past the age of three, and also carried enormous grief and trauma from that time.

Vivien's father, a white man, was an alcoholic and would regularly beat Violet and the children. Vivien herself turned to alcohol and drugs in her teens and developed a mental illness in her early twenties.

Charlie's family, on the other hand, had all been moved to a mission interstate when Charlie's grandfather was a young boy. The family was moved from their traditional lands to make way for agriculture and settlement. They found themselves a long way from home, and forced to live closely with families from a number of other regions. Charlie himself grew up in a town not far from the mission, and witnessed a lot of community violence and fighting. Charlie's mother killed herself when he was eight years old, and **he started drinking alcohol at 11 to try to forget the pain he felt at losing his mother**. He was an alcoholic by the age of 15.

All through his early life, Michael had witnessed significant family violence and had been the victim of neglect, and ongoing physical

Some traumatised children will find it very difficult to accept love from a new carer when they are grieving for the love they didn't receive from their own parents. This is sometimes acted out with the caregiver of the same sex as the parent who let them down the most, in their eyes.

Parenting is a significant issue for many Indigenous parents and caregivers: the government policies that created the Stolen Generations have interrupted traditions of good parenting.

'Most forcibly removed children were denied the experience of being parented or at least cared for by a person to whom they were attached. This is the very experience people rely on to become effective and successful parents themselves.'

Human Rights and Equal Opportunity Commission, 1991

Traumatised children often lack the capacity to regulate their own emotions and reactions, and as they grow older this can become even more difficult. Some traumatised people self-medicate to try to get some relief and to establish some control over their distress and emotional pain. Drugs, alcohol, inhalants and other substances are commonly used by people living with the aftermath of trauma. Some people who experience painful thoughts, memories and feelings often use substances to numb that pain, or to get to sleep at night.

and emotional abuse. He has had many out-of-home placements, including several periods in the care of an auntie and uncle, and a brief number of short-term foster placements. Michael has not seen his mother, Vivien, since he was five. She has many physical and mental health problems, and her whereabouts are currently unknown. It appears that Michael's father, Charlie, was very violent to Vivien, with past police reports indicating significant injuries to her body.

Michael was removed from his father's care following an assault by Charlie in which Michael sustained a fractured skull, and currently his father is not allowed to have contact with him. Michael appears confused and anxious about his situation; he wants to be with his family and does not understand why he can't see his father. His carers believe that he has 'many feelings bottled up' inside. He often says things that indicate to them that he hates himself and that **he blames himself for the assault by his father and for his family breaking up.**

At school, Michael is easily distracted and struggles to stay on task. **His marks are well below average, even though his intelligence is not.**

Michael's teacher describes him as a likeable boy, but one who 'attracts trouble'. He is liked by other children, although his friendships appear somewhat superficial; for example, he often acts as the class clown and makes everyone laugh. Michael has increasingly displayed aggressive behaviours during playtime and **some children are beginning to become wary of him.** Michael has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and is on a high dosage of medication for this.

Michael has been fortunate to remain in the same town and the same school, even though he is now in foster care. As he began Grade 3, his teacher, who had also taught him in Grade 1, noticed how he had not progressed in reading and writing, and how angry and frustrated he seemed. He also noticed Michael had few friends compared to when he was younger.

The teacher decided to work with the whole class on friendship, safe behaviour and talking about feelings. He also contacted the Aboriginal liaison officer for the school to spend some time in the classroom with Michael and the other Aboriginal children in that class. The liaison officer got in touch with some of the local elders, who started coming to the school **to teach the children about Aboriginal life, culture and spirituality.** They started a story circle to help Michael and other children to begin to enjoy stories. This helped Michael to try again to learn to read.

The liaison officer also got in touch with a local Aboriginal agency, where a counsellor was found to help Michael talk about his feelings toward his family and his carers. The counsellor sometimes worked with Michael on his own, and also helped him develop a better relationship with Cheryl and Pete. After a while Michael was able to talk about missing his mum and his belief that he had made his mum

Children who are separated from their parents due to abuse and/or neglect have to undergo a massive reorganisation. They have to adjust to a new living situation. Many children are confused about their removal from their family and tend to blame themselves.

Some traumatised children are not necessarily delayed in terms of brain development, but often have learning problems due to poor regulation of emotions and reactions.

Children who struggle with relationship skills (such as attunement, and the reading of another's body language and facial expression) find it difficult to engage in mutually satisfying play with other children because they often don't understand the usual rules of play such as turn-taking and sharing. It is also common for such children to find frustration difficult to manage and they are prone to 'losing it' more easily than other children.



sick by being naughty, and that was why she went away. He allowed Cheryl to comfort him when he talked about his sadness and guilt, and their relationship got much better.

By the end of the school year, Michael's behaviour has improved a lot: he is much better at concentrating in class, and while he still acts the clown sometimes, he is genuinely funny. He has begun to read, and Cheryl helps him every night. He loves the stories the elders tell his class, and often asks Cheryl to help him write them down.

The counsellor also spent some time with Charlie, trying to help him stop drinking. Charlie wanted to stop so he could be a better father to Michael, but found it very difficult. He was sometimes able to stay sober on days when Michael could visit him, with Cheryl and Pete there to make sure he was safe; and he was able to apologise to Michael for hurting him. The counsellor coached Charlie so that he could tell Michael it wasn't his fault he got hurt, and that he would try really hard to make sure it never happened again.

The teacher also spoke to parents of other children in the grade, to ask them to give Michael another chance. The father of a boy who had been friends with Michael earlier, who coached the local under 10s footy team, asked Michael to join. His son Daniel has become Michael's good friend again.

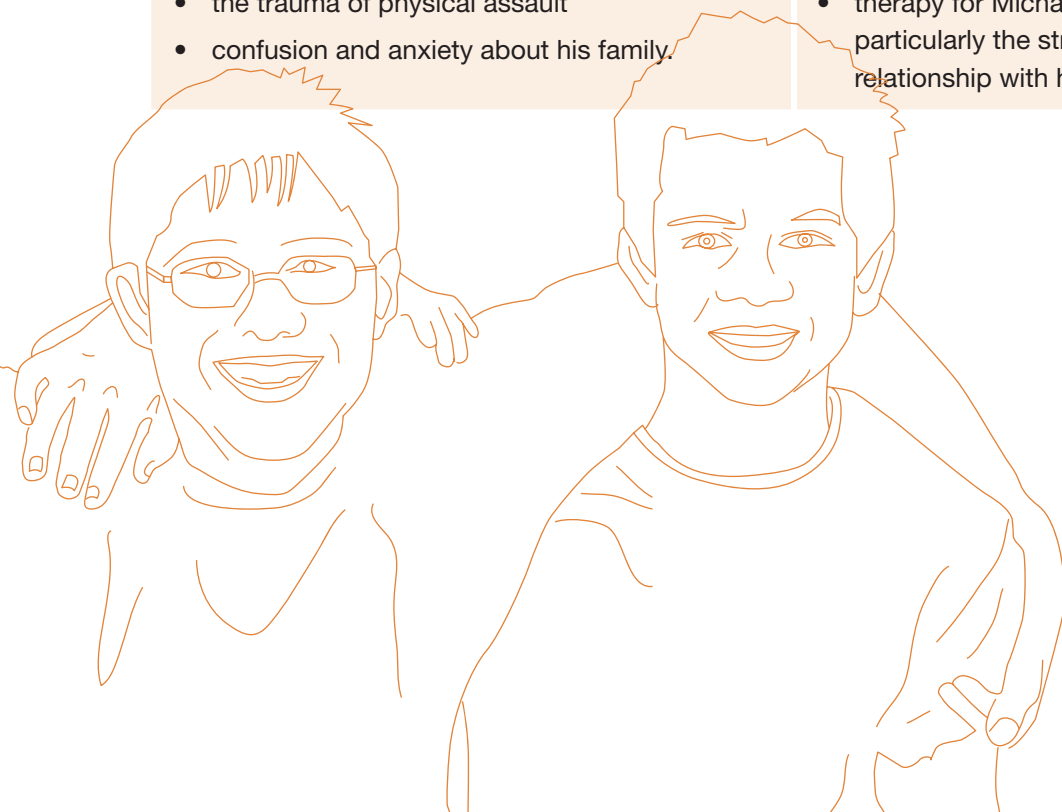
Trauma, dislocation, the removal of children and ongoing poverty and discrimination disrupt the normal ways of healing in any culture. For communities to heal there has to be a process of strengthening 'customs and rituals', along with a strengthening of the relational webs around and between individuals to reconnect family and kinship groups. It is possible that in traditional societies ceremonies involving dance and music helped people to deal with grief or fear resulting from a traumatic experience, and that the repetitive patterns of movement, music and rhythm in those ceremonies brought a traumatised person back to a more regulated state, while also providing spiritual meaning for their experiences.

#### **In summary, Michael experienced:**

- the impact of intergenerational trauma, dislocation and the racist policies that resulted in the Stolen Generations
- chaos and disruption in his early years, with many moves and changes of placement
- some early neglect
- the trauma of physical assault
- confusion and anxiety about his family.

#### **The interventions that helped were:**

- his teacher taking an interest in him
- a classroom approach emphasising safety and inclusion
- cultural healing, the inclusion of Aboriginal elders in the classroom program, and work with Michael's dad
- therapy for Michael with his foster parents, particularly the strengthening of his relationship with his foster mother.



## Stefan finds hope

Stefan, now 12, was born to Despina, who was 16 at the time, and Peter, 23. **Stefan was drug dependent at birth** and suffered a number of medical complications. Despina's drug dependency during pregnancy created a stress-filled existence for Stefan.

Stefan was born six weeks premature, and was tiny even for a preemie. He was ill, his lungs were underdeveloped and he spent weeks in intensive care. Despina didn't come to see him every day, although she tried to, and there wasn't much bonding in those early days. Stefan had to go through a detox period, where he was withdrawing from the heroin his mother had been using. He was heavily sedated, but even so, in great pain and distress. There was usually no one there to comfort him, except the busy medical staff. Stefan went into a foster care placement as soon as he was discharged from hospital, where he was well cared for. He received the soothing, comforting care he needed, where he was held almost constantly and rocked in the arms of his carer. It took six months before he was completely weaned off the opiate medication used to treat his addiction. Despina also worked hard to get off drugs so she could have Stefan back, and they were reunited when Stefan was six months old, and Despina had split up with Peter.

Even though Despina had had frequent contact with Stefan during this six-month period, he had formed a secure attachment to his carer Angela. It was difficult for Despina to have this same bond with Stefan, and Despina did not have access to a therapist who may have helped her with her feelings of guilt, the jealousy she felt towards Angela and the anger she had towards Child Protection. Underneath her anger and defensiveness she really felt that she could never be a good enough mother to Stefan. These unresolved feelings left her vulnerable and defensive and when Peter reappeared she resumed her relationship with him.

Unfortunately drug use again became the main focus of their relationship, and Stefan was often left unsupervised or with strangers. Stefan was frequently exposed to unsafe situations and often went without his basic needs being met. Despina tried to stay off drugs, but being with Peter made that hard, and she used more and more frequently.

Despina described Stefan as an irritable baby after he came back to her, and **she had great difficulties with feeding him and getting him to settle to sleep**. Despina had little confidence in her ability to parent Stefan and constantly felt that nothing she did for Stefan calmed or satisfied him.

Despina, the eldest of five children, had suffered significant trauma throughout her early childhood, although there were often long periods of respite when she and the other children were looked after

When a mother is using drugs that cross the placental barrier, such as heroin and amphetamines, the levels of the drug in the mother's blood go up and down, and the levels of the drug in the foetus's blood go up and down too. The foetus experiences the same euphoria of a 'high' and the stress of 'coming down' as the mother does. This unstable pre-birth environment causes extreme stress and pain for babies and affects development. The infant is also born drug dependent, and will need to be weaned off the drugs over a long period (of six to 12 months) to prevent health and development complications.

Secure attachment rests on attunement, which is when mother and baby are in emotional sync, communicating verbally and non-verbally, reading each other's body language and facial expression. Attunement is more than occasional sympathy and understanding. It is being there for the child in a way that builds deep understanding and connection. When attunement is poor between a parent and an infant, this often leads to an unsettled, anxious baby.

by her grandmother. Unfortunately her grandmother passed away when Despina was five. Her mother was often drunk; her relationships with men were short-lasting and the men were often violent. Despina's mother abandoned her and two of her siblings, when she was aged seven, after Despina had made allegations of sexual abuse against her mother's partner. Despina's mother chose to believe her partner, who was the father of the two youngest children. Despina was placed in out-of-home care and had several foster placements throughout her childhood. She was not placed with her younger siblings. Despina says she was also sexually abused by an older boy in one of her placements. She met Peter during her adolescence and fell pregnant at the age of 16.

Peter's father had died when he was four years old, leaving his mum to raise four boys on her own, with limited resources. His mum tried hard, and loved her boys, but had to work long hours and Peter was often at home with his older brothers. He was sexually abused by the parish priest from the age of seven to 11, and he could never tell his mother, as the priest had threatened it would kill her to know what a bad boy he was. Peter drifted into 'bad company' during adolescence, and was a heavy drug user by the age of 17.

So we can see that both Despina and Peter had problems that could be traced back to **the experiences of previous generations**.

Stefan went into care again when he was nine months old, after a notification by the maternal and child health nurse, who was worried about Despina's drug use and the level of neglect of Stefan. At that time he was described as an overactive baby who rarely slept for more than 20 minutes at a time. He was underweight for his age, and looked pale and tired with dark circles under his eyes. He was a very poor eater, and often refused food or a bottle. He did not like to be held and would arch his back and stiffen if anyone attempted to hold him. He cried almost continuously, and was difficult to soothe and comfort. During the six months he spent in care this time he was not placed with his previous caregiver, and was moved twice for unknown reasons. This disruption worsened his problems.

Meanwhile Peter had gone to jail for drug-related offences, and Despina decided she did not want to be with him any more, as she realised she couldn't parent Stefan with Peter in her life. Despina attended detox and got her life together as well as she could. Stefan came back to live with her when he was 15 months old. Despina had fought hard to have him back, but found him difficult to be with, and **he didn't seem to be bonded with her**. Whenever he could he would run away from her, and often he would go up to complete strangers and want to sit on their lap and play with them. He often bit Despina, and would not do anything she asked him.

While his physical development seemed on track, Stefan was behind in his **language development**, and by 18 months his behaviour was becoming more and more problematic.

Many of the problems facing children in the child protection system can be traced to the experiences of trauma in previous generations. These traumas reverberate down the generations and show up as problems of substance abuse, mental illness, family violence, child abuse and neglect—often accompanied by poverty, isolation and physical illness. While many people who have suffered in childhood triumph over their difficulties, for others trauma and attachment disruption can disrupt their ability to parent.

Children who have been abused and/or neglected often have difficulties with trust and experience the world as dangerous and uncertain. This lack of a secure attachment relationship can lead them to misinterpret the actions and meanings of those around them. They consequently suffer in relationships through an inability to feel safe with others and to trust that others will love, care for and protect them.

Trauma and attachment disruption reduce the capacity to listen and retain information, to understand complex concepts and to express ideas and thoughts. This can hold back language development. Early relationships need to be rich in language, including the language of emotions and relationship, for a child to develop to fully understand language and to express themselves easily.

He would hit and bite other children at day care and run off from his carers whenever he could. Stefan was **very unsettled at night and hardly seemed to sleep.**

Despina stayed away from drugs, and worked hard to look after Stefan, and when Stefan was three years old she met Mike, whom she married and had two children with. At first things seemed fine with Mike, but over time he developed many ways of controlling her, and sometimes became violent. He did not like Stefan, and would push him away and say negative things about him. When Stefan was about eight Despina discovered Mike was using the internet to download pornography, and that he had shown this to Stefan. By this time Stefan had become quite aggressive at home with Despina and with his younger siblings. He still didn't sleep properly and was often awake late at night.

Despina split up with Mike because of the pornography, but became very depressed. She stopped looking after the house and there was often mess and dirty washing everywhere. Child Protection and Family Support services were often involved over the next two years—things would improve for a while but as soon as the services pulled out, Despina would fall apart again. Stefan was often left in charge of the younger children, and he would try to look after them, but often hit them too. The children sometimes didn't get to school, or would turn up dirty and bedraggled, without having had breakfast and with no lunch. On the days when Stefan was at school he was usually uncooperative and often aggressive to other children.

When Stefan was 11 Despina said she could no longer look after the children. The younger two were placed in foster care, but a foster care placement couldn't be found for Stefan, as his behaviours were very difficult and he was often violent towards her or the younger children, so he went to a residential unit. With Stefan out of the home, Despina's depression improved and the younger children—who don't have such extreme problems—returned home, while Stefan stayed in the unit. Stefan was very distressed and angry about this, and wanted to be at home with his family. Despina was managing quite well by this time.

While Despina loves Stefan, she knows she can't manage him well enough to have him at home at the moment. She was feeling very guilty about this, and about all the difficulties Stefan has faced in his life, and kept on promising him he would come home soon. This made it very difficult for Stefan to settle in the unit, and he was very aggressive and oppositional. **He often lashed out at other children or staff, for no apparent reason.**

Stefan is now 12 years old and supposed to be in Grade 6, but has missed so much school and been held back so he is just beginning Grade 5. He can't read very well and struggles with Grade 2 work.

Due to his extreme difficulties Stefan was moved to a therapeutic residential unit and currently has a tutor to help with his schoolwork. He does not attend school at this time as he has difficulty managing

Sleep disturbance is common in abused and neglected children. Some children who have missed out on a secure early relationship will never have learnt to put themselves to sleep, never having been given the comfort and support to do so as infants. Some children who have been subjected to abuse or surrounded by frightening, violent events will not want to sleep due to fear of what might happen in the night.

Children who have been abused and neglected often have complex problems that are a result of their inability to control or regulate their emotions and reactions, plus anger with their parents and the world.



his behaviour in an ordinary classroom, and he may be a danger to other children. It is important, at this time, to not set Stefan up once again to fail.

The unit staff are working with Stefan on all his difficulties, including his aggression, oppositionality and his sexualised behaviour, and are finding that when he is settled he can be a caring and thoughtful boy, who has many strengths that have been hidden by his behaviour.

The therapist from the unit has been working with Despina, to help her with the guilt she feels about Stefan, and to help her set limits on his demanding and aggressive behaviour when he is with her. They are working towards letting Stefan know that he can't live at home right now, and that it may be a long time before that is possible, if ever.

The therapist also contacted Peter, who is not using drugs anymore and who has turned his life around. He is in therapy to help with the abuse he suffered, and his ongoing difficulties in life. There is a plan to introduce Peter to Stefan some time soon, and both are excited and scared about this.

Stefan likes the unit, as there are animals and lots of space. His behaviour is slowly settling as he responds to the structure, containment, warmth and nurturing of the staff.

The unit has a relationship with two of the local schools, and a group of teachers and other staff are working towards integrating some of the children from the unit into school activities. The unit staff have provided some *Calmer classrooms* training for teachers in working with traumatised children, and also some education sessions for parents. The schools are working towards whole of school approaches to safety and non-violence.



Stefan will soon start attending some programs at the primary school. He likes art and may begin with an hour or two a week in the art program.

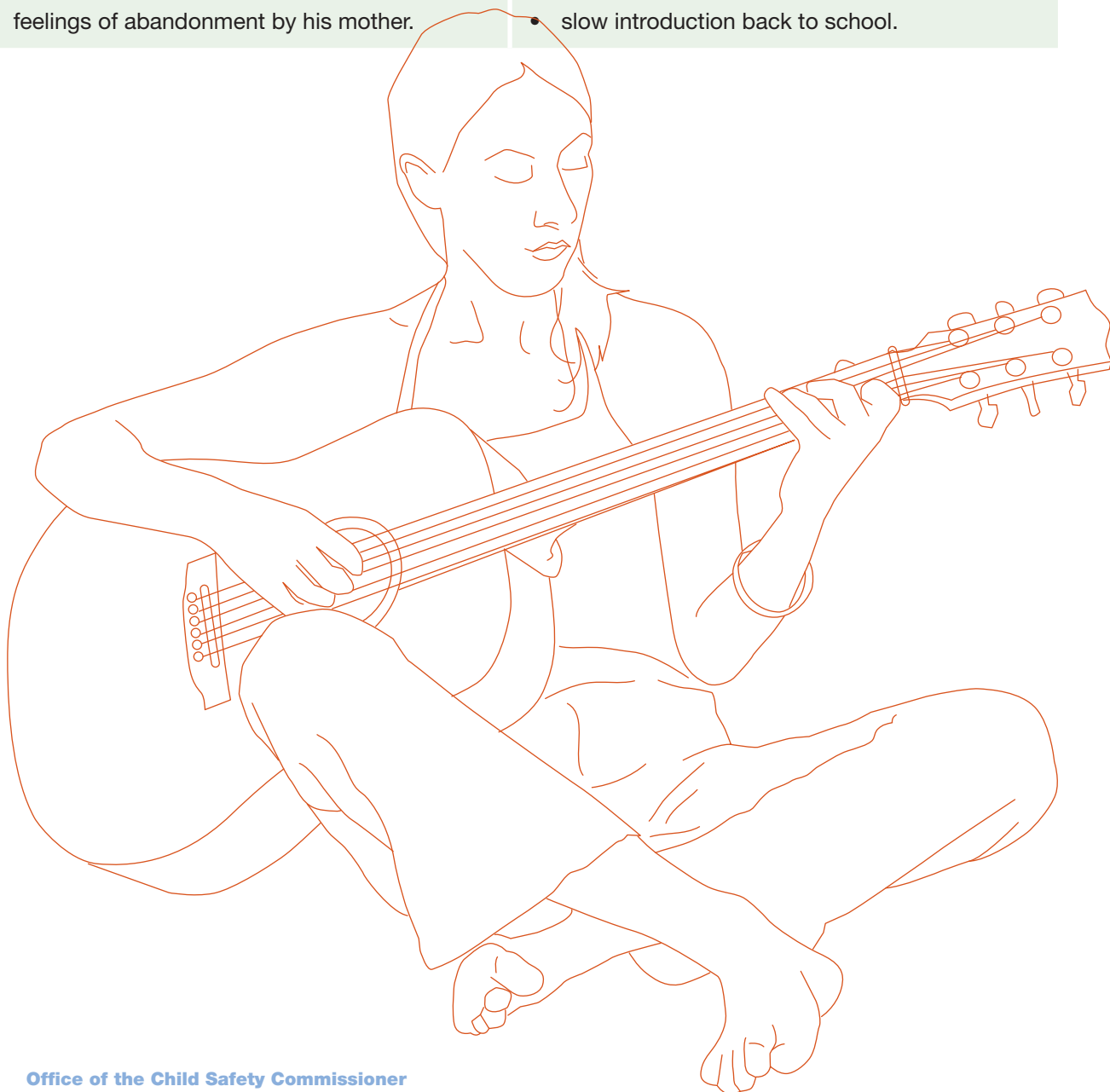
There is a long way to go for Stefan, but he is very fortunate to be supported now in this way, and there is hope that as he feels safer at the unit he will catch up on some of his development, make sense of his experiences and gradually connect to normal life.

**In summary, Stefan experienced:**

- early problems through his mother's drug use while pregnant
- extreme early neglect leading to problems with learning and regulation
- disruption of attachment relationships through many moves in care as a baby
- exposure to pornography
- feelings of abandonment by his mother.

**The interventions that helped were:**

- moving to a therapeutic residential program
- residential care practitioners who can keep him safe, manage his behaviours and assist with his emotions
- therapeutic work for his mother, to help her to help Stefan
- contact with his father
- slow introduction back to school.



## Danielle's music sees her through

Danielle, 14 years of age, is the only child of Helen and David. Helen suffered severe postnatal depression and her relationship with David broke down when Danielle was five weeks old. David left and has not wanted anything to do with Danielle.

During her first three years of life Danielle experienced neglect from time to time, depending on her mother's mental health and the involvement of her grandmother Joyce. Helen often left Danielle for long periods of time with Joyce, where she was loved and cared for. However, from a young age Danielle always wanted to go back to her mother.

Danielle endured much stress during her early childhood, including separations from her mother when Helen was admitted to psychiatric units. During these times Danielle lived with Joyce, although she also spent a period of time in foster care. Joyce was generally a stable influence for Danielle, and encouraged her to learn to play guitar.

Helen was often angry with Joyce though, and accuses her of spoiling Danielle and making her not want to come back home with her. As Danielle grew older she spent more time with her mother, because she could fend for herself when Helen was depressed. She often cared for her mother, and cooked and cleaned. She missed a lot of school, as Helen didn't insist she went, and Danielle liked to keep an eye on her mother.

Helen had several relationships over the years, and one of these men sexually assaulted Danielle over a period of one year when she was nine. It is suspected she has also been sexually abused by a neighbour of her grandmother's but has refused to make a full disclosure about this.

On four occasions Danielle witnessed her mother attempt suicide—she had to administer first aid and then ring for an ambulance. These attempts have mostly been overdoses of prescription medication, although once Helen also cut her wrists. Helen's most recent suicide attempt resulted in Danielle being placed with Joyce; however, this broke down as Joyce was unwell with high blood pressure and diabetes. Joyce described Danielle as shifting between being highly needy and overly demanding to rejecting her, and at times displayed aggressive and threatening behaviour.

**Danielle had also been harming herself** and Joyce found this very difficult to cope with.

Joyce has been frightened that Danielle would turn out like her mother, and hasn't known what to do to help. She would have liked to continue caring for Danielle if she could settle down enough to come back to her, although Danielle still wanted to live with Helen

Self-harm can be difficult to understand, but is very common in traumatised and highly stressed children and adults. Self-harm usually appears during adolescence, although some younger children also hurt themselves deliberately. The reasons for it are different for different people. Some self-harm because they become 'addicted' to the endorphin release that accompanies traumatic stress, and will cause trauma to themselves to obtain that endorphin release. Others have developed a profound self-hatred and act that hatred out on their bodies. Some suffer from deep depression and their self-harm is closely associated with a wish to end their pain, which can become suicidality when severe. Still others self-harm to overcome the numb and alienated feelings that come from dissociation, where the self-inflicted pain is an attempt to feel something rather than feel nothing. Others may internalise the aggression of the abuser and then become the victims of their own aggression.

when she gets out of hospital. She confided to Joyce that she thinks her mother will die if she is not there. While she is a capable young woman who has had to take on responsibility far beyond her years, Danielle can also be very moody and difficult to get on with. She can be very nasty and aggressive in pushing people away, and this behaviour has become much worse since her mother's most recent suicide attempt. She appears to be **blaming herself** for not stopping her mother hurting herself.

Currently Danielle is in a foster care placement with a sole parent, Sarah, and her 19-year-old son. Danielle has phone contact with her mother and believes she will return to live with her soon. This phone contact unsettles her, although she is worse without it. The placement with Sarah is very unstable, as Danielle is very unhappy and abusive there, and it is quite likely she will be moved to a residential unit if she can't settle soon.

Danielle has many areas of strength at school: she loves music and art and is a talented guitarist. She engages well in some classroom activities **but only on her terms**.

Danielle is very behind academically (although quite intelligent) and gets very upset about her difficulties. She can be very disruptive in the classroom: noisy, oppositional and at times aggressive. She upsets other students by shocking them with stories of drug use and prostitution, although it is unlikely that she has engaged in these activities. She has been suspended many times and is on the verge of expulsion. So far she has refused to attend counselling, as she says she doesn't need any help. She has a small group of friends who have similar difficulties, all of whom engage in some self-harm. Recently after a conversation with her mother she cut herself more severely and needed emergency room attention. All who are involved with her like and want to help Danielle but hold fears for her future.

Danielle's school has become concerned about the number of young women who are self-harming and have asked the school counsellor to begin a whole school approach to self-harm reduction and safe behaviour.

The school counsellor has been working with a group of young women, including Danielle, using art therapy to assist them to express their feelings in healthy ways. The counsellor is hoping that Danielle will agree to attend therapy on her own in the future. She has also worked with a group of parents of the girls prone to self-harm, and has encouraged them to meet and discuss a range of issues. Some of these parents blame Danielle for influencing their daughters to harm themselves, and the group has begun to look at these issues in more constructive ways. This work led to one of the mothers taking an interest in Danielle, rather than encouraging her daughter not to mix with her. This mother is a music teacher, and she has been giving Danielle guitar lessons, which Danielle has enjoyed immensely. She also talks to Danielle about music, and the use of music to express herself.

Children who have been abused and neglected often have intense shame responses to perceived failures or insults and to the experience of being disciplined. It is as if all the humiliation of the abuse is triggered any time they think they are failing or in the wrong, leaving them feeling intrinsically bad and worthless.

Many traumatised children have experienced terrible and frightening abuse. They have had no control over what has happened to them, and later they may try to control their environment and the adults within those environments as a response to that earlier lack of control. This often leads to debilitating power struggles. Some of these children will try to control others, to reduce their own feelings of being out of control, to try to keep others from connecting with them, and to minimise feelings of shame. They may find connection with adults very threatening and will display aggressive and oppositional behaviours to push others away, trying to control them through making them angry or disgusted.

Another of the mothers from the group has been in touch with Joyce, to offer her some support and encouragement with Danielle.

There has also been a referral to a family therapy service, and a therapist has started work with Joyce and Helen, to help them with their relationship, so that Danielle is not so torn between the two of them. Helen recently told Joyce that her father had sexually abused her, and she and Joyce are working through the complex feelings of pain and guilt. They want to involve Danielle in this work later on, when their relationship is stronger. Danielle is very happy that the two of them are working things out, and she hopes her mother will finally get the help she needs.

The foster care placement broke down, but instead of Danielle going into residential care, supports were introduced to Joyce's home, and Danielle is now living there. They have access to 24-hour phone support, and a worker comes every afternoon after school to help Joyce with practical tasks and some recreational activities for Danielle. A tutor has been employed to help Danielle catch up on her school work. The parents of Danielle's friends keep in close contact with each other, including Joyce, to help their daughters to stay safe and find healthy expression for stress.

**In summary, Danielle experienced:**

- early disruption due to her mother's mental illness
- trauma caused by fear that her mother might die
- learning unhealthy ways of coping
- falling behind at school because of her situation
- sexual abuse
- shame and self-blame about her mother.

**The interventions that helped were:**

- support for her at school, with whole school approaches to self-harming and stress
- interest and support from the school community and other parents
- support for her to live with her grandmother
- therapeutic work with her mother and grandmother, so that they could support Danielle better.

## Conclusion

These stories describe some of the terrible things that can happen to children and the impact of trauma on a child's development, behaviour and capacity to learn. It is hoped that understanding children brings compassion for them that will increase a school community's capacity to include and accept all children.

# References and websites

- Archer, C. & Burnell, A. eds (2003) *Trauma, Attachment and Family Permanence: Fear Can Stop You Loving*. London: Jessica Kingsley.
- Becker-Weidman, A. & Shell, D. (2005) *Creating Capacity for Attachment*. Oklahoma: Wood 'N' Barns.
- Cairns, K. & Stanway, C. (2004) *Learning the Child: Helping Looked After Children to Learn*, a good practice guide for social workers, carers and teachers. *BAAF Adoption & Fostering*. Nottingham, UK: The Russell Press (YU).
- Garbarino, J. (1999) *Lost Boys: Why our Sons Turn Violent and How We Can Save Them*. New York: Anchor Books.
- Golding, K., Dent, H. et al., eds (2006) *Thinking psychologically about children who are looked after and adopted. Holding it all together: creating thinking networks*. England: Stefan Wiley and Sons.
- Herman, J. (1992/1997) *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*. New York: Basic Books.
- Hughes, D. A. (1997) *Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioural Change in Foster and Adopted Children*. Lanham: Rowman & Littlefield.
- Matsakis, A. (1996) *I Can't Get Over It: A Handbook for Trauma Survivors*, 2nd edn. Oakland: New Harbinger.
- Perry, B. & Szalavaitz, M. (2006) *The Boy Who Was Raised As A Dog, and Other Stories from a Child Psychiatrist's Notebook*. New York: Basic Books.
- Siegel, D. & Solomon, M. (2002) *Healing Trauma: Attachment, Mind, Body, and Brain*. New York: W.W. Norton.

## **Whole school approach**

Department of Education Student Engagement Guidelines at [www.education.vic.gov.au](http://www.education.vic.gov.au)

[www.mhws.agca.com.au/whole\\_school.php](http://www.mhws.agca.com.au/whole_school.php)

[www.friendlyschools.com.au/materials/index.php](http://www.friendlyschools.com.au/materials/index.php)

## **MindMatters: a Federal Government mental health promotion initiative for secondary schools**

[www.mindmatters.edu.au](http://www.mindmatters.edu.au)

[www.education.vic.gov.au](http://www.education.vic.gov.au)

[www.kidshelp.com.au](http://www.kidshelp.com.au)

[www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)

[www.parentline.vic.gov.au](http://www.parentline.vic.gov.au)

[www.parentsvictoria.asn.au](http://www.parentsvictoria.asn.au)

