Stress Points

eJournal of the

Australasian Society for Traumatic Stress Studies

Spring 2010

STRESS POINTS is the official electronic journal of the Australasian Society for Traumatic Stress Studies (ASTSS)

Stress Points is a quarterly ejournal produced by the Australasian Society for Traumatic Stress Studies (ASTSS). It aims to report and examine current developments in research, theory, clinical practice, social policy and inquiry in the field of trauma and posttraumatic mental health. Stress Points endeavours to be a forum for the multi-disciplinary exchange of ideas on posttraumatic mental health, with contributions and dissemination beginning with ASTSS members. Members and non-members can make contributions in the form of feature articles, reviews, interviews, research reports, meta-analyses or opinion pieces – all with the primary focus of trauma.

All contributions must be consistent with the stated mission of ASTSS: (1) to advance knowledge about the nature and consequences of highly stressful events, (2) to foster the development of policy, programs and service initiatives which seek to prevent and/or minimise the unwanted consequences of such experiences, and (3) to promote high standards and ethical practices in the trauma field. Furthermore, Stress Points serves as a major vehicle towards the goals of ASTSS: (i) providing quality services to ASTSS members, (ii) encouraging networking and development of ASTSS within the Australasian region, (iii) promoting standards of excellence in trauma research and practice among members, (iv) pursuing dialogue and links within the international trauma community, (v) encouraging exploration of different paradigms in research and practice, (vi) exploring the role of prevention in traumatology, (vii) seeking to influence the way traumatology is addressed in public policy and the media, and (viii) pursuing a role within the non-professional community through consultation and education.

Submissions are to be emailed directly to the Editor at btar2399@bigpond.net.au. Address other correspondence to Bronwyn Tarrant, Stress Points Editor, ASTSS, Greenview Mental Health, Suite 9, 20 Commercial Road, Melbourne, Victoria, 3004.

ASTSS
Australasian Society *for* Traumatic Stress Studies

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FROM THE PRESIDENT

DOUGLAS BREWER

It's hard to believe two years have slipped by since Associate Professor Dr Grant Devilly was elected to preside over this Association and I began the preparation to take that place. Well that time has come and Grant been promoted to Immediate Past President, and on behalf of the national committee and Association members I would like to thank Grant for his unrelenting commitment to serving and promoting the Association and paving the way for a smooth transition of leadership. I would also like to congratulate Dr Justin Kenardy on being elected Vice President and welcome him to the dedicated team who tirelessly donate their time to managing this Association.

The ACOTS September 2010 Trauma Resilience & Recovery Conference in Brisbane was another outstanding example of two organisations working in harmony to give us the opportunity to take part in workshops, symposia and keynote addresses that were on the cutting edge of the trauma field. Over 300 registrants attended this 3-day conference. The opportunity to network and encourage one another not only resulted in personal growth, but breathed fresh life into the Association resulting in new members and renewed interest in recommencing ASTSS Chapters in NSW, QLD, Tasmania, New Zealand and Victoria.

One of the key aims of the management committee for the coming year is to reinstate the membership of those who were lost in the transition to the web processing. We sincerely apologise for the inconvenience caused to members in setting up the new website and the numerous teething problems we encountered. If you are aware of colleagues whose membership has lapsed, please encourage them to rejoin.

Many members including myself are heading off to Montreal in the coming weeks to attend the ISTSS 26th International Convention and we look forward to sharing some highlights with you on our return. We are also pleased to announce our next ACOTS Convention will be held in Perth in September 2012 and the management committee are currently working on organising an international speaker to conduct a masterclass in 2011. More on this soon.

I trust you will enjoy this Spring edition and look forward to an exciting year ahead.

Douglas Brewer
President

EDITORIAL

Welcome to the Spring 2010 *Stress Points*. Its theme, "New Initiatives, Projects and Programs in Traumatic Stress", has attracted a wide selection of papers encompassing inpatient units, community sectors, schools and history. Likewise, our contributors provide a multidisciplinary palette spanning psychology, social work, nursing, law, and journalism - making this Spring 2010 *Stress Points* the most diverse since becoming a journal. We thank all our contributors for this landmark edition.

The articles provide information on: treatment for substance abuse disorders with concurrent PTSD; supporting staff after workplace violence; working with women in the sex industry; the collaborative history of Jewish and Australian indigenous peoples; a choir that brings together generations of survivors; and, the regular features of Book Review and ACPMH Update.

Project Respect is an NGO which welcomes any donations - both financial or material. For more information visit their website (CLICK HERE).

This edition includes ten links to external resources: six videos, one audio and three websites. To access these resources, click on the designated link while connected to the internet. Depending on your computer software and browser, you may also need QuickTime Player which you can download for free (CLICK HERE).

Whenever you see this icon, click on it to return to the contents page.

As always *Stress Points* welcomes contributions from members and readers. Please refer to page two for submission guidelines.

Enjoy,

Bronwyn Tarrant
Editor

The Treatment of PTSD in Individuals with Substance Use Disorders

By: Katherine L Mills

A growing epidemiological and clinical literature has documented the high prevalence of trauma exposure and post traumatic stress disorder (PTSD) among people with substance use disorders (SUD), particularly those who use opioids, sedatives, or amphetamines (1-3). Among Australians with the aforementioned SUDs, for example, trauma exposure is almost universal (88-93%), and between one-quarter and one-third have current PTSD. In comparison, the population prevalence of trauma exposure and current PTSD is 57% and 1.3%, respectively (3).

While a number of efficacious interventions exist for the treatment of PTSD, individuals with SUD have typically been excluded from trials of these interventions. It was widely held that that the emotions experienced would be too overwhelming and could lead to relapse or increased substance use (4, 5), or that such individuals would be too cognitively impaired to engage in treatment. Sufferers would have to demonstrate a prolonged period of abstinence or stabilisation before commencing PTSD treatment. However, individuals with PTSD find this particularly difficult to achieve. Individuals with SUD often report that their PTSD symptoms come back or increase when they cut-down or stop using, making it difficult for them to maintain abstinence or reduced use (6).

Due to the inter-relatedness between these disorders, there is growing consensus in the literature that both disorders should be treated in an integrated fashion; that is, both disorders should be treated at the same time by the same clinician. Patients also indicate that this is how they would prefer to receive treatment (7). There are however, few integrated treatment options available for this comorbidity. Of those that do exist, only *Seeking Safety,* a present centred therapy, has undergone evaluation in large randomised controlled trials (8, 9). In these studies, statistically significant differences in treatment outcome were not found between *Seeking Safety* and the active control arms (relapse prevention and health education).

Despite being the gold standard treatment for PTSD, and the only psychosocial treatment deemed effective by the Institute of Medicine for PTSD (10), the use of prolonged exposure (PE) has only been evaluated among individuals with cocaine dependence in a small uncontrolled pilot study. The findings of this study by Brady and colleagues indicate that integrated treatment incorporating PE leads to significant improvements in PTSD and SUD symptoms as well as depression and psychiatric symptoms (11). Without a control group however, the degree to which the differences may be attributed to the intervention is questionable.

In 2007, the National Drug and Alcohol Research Centre, University of New South Wales commenced the first randomised controlled trial of integrated treatment incorporating PE among individuals with SUD. Funded by the National Health and Medical Research Council, the study represents the collaborative efforts of experts in the field at the University of New South Wales, the University of Newcastle, the Traumatic Stress Clinic at Westmead Hospital, and the Medical University of South Carolina, USA.

Over 100 participants with multiple drugs of concern and multiple sources of trauma were recruited to the study and randomised to receive either the integrated treatment or treatment as usual (TAU) for their SUD. Follow-up interviews were conducted at 6-weeks, 3-months and 9-months post-baseline. The integrated treatment was based on that used in the earlier pilot study conducted by Brady and colleagues (11). Named *Concurrent Treatment with Prolonged Exposure,* or *COPE*, the intervention comprises 13 sessions with a clinical psychologist. Treatment uptake was high (>80%) and retention was good with close to one-half attending 9 sessions or more. Preliminary analysis of this data has yielded promising findings. Over the 9-month follow-up period, both groups demonstrated statistically significant improvements in substance use, general psychological distress, depression and anxiety. With regard to PTSD, while both groups demonstrated symptom improvement, the group who received COPE improved significantly more

than those randomised to TAU.

While further analyses are required, these early findings provide support for the use of PE in SUD populations. Contrary to early, largely anecdotal concerns, the use of PE did not lead to high rates of relapse or attrition among this group. On the contrary, this is the first treatment to demonstrate improvements over and above TAU for substance use. This is not to say however, that everyone got better and that PE is the only way to treat PTSD among individuals with SUD. There is considerable room for further research examining treatment options for PTSD among individuals with SUD. A number of studies are currently being conducted in the USA to further explore the efficacy of *COPE* in the community and among veterans. Although many questions remain to be answered, these data nonetheless provide empirical support for the use of PE in individuals with SUD, and will hopefully lead clinicians to rethink their exclusion criteria for conducting PE.

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Critical Incidents and Post-Incident Defusing Utilising Peer Support

By: Debra Siddall and Bryan Jeffrey

> Violent behaviour has increased within psychiatric populations in both the UK and USA over the past decade ... reflecting a trend within society in general.
>
> (Barker 2004, p.253)

Definitions:

anger: an emotion aroused to real or perceived threat to self, others or possessions

aggression: a disposition that may lead to constructive or destructive actions that may usually have long term negative consequences

violence: the harmful and unlawful use of force or strength.

Eastern Health has two 25-bed adult acute psychiatric in-patient units based at Maroondah Hospital, in Melbourne.

A flowchart has recently been developed to assist staff in supporting each other following critical incidents, recognising that peer support in times of trauma is an important and valuable resource.

Why is there a need for a flowchart?

As Mental Health clinicians we are well aware of the potential for unpredictable volatility in the acute environment, and we recognise that working safely is a critical aspect of quality care. The majority of clients do not pose a physical threat to staff; however, we recognise that on occasions, a combination of factors including confusion, disorientation, delirium, milieu, unit acuity, staffing issues and substance use may culminate in an environment where aggression is more likely to occur.

The unpredictability of individuals' mental illnesses and response to treatment require staff to respond appropriately, safely, and promptly; before, during and after an incident.

Unfortunately clinicians do occasionally get assaulted or injured when handling a range of potentially volatile situations. Clients' mental illnesses can render them unable to function and co-exist with peers in the 'low-dependency' (LDU) area of the unit, at these times the least restrictive area where they can have their mental health needs adequately met would be in the 'high-dependency' (HDU) area of the unit, which has reduced stimuli and a higher staff-client ratio.

In extremely acute periods of a mental illness, some clients are unable to be managed in the HDU area, due to the risks of safety for the client and others, and may require a more intense level of intervention, where they are secluded in a room on their own with regular monitoring by staff. Transitions from LDU to HDU and seclusion can occasionally precipitate incidents including personal threat to staff, co-clients or others; serious personal threat involving weapons; and self-harming behaviour.

Following such incidents on both units, staff members tend to automatically support each other, however there are occasions when, for a range of reasons, this cannot or does not happen. The flowchart is a means of collating all the examples of good practice, standardising post-incident responses, and informing relevant policies and procedures. This will be facilitated by a pilot period where the tool is used across both units; staff feedback is elicited; and evaluation and further development will occur if required.

Since January 2010, the two in-patient units at Maroondah Hospital have experienced twelve incidents where staff have been assaulted and required further treatment involving various interventions, such as medical attention, defusing and debriefing. Eastern Health has a "Culture of non-violence" policy promoting zero tolerance of aggression in the workplace, and a coordinated and consistent management training programme in the form of mandatory "Safe, Aggression Free, Environment" (SAFE) training.

SAFE training comprises three levels of competency-based training, with mental health and other staff working in high-risk areas receiving all three. The purpose of the training is to manage incidents in a controlled manner minimising injury to those involved. Historically, staff attendance at SAFE training was difficult to facilitate, however recent support from Nurse Unit Managers has seen a marked increase, by releasing large groups of staff from each unit to participate in full-day

training, thus learning together and returning to the units with a more team-focused approach to this area of their roles.

In the development of the flowchart the authors considered their own personal assault histories in various clinical environments, and the overall 'Nurse Experience'. Education was considered, and the particular skills that a clinician needs in order to deal with the trauma of assault. Ongoing clinical reflection and clinical supervision were identified as extremely valuable factors in this area.

The perception that clients can be assaultative, rather than this behaviour being a manifestation of mental illness, and the fear evoked by this perception can become a contagion within staff groups, ultimately affecting service delivery. The client's perception of the event can also be a factor in the ongoing treatment and Barker (2003, p.277) explains that "patients experiencing paranoia are often neglected by nurses in this way and the avoidant behaviour reinforces their suspicious thinking and may increase the potential for aggression". This is obviously something that clinicians need to be aware of and minimise where possible.

It is anticipated that the introduction of this staff support tool may provide some capacity for further reflection and processing of incidents in order to allow clinicians to continue reflectively carrying out their valued and challenging roles.

Eastern Health has a policy to provide and facilitate Peer Debriefing following critical incidents for staff. This is initiated by managers and provides a seven-step process allowing participants to vent and reframe the incident. The Staff Support Flowchart provides a level of support prior to the initiation of this Peer Debriefing process, and is ideally to be facilitated by the Associate Nurse Unit Manager (ANUM) who holds the overall shift management role. However, if the ANUM is directly involved in the incident, there may be occasion for another senior clinician to adopt this task.

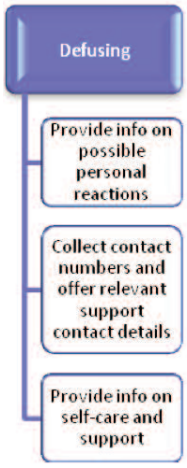
Make Safe:

There are distinct similarities between the Eastern Health Peer Debriefing process, and Rob Gordon's Psychological First Aid model (Gordon, R. 2006). In light of this precedent, the first stream in this flowchart is providing safety for staff. An important factor in this initial step is providing space and time where all staff members involved in the incident are invited to join the ANUM to summarise the event. Participants are encouraged to express their account of the event in an appropriate manner respecting others' opinions and perceptions. The ANUM then verbalises the message that the incident has passed, allowing participants to have closure.

Interim Arrangements:

On occasion, staff may be unable to continue working the remainder of their shift, and backfill will be necessary. If this is the case, the staff member should be advised of any procedural processes likely to be initiated prior to their return.

Defusing:

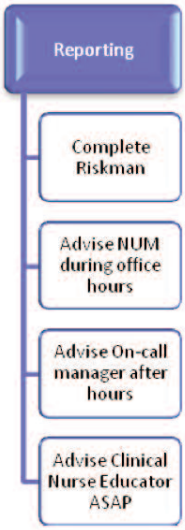


Although the affected staff member is likely to have a thorough knowledge of the effects of stress, their ability to access this information post incident may be reduced. Hence a discussion regarding the likely personal reactions to stress should be briefly discussed. Contact details and details of other support options should be provided, as well as information on self care practices and identifying and utilising appropriate supports.

Practical Assistance:

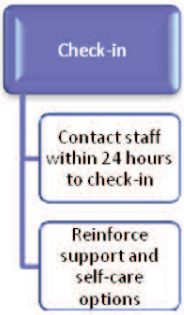
Focus is placed on practical rather than emotional support at this time of increased emotional arousal. Basic human needs can be the foundation here, with further discussion around attaining them. This can be the point to consider whether the Eastern Health Peer Debriefing process should be initiated (flowchart diagram overleaf).

Reporting:



Eastern Health's processes and procedures for reporting critical incidents are clear and the completion of the "Riskman" reporting tool would normally be a matter of course. Further reporting to the Nurse Unit Manager or On-call Manager is likely to happen in the majority of cases. Staff members may need to be reminded to advise the Clinical Nurse Educator in order to further support those involved.

Check-in:



With the acuity of the workplace, shift-pattern of staff members, and generally busy nature of the acute psychiatry environment, the checking-in process can sometimes be overlooked. This is an important opportunity to reflect on and reinforce the support and self-care options utilised by the staff member since the incident.

Review:

In order to learn from the incident, the staff team should be supported in facilitating a reflective review of what happened, and if necessary, discuss positive changes that could be made in a range of areas including policy, procedures and practice. It is important that this stage is completed in a positive manner from a process, rather than personal perspective.

In practice, the flowchart as we mentioned earlier is in its early stages of use, but feedback from staff is positive. One particular colleague who has experienced several assaults over the past year stated that he felt particularly 'more supported'. He explained that after previous assaults he felt the support was not consistent and depended on the nature of the incident and who it was reported to, if reported at all. He confirmed that now there was a system in place 'everyone would be getting the same support'.

What is very clear to the authors from our practical experience is the need for teamwork. Both units at Maroondah have a very supportive team of nurses, educators, allied health clinicians, managers and medical staff, who offer peer support on a daily basis. We aim for a relaxed open and informal environment that nurtures effective team work, which hopefully reflects the climate that best supports a therapeutic care-environment.

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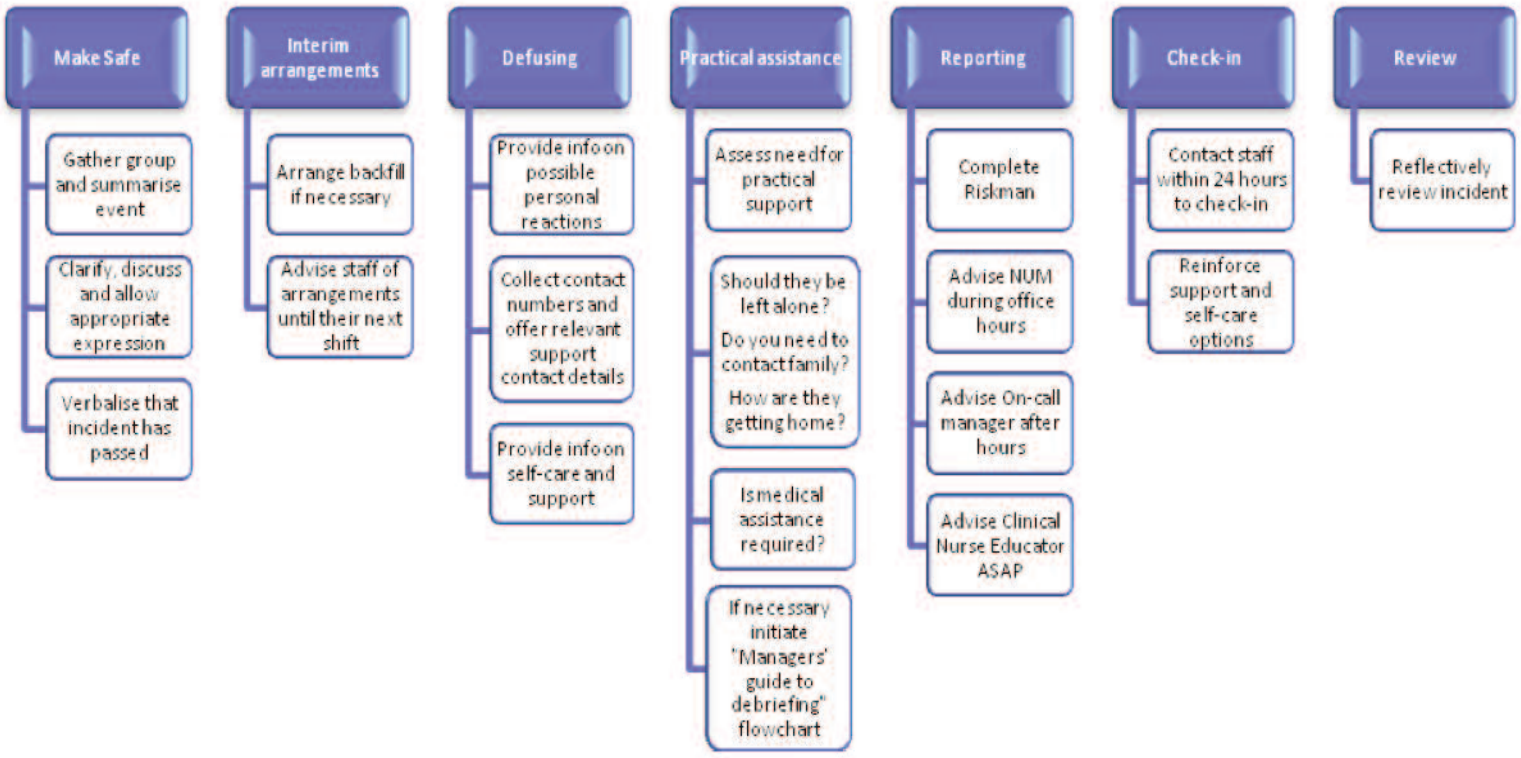

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Project Respect

empowering and supporting women in the sex industry

By: Shirley Woods

Project Respect was formed in 1998 by Kathleen Maltzahn. She had returned to Melbourne after working in the Philippines with an organisation assisting women in the sex industry. During her five years in the Philippines Kathleen learned to recognise the signs of human trafficking. Upon returning to Australia she researched prostitution in Victoria and realised that there was only one organisation doing outreach to the ninety-plus brothels in Victoria. Kathleen took it upon herself to visit brothels, initially in the Yarra area, to provide women with information on a range issues such as: legal, health, housing, domestic violence, and sexual assault. During these visits Kathleen realised that there were trafficked women in Victorian brothels and women experiencing a myriad of social problems. Since that time *Project Respect* has grown into the organisation it currently is; with two full time Outreach workers reaching 60% of Victorian brothels.

Project Respect has been partly responsible for the encouraging changes to legislation in relation to human trafficking and works consistently in lobbying Government in regard to human trafficking issues. The support provided for women in the sex industry by *Project Respect* includes brothel visits, individual counselling, advocacy, weekly community lunches, weekends away, and a monthly activity program.

The community lunches and weekends away have been a significant success with women making comments such as:

> "I can be myself here, no one is judging me, because we're all in the same boat."
>
> "Before I came here I felt so alone and isolated, I had no one to talk to."
>
> "Now that Project Respect gives me free fruit and vegetables to take home every Friday I can afford to buy some meat."
>
> "The first time I came on a Friday I was wary and didn't know what to expect, but it's funny, it sounds strange, but I felt like I was home."
>
> "Talking to other women about how they got out and coped with it gives me ideas and hope for the future."

In the past *Project Respect* has run a Pathways program for women wishing to exit the sex industry. The pilot was very successful, but unfortunately there is no funding available to run the program again.

Project Respect is about to launch a community enterprise project; an idea initially coming from a woman who had been trafficked to Australia. She was tricked into believing that she would be working in a Thai restaurant. Her dream is to open a Thai restaurant, to be doing what she originally thought she would. Her dream is about to become a reality; an operations manager has been employed and the initial stage of finding an appropriate venue is underway.

There has been little research done in Australia on the effects of prostitution. There is never money allocated for such research and it seems that there is an assumption that because it is legal (in most states) there are no problems. This is very far from the truth. Much research has been carried out in the US, and even though the research has been carried out with street prostitution cohorts; the results correlate with the data *Project Respect* has collected over six years.

A US study of 130 people in prostitution revealed that 57% had been sexually assaulted as children and 49% had been physically assaulted as children (Farley & Barkan, 1998). As adults in prostitution, 68% had been raped while in prostitution and 84% reported current or past homelessness (Farley & Barkan,1998). 68% of the respondents met criteria for a PTSD diagnosis and 67% met criteria for partial PTSD (Farley & Barkan, 1998).

Several other studies suggest that the incidence of PTSD among those in prostitution is likely to be high due to the fact that the majority have a history of childhood physical and sexual abuse (Belton, 1992); sexual and other physical violence is a frequent occurrence in adult prostitution (Hunter, 1994); and often present with dissociative

symptoms, which may occur in conjunction with PTSD (Vanwesenbeeeck, 1994).

One respondent described prostitution as "volunteer slavery", which clearly shows both the appearance of "choice" and the coercion behind that "choice" (Allen, 1996).

"The violence suffered by women in prostitution suggests that we must not see prostitution as a neutral activity, or simply as a career choice … Instead prostitution should be understood as sexual violence against women. We need to focus our attention on changing the social system that makes prostitution possible" (Dworkin, 1997).

During the past six years as Outreach Coordinator, I have met many women in the sex industry with diagnoses of Schizophrenia and Bipolar Disorder. There are also large numbers of women who are prescribed antidepressants and mood stabilising drugs. *Project Respect* works to link these women with appropriate services, and to educate these services about the sex industry and issues for women in prostitution.

The reported needs of women in prostitution (from the above study and from the work of *Project Respect*), are numerous and include the: need for a home or safe place; treatment for drug or alcohol abuse; peer support; self defence training; individual counselling; legal assistance; education; and viable employment.

Homelessness featured as a prima facie issue for those in the above study as it is here in Victoria. Increasing numbers of women have sought assistance from Project Respect in relation to housing. Large numbers of women are sleeping in brothels, which often puts them in a position of being doubly exploited. Often these women are expected to start their shift earlier or work longer, even if they have only had 2 hours sleep. The women feel obliged, as they have been provided a roof over their head for a night. Homelessness is connected to prostitution - survival may involve the exchange of sexual assault for a bed for the night and food (Farley & Barkan, 1998).

Women and men entering the sex industry most frequently have a history of multiple psychological traumas: developmental trauma, childhood sexual assault, incest, domestic violence, rape. Sometimes they've been teenage runaways or throw-aways (Martinez, 2006). In their work they are subject to further traumatisation. *Project Respect* works at this coalface of psychological trauma.

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HUMAN TRAFFICKING FOR SEXUAL EXPLOITATION

adapted from the *Project Respect* website

Trafficking is the movement of a person, brokered by another person(s) through abduction, deception, coercion, or abuse of power or vulnerability, for the purpose of exploitation.

In 2004 Project Respect estimated that there were up to 1,000 women trafficked for prostitution in Australia every year. We do not believe these numbers have dropped, however new research is desperately required to understand the current reality.

Once in Australia they are told they owe a huge debt they need to 'pay off by being a slave'. They are subjected to violence, threats and deprived of their freedom of movement.

Recovering from the trauma of being trafficked requires long-term support, including: housing, health care, compensation and long-term visas in the destination country or reintegration assistance for home if they prefer.

To access more information on Project Respect (CLICK HERE) or go to www.projectrespect.org.au

Emmy Monash Choir
Bringing Harmony to Victims of Extreme Trauma

By: Andrew Masters

Rina sits in a recreation room of the Emmy Monash Aged Care Centre in Caulfield, waiting for her husband. She looks to the door, expectantly. "He'll be here in a minute." she says. "You know, before the war, my husband had such beautiful blonde hair. He was a tailor and the Germans locked him in a cellar. When he escaped at the end of the war, he found out everyone was dead and the shock turned his hair white as a ghost." She looks back at the door. "I'm expecting him today. He'll be here in a minute."

Nearby sits Esther. Like many of her fellow residents, Esther is a holocaust survivor. She also suffers from dementia, and experiences flashbacks to the trauma she suffered as a Russian Jew imprisoned in Siberian labour camps. Anything can trigger the memories, but for those in Esther's position, the shower is especially dangerous. Recently the flashbacks transported Esther to a time where she relived the death of her father. She experienced the shock and grief of the loss as if for the first time.

Today is a special day for Rina and Esther - it's choir practice and the children from Wooranna Park Primary School are on their way from Dandenong. This will be the third time the children have visited to sing with the residents, courtesy of a grant from the Dandenong council. The choir is run by the Emmy Monash Centre's life enrichment coordinator and anthropology PhD candidate Pamela Bruder.

"The choir serves our residents in a number of ways." Pamela explains. "Primarily, of course, it's fun. But also, some of our high care residents with dementia have lost the ability to express their thoughts verbally. Through organised singing, these residents find themselves verbalising complete sentences and complete thoughts. That can relieve some of the frustration they feel."

"The choir also overcomes some of the divisions endemic in the aged care system. Residents of aged care facilities are classified and reclassified. Minimum care residents often find the conditions of high care residents confronting, and avoid contact. In the choir, though, everyone is equal."

Many residents have joined Rina and Esther in the recreation room by the time the bus from Dandenong arrives. The children are all smiles. They pour into the room and spread themselves around, sitting in seats reserved for them between the residents. Over the previous two visits some friendships have blossomed. There's happy greetings and swift catching up.

There may never have been a more diverse choir. The choristers vary in language, religion and cultural background as much as they do in age. Two factors unite them. The first is a love of singing. The second is a familiarity with trauma. Wooranna Park Primary, like the Emmy Monash Centre, counts many refugees among its community.

The songs in the choir's repertoire are all fun to sing, but they also contain special meaning for the choristers. Some are in English, and some in Yiddish. Pamela distributes just enough song sheets so that students and residents can share. Today's program includes 'What a Wonderful World' and 'Catch a Falling Star'. Before the singing begins, Pamela has an important announcement.

"On the 12th of October, we've been invited to perform for the public!" she says. "The Courage to Care organisation is putting on an exhibition to educate visitors about division and tolerance. They'd like us to sing at the opening!"

The announcement is met with bubbling enthusiasm, and then the singing begins with 'These Are Our Ways'.

For many thousands of years,

Our people have lived in this land.

For many thousands of years,

Singing and dancing in this land.

This is our story, the story of our people,

These are our ways, these are our ways.

Mason, the 11 year old school captain at Wooranna Park Primary, sings with gusto. He explains why his school group makes the two hour round trip to create music with the residents.

"It's something we will all remember for a long time. We get to meet and share experiences with amazing people, and that's exciting. We make friends and learn some of their life stories and languages, and then we all have fun together. I hope more schools get involved."

"The residents enjoy seeing us and we enjoy seeing them!" adds 9 year old Juliah.

There is a complex, spontaneous and impressive harmony both in the music and the room. With five songs rehearsed, there is just enough time to work on the choir's original song before the children must depart. The students call out words they think represent the goals of their choir: Culture, respect, communication, friendship, engagement and finally, music. The students and residents craft these themes into phrases, which they sing to the tune of 'What a Wonderful World':

We come together to share happiness,

We sing together and like it.

We are engaged in our stories,

We sing as one.

It's almost time to go. The students share cups of cordial and tea with the residents before heading to the bus. They take many grandmotherly kisses on the cheek as souvenirs. Rina departs the room in the company of a gentleman with distinguished white hair - her reclaimed husband. Esther traces the lyrics of 'These Are Our Ways' with her hand. The song evokes a strong connection between an anonymous people and their country. When Esther sings these words she knows exactly which country she considers her home.

"Australia."

Anne, another resident, agrees. "I was born in Berlin. My family moved to Tunisia to escape the Nazis. We were in Tunisia 6 years and then Israel 12 years, and then we came here. Everywhere there are bad things. In Poland, in Israel, always bad things."

She gestures towards the departing bus. "Only here there are good things." Anne touches her fingers to her lips and then raises them to the sky.

"Thank God for the good things."

Andrew Masters
Freelance Journalist

New Trauma Research QnA
Hand in Hand: Jewish and Indigenous People Working Together

Anne Sarzin and Lisa Miranda Sarzin

On April 22nd this year *Hand in Hand: Jewish and Indigenous People Working Together* was launched by NSW Minister for Community Services, the Hon Linda Burney. How long beforehand did "Hand in Hand" begin, what inspired the book, and what was the process along the way?

The Social Justice Committee of the NSW Jewish Board of Deputies generated the idea for the book. Jewish values and Jewish experience drive the Board's commitment to interfaith dialogue, anti-racism work and the pursuit of social justice, social inclusion and social harmony. The Board reaches out to other faiths and cultures with the aim of promoting interfaith harmony, and fostering greater understanding and respect between all the people of New South Wales. It is these principles, and recognition of the unique status of Aboriginal and Torres Strait Islander people as the first peoples of this country, that guide the Board's interaction with Indigenous Australians. For some time, members of the Board had discussed the idea of a monograph documenting joint Jewish and Indigenous initiatives, with a view to recording and documenting some of the links between Jewish and Indigenous Australians working together for a more inclusive and respectful society and, secondly, to inspire others to begin their own or similar journeys or to start their own conversation about important social justice issues.

Through a serendipitous meeting with Jenny Symonds, a member of the Board's Social Justice Committee, we learned about the proposed monograph and she encouraged us to apply for the job. What attracted us to the project was the subject matter. We were immediately drawn to the social justice theme and were intrigued by the relationship between Jewish and Indigenous people. We were already aware of some of the links and were very keen to explore the field.

We were appointed in August 2008 and met the project's steering committee with whom we had monthly meetings—Professor Bettina Cass from the Social Policy Research Centre of the University of New South Wales; Ilona Lee, President of The Shalom Institute; Professor Lisa Jackson Pulver, head of the Muru Marri Indigenous Health Unit at UNSW; and community activist Jenny Symonds—and we benefited from their support and counsel throughout the process. By the time we completed the manuscript in June 2009—ten months after we were appointed—we had conducted a total of 80 in-depth interviews, spoken to many more participants, and had done a great deal of background research.

We conducted background research before each recorded interview, which lasted at least an hour and often far longer. We transcribed the interviews and did additional follow-up research. We then wrote the stories based on the interviews and our research material.

Vic Alhadeff (CEO, NSW Jewish Board of Deputies) stated, 'side-by-side collaborative social action, involves people from different cultures and different beliefs working together, to encourage and enable real and positive change within their communities' (2010). How much does this notion underpin *Hand in Hand*?

The 'side-by-side collaborative social action' is exemplified in those initiatives where there is genuine engagement and meaningful conversations, where people do not assume what the needs or answers are but, through mutually respectful relationships, together identify the issues and propose and develop solutions within a consultative framework.

The title of our book exemplifies this philosophy and is a metaphor for these respectful friendships and connections between people from different backgrounds, cultures and traditions, who are committed to positive social change. In our conclusion, we quote Professor Mick Dodson, who 13 years ago said:

> We have extended our hand to other Australians. Those Australians who take our hand are those who dare to dream of an Australia that could be. In true reconciliation, through the remembering, the grieving, and the healing, we become as one in

> the dreaming of this Land. This is about us and our Country not about petty deliberations of politics. We must join hands and forge our future. Will you take our hand? Will you dare to share our dream?'

In that sense, every person we interviewed in our book dared to dream and extended their hand to the other. They all dared to dream of people from different places and mindsets meeting together in harmony and working together to benefit all Australians and, in so doing, to inspire and encourage the further work that is still required.

What proved to be such a motivating force for us as authors were the powerful personal stories our interviewees shared with us that illuminated the best traits in human nature that propelled them towards people with different traditions, beliefs, backgrounds and cultures. The first story we tell is that of a Yorta Yorta man, Aboriginal activist William Cooper, who set an enduring benchmark for compassion and social justice; and his story speaks to us today of principles and ethics that continue to inspire many in both the Indigenous and Jewish communities. In 1938 after the horrors of Kristallnacht (the night of broken glass) in Germany and Austria, when Jewish people were assaulted and arrested, their synagogues burned, their businesses looted and vandalised, and glass littered the streets, he led an Australian Aborigines' League protest march through the streets of Melbourne in a courageous attempt to deliver to the German Consulate a petition condemning the Nazi persecution of Jews. William Cooper's actions revealed a man with a love of humanity and the vision and courage to look beyond the problems of his own people and to take up the cause of a people in distant Europe. This spirit, moving beyond the boundaries of one's own situation to embrace others, underpins all the compelling stories of the book.

Although William Cooper's delegation was unsuccessful in gaining entry to the German Consulate, locked on the orders of the Consul General, their action remains a strong symbol of the refusal to be silent in the face of injustice - a recognition of our common humanity.

We also tell the story of the teenage James Spigelman, now Chief Justice of New South Wales, who worked alongside Aboriginal activist, Charlie Perkins, to organise the legendary 1965 Freedom Ride which confronted Australians with the racism endemic in regional NSW. And we include the story of the late Ron Castan, who led the successful Mabo court case that gave legal recognition to Native Title. Ron's post-Holocaust vigilance against the resurgence of antisemitism led naturally into his battles for Indigenous land rights. He said:

> It troubles my conscience that it took me until 1971 to really commence to see that the determination not to stand by and see the Jewish people downtrodden and persecuted was meaningless if I was standing by and seeing another oppressed people downtrodden and persecuted within my own country.

Students on the 1965 Freedom Ride

Tribune/SEARCH Foundation, Mitchell Library, State Library of New South Wales

Jeff McMullen states *Hand in Hand* is really untold history. This collaboration in the struggle, that is in some ways universal ... people who are torn up from their land, who are unable to live in peace without some kind of oppression. The shared heritage of the struggle created an empathy ..." (29/4/2010).

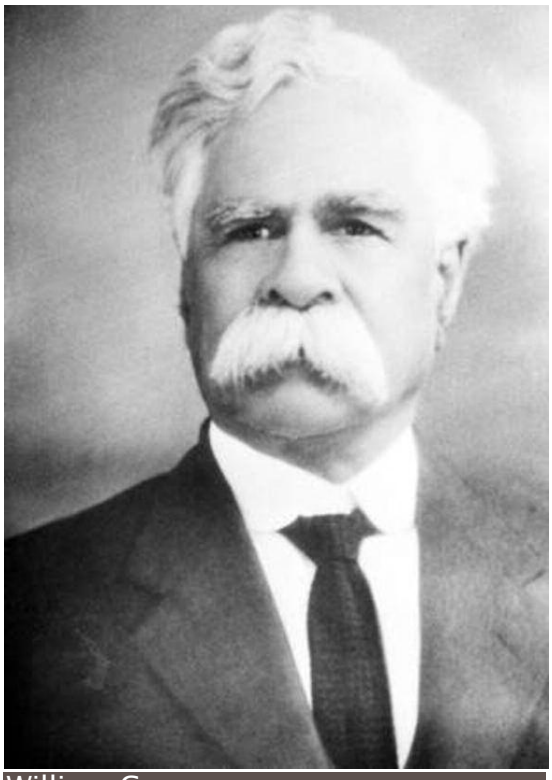
Is it accurate to say that through individual stories *Hand in Hand* documents the commonality of indigenous and Jewish cultures and peoples? How did you discover these stories, and were there any stories that missed out on being included in the book?

In launching the book, the Minister of Community Services, Linda Burney MP, stated that in Australia our most disadvantaged and vulnerable groups are the Aboriginal and Torres Strait Islander communities. She said, "We bear the wounds and scars of a history fraught with tragedy and the miscarriage of justice." Linda Burney continued:

> Jewish history is also fraught with hideous deeds and actions. We are fellow travellers, the Jewish and Aboriginal people. The Jewish identity in the 21st century has been shaped by the memory of the atrocities of the Nazis. And for many Jews, their recent history has compelled them to support reconciliation, justice and freedom for all people, regardless of their nationality, ethnicity or religion.

Collectively, Jewish people know what it feels like to be discriminated against, to be socially marginalised, persecuted and the target of genocide. In our research, this collective experience emerged as one of the main motivators among the Jewish participants who become more engaged with social justice issues in Australia. In addition to experience, Jewish ethics plays a large motivating force in reaching out to others. The book expands on some of the key ethical considerations and addresses the question of whether I am my brother's keeper, and the answer is a definitive yes.

The book is full of examples of Jewish and Indigenous people discovering what Donna Jacobs Sife describes as 'whisperings of resonance between us'. The commonalities go beyond an understanding of being marginalised and a history of persecution and genocide. There is also a shared understanding of the connection to land, great storytelling traditions and, remarkably, a sense of humour – to name a few.



William Cooper
Alick Jackomos Collection. AIATSIS

Through the many inspiring stories we have gathered, we have noticed how genuine engagement has led to transformative change. And along that journey, individuals have discovered not only points of commonality but points of difference. As Heather Laughton, an Arrernte woman in Alice Springs told us: 'we can be strengthened by our diversity'. Heather is the Northern Territory co-coordinator for *Together for Humanity*, an interfaith non-profit organisation that conducts programs in schools to challenge stereotypes and emphasise the shared values and common humanity of all people. Heather says:

> I can see that given the right opportunity and support, phenomenal changes can be made. Because you deal with racism every day. You walk into it no matter what, and no matter how hard you try you get knocked down again and fall in a well and you are like a drowned cat trying to climb out the side of the wall because you lose hope. And you know, one day you are just going to let go.

And for many Australians this is true, every day there are racist, sad and bad news stories and it is easy to feel a sense of hopelessness. So the process of writing this book was very uplifting for us because we had the opportunity and privilege to hear and record the 'good news' stories of people who work side by side, striving together for social justice and whose work inspires hope. It is their stories, which often have very humble beginnings, that have the potential to make the greatest impact and constitute the foundations on which others can build.

Paradoxically, the people engaging in collaborative initiatives have also discovered the strength of their own traditions as well. As we state in our conclusion:

> Some find that in walking an uncharted path that leads to communities and people they've never met before, they not only embrace the other but also embrace—many for the first time—their own heritage, stimulated by pride in their own traditional culture, ethics and ancestral wisdom. Together, Jewish and Indigenous people discover the commonalities that add depth

> to their interactions—Jewish people's respect for and recognition of Indigenous people's attachment to land rich in spiritual, historical and mythological meanings; the hopes they cherish for their personal and family safety and national wellbeing; the values they share concerning freedom for all peoples; and their profound commitment to being their brother and sister's keeper in a sharing society, an undertaking that carries with it obligations and responsibilities.

Interestingly, aside from our research and the discussions we had with the book's steering committee, the people we interviewed proved a rich resource for referral to activists in the field, colleagues, friends or those whose reputations and deeds had earned them respect in the cross-cultural arena.

It was never intended that the book should be a comprehensive survey of collaborative initiatives in this field—and there are many stories that remain to be told—but it is intended as an illustration of what can be achieved by people of goodwill from all communities and faiths who wish to make a positive difference and bring about healing.

What were your findings regarding trauma from the 80 in-depth interviews, what themes arose through the process, and were there any that resonated particularly for you?

For many interviewees from the Jewish community, the Holocaust had shaped their world view and sharpened their desire to make a difference in the world through anti-racist actions and the upliftment of persecuted or marginalised people. The Indigenous people who shared their stories with us were similarly scarred by their history. Sydney attorney Roland Gridiger, for example, told us that his interactions with representatives of Tranby College, an Aboriginal educational institution in Sydney, improved significantly when he told them he was a child of the Holocaust, whose father was arrested ten weeks after his birth in 1944 in Nice and was never seen again by his wife or child. It was only when he told Tranby's representatives about his own past and the history of the European Jewish community, also an oppressed people subjected to genocide, that he allayed suspicion. That mutual understanding of a shared history became a stepping stone on the path to achieving their joint objective, the establishment of an award to support the documentation of oral histories in order to preserve traditional Aboriginal culture.

Based on our research, saying 'Sorry' is just the beginning. Former Prime Minister Kevin Rudd's apology is part of the healing but not an all-encompassing response. It paves the way for what needs to happen. We hope the book is a contribution to that process. It documents what happens at an individual and organisational level and these stories are models for ways in which people can progress from trauma towards the fulfilment of shared goals. This interaction brings therapeutic healing; and the stories, dialogue, and constructive engagement bring about true reconciliation. The bedrock, however, is respect and consultation.

Aside from this respect and consultation that characterised the successful initiatives, we also noted a recognition of the dignity of the other and the special place that Indigenous people have as the first nations of Australia.

What struck us throughout the research and writing of the book was the positive, creative and constructive energy of those engaged in these initiatives, despite the personal and collective traumas that might so easily have destroyed their will to survive, prosper and make a difference. Rabbi Raymond Apple, a longtime activist in the field of interfaith and cross-cultural relations, described for us his own life-affirming philosophy, his 'four hopes':

> The hope that the Stolen Generations, still hurting, will continue the journey of healing.
>
> The hope that the Indigenous Australian community will find some comfort in the thought that others have, however late and with all their limitations, taken up the cause of their right to their identity.
>
> The hope that the opportunities to which we are all entitled will never again be withheld from any Australian.
>
> The hope that Australia will always celebrate the rich diversity which is its people; honour each other regardless of

colour, race, religion or origin; reject any philosophy of racism whoever proclaims it; and protest against every expression of prejudice, and uphold freedom and justice for all.

Were there limitations to your research? What are the implications / directions for further research in the area?

The book was never envisaged as a comprehensive account of all the collaborative initiatives involving Jewish and Indigenous people in Australia. As the NSW Jewish Board of Deputies commissioned the book, its scope is generally confined to NSW. So a study of initiatives in this area could be extended more comprehensively and nationally.

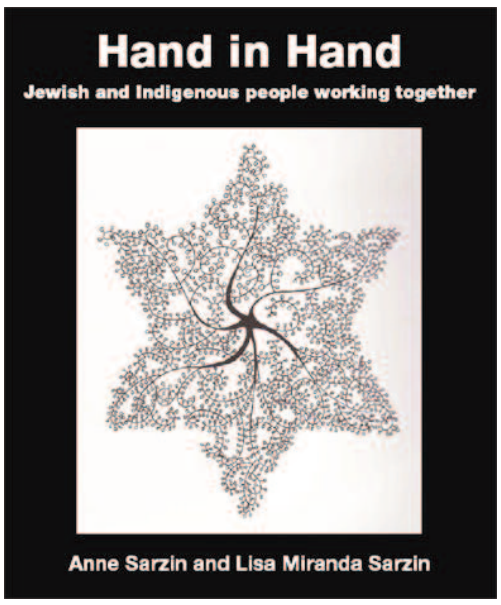
While the emphasis of the book is mainly on contemporary rather than historical links, we have featured a few key historical connections, mainly examples of what motivates people to reach out to others. Nonetheless, in our preliminary research into the historical connections, we came across interesting individuals whom we excluded, for example, the 19th century Jewish composer Isaac Nathan, who wrote The Southern Euphrosyne, which featured Aboriginal songs and music. A future researcher might wish to focus on the early history and the personalities engaging in cross-cultural exchanges, evaluating these both within the context of societal values and mores pertaining at that time, as well as from a contemporary perspective.

About the Authors

Dr Anne Sarzin, is a widely published journalist and editor. She has a PhD in English Literature from the University of Cape Town, having written a thesis on the playwright Athol Fugard. For her Master of Arts degree from UCT, she wrote a dissertation on the political novels of Benjamin Disraeli. She worked for many years as the University Writer in the Media Unit at the University of Sydney and then, as Editor, at the University of Technology, Sydney.

Lisa Miranda Sarzin has worked as a solicitor in Sydney, first at Blake Dawson Waldron where she was appointed Senior Associate in 2001, and then from 2002 to 2009 as Senior Legal Counsel with the MLC Legal Team, part of the National Australia Bank Group. She has a Bachelor of Business and a First Class Honours degree in Law from UTS; a Master of Laws from the University of Sydney; and is a doctoral candidate at UTS. Lisa has won numerous academic awards and was the first Australian recipient of the Lord Templeman Scholarship, enabling her to study Law at the University of the West of England, Bristol, in 1994.

Anne Sarzin and Lisa Sarzin
Authors



To purchase *Hand in Hand: Jewish and Indigenous People Working Together*, download the order form by clicking on the book cover on the left.

To listen to Rhianna Patrick interview co-author Lisa Sarzin on ABC National Radio's "Speaking Out" click the program's icon on the right.

To watch the Jewish News (JNTV) online video coverage of the book launch, in:
high resolution (15.5mb) click here
low resolution (7.5mb) click here.

ASTSS Media Award Showreel - 2010

The ASTSS Media Award has been an annual highlight event for nearly a decade.

Each year the ASTSS Media Award acknowledges and rewards high standards in the reporting of traumatic and highly stressful events. The Award is open to the three major forms of journalism media: print (newspapers, news-magazines), radio, and television (news, current affairs programs).

The Media Award is open to all journalists, photographers and broadcasters who show responsible and credible coverage of crime, family violence, natural disasters, accidents, war and genocide and other traumatic events.

The winning journalists' work takes into account critical aspects such as:

- Portraying the traumatic incident with sensitivity, accuracy and insight
- Being clear, engaging, with a strong theme or focus
- Being sensitive to individuals, families and communities
- Showing the broader impact of traumatic events on individuals and communities
- Avoiding sensationalism
- Maintaining high ethical journalistic practice

The Award is judged by a panel of eminent journalists and a representative from the ASTSS Management Committee, all of whom donate their time for the Media Award Process.

Previous judging panels have included: Bill Birnbauer - The Age; Julie Ann Davies - The Australian; Paul Bethell - Journalist Educator Deakin University; Brett Mcleod - Channel 9; Rob Curtain - 3AW; Kathy Bedford - ABC Radio; Peter Mares - ABC National Interest; Peter Wilson - Senior Cameraman ABC; Felicity May ASTSS Media Award Chairperson 2006-2010; Kathryn Bowd - Program Director, School of Communication, Information and New Media, University of South Australia; Colin James - Chief Legal Reporter, The Advertiser; Katrina Kincaid-Sharkey - Independent Journalist; Sandra Winter-Dewhirst - State Director, South Australia ABC; and Helen Prouse, 2005 Media Award Chairperson ASTSS.

In 2009 ASTSS acknowledged, with a special Media Award, the 774 ABC Radio Team for its exemplary coverage of the 'Black Saturday' bushfires and its aftermath. ASTSS notes the attention by the team to ensure individuals and communities were approached compassionately, and that their stories were genuinely given voluntarily. Whilst respectful of community sensitivities, the 774 ABC Team provided practical support and links to critical resources. In particular, ASTSS noted the coverage of reports and the progression of the fire while it occurred. Confirming their outstanding commitment, ABC's 774 Team provided an exhaustive coverage during the initial stages of the disaster. ASTSS believed this continual air coverage informed the Victorian regional community and undoubtedly saved lives.

Other winners have included: Jane Cowan (2009); Mark Forbes (2008); Patrick Emmett (2007); Ian Henscki (2006); Peter Mares (2003).

Keep checking the ASTSS website for details and updates on the 2010 Media Award.

By clicking the links below you can watch the ASTSS Media Award Showreel:

Part One
(introduction to ASTSS Media Award)

Part Two
(Jane Cowan - Victorian Bushfires)

Part Three
(Jane Cowan, Peter Mares, Mark Forbes - Garuda Airline Disaster)

Part Four
(Patrick Emmett - Childhood Sexual Assualt)

Part Five
(Patrick Emmett continued from part four and conclusion)

Australian Centre for Posttraumatic Mental Health

The ACPMH Annual Literature Summary

For the past seven years, the Australian Centre for Posttraumatic Mental Health (ACPMH) has produced an annual summary of the key literature pertaining to posttraumatic mental health with a focus on veteran and military mental health. This area of the literature is rapidly expanding, with over 1600 articles published in peer reviewed journals in 2009. It is difficult for even the most dedicated practitioners and researchers to keep up-to-date with the recent developments in the field. We hope that the ACPMH Annual Literature Summary provides a useful brief synopsis.

The ACPMH literature summary sources articles using standard scientific databases, notably Medline, Web of Science and PsychInfo, with the following search descriptors: veteran* or defense or defence or military AND mental health or psych*. Most of those selected for inclusion in the annual summary appear in relatively prestigious journals, although some articles are included from less established publications when appropriate.

The annual summary of the 2009 literature was divided into the following sections: Prevalence; Vulnerability and Protective Factors; Gender; PTSD, Veterans and Suicide; PTSD Treatment; Barriers to Care; Technological Advances; Veterans and Their Family; Physical Health and Veterans; Traumatic Brain Injury (TBI); and Rehabilitation and Injury. We chose these sections because of their relevance to practitioners and because we considered these areas to be growth areas within the literature.

Readers of this literature summary need to remember that all the research highlighted in the summary should be read in the context of the vast body of research that has preceded it. While some attempt is made to put some of the research into context (e.g., if a new study has findings contrary to other studies on the same topic), essentially this is an informed but uncritical summary. Readers are advised to follow up any references in which they are interested.

The 2010 ACPMH annual literature summary of articles published in 2009 can be found by clicking here or at the address below.

Visit the ACPMH site by clicking the on logo.

Australian Centre for Posttraumatic Mental Health

ACPMH Annual Literature Summary 2010 - www.acpmh.unimelb.edu.au/resources/lit_summary.html

ACOTS Australasian Conference On Traumatic Stress 2010

Australasian Conference On Traumatic Stress - 2012

ACOTS 2012

The next Australasian Conference on Traumatic Stress will be in Perth, Australia in September 2012. We look forward to seeing you in Western Australia, for all ACOTS updates visit www.astss.org.au or www.acpmh.unimelb.edu.au

Become a member of ASTSS

Join other professionals, academics, clinicians, and researchers with an interest in (i) extending the understanding of traumatic and highly stressful events, (ii) preventing traumatic events and sequelae and (iii) the treatment of major stress and trauma within the Australasian region.

Back from the Front, Combat Trauma, Love and the Family by Aphrodite Matsakis

Book Review By: Daniel Torpy

This intriguing book considers what practitioners and theorists of trauma issues think about but often neglect. The author, Aphrodite Matsakis, looks at the partners of combat troops and their family.

Western culture treated WWII veterans like heroes. In contrast more recent returnees from the fronts of Iraq, Afghanistan, the Gulf countries and Vietnam were given painful reminders on their return that they were generally exempt from hero status. Only in recent times have governments been shamed into guilty acceptance of the brave and courageous endeavours of these troops who were in Vietnam over forty years ago. Not only have we become aware of their former shameful treatment but also the social humiliation of partners, mostly wives, of these men cruelly rejected by society when suddenly being a veteran of combat, became politically incorrect.

Imagine the social death occurring for partners and young adults in a family who could not speak of loved ones experiences, for fear of being stereotyped as war hungry. It reminds me of the clinical work achieved with peacekeepers returning from African and European missions who were emotionally shattered by their experiences and visions of after war atrocities. Trained for combat yet unarmed and unable to strike out they returned home described as “weak” and “wrecks” by some of their commanding officers and peers. It was particularly the families and especially the partners of these men who suffered social death situations.

This book details many scenarios of posttraumatic stress in veteran combat troops where partners and families served to protect them from the cruel taunts of the media and society. It highlights that many veterans internalised their pain and suffered alone. And so did their families. The average age of a Vietnam soldier was 19 while the average age of a World War II soldier was 26.

Ninety percent of those who return from recent conflict are men, so this book is addressed to women in particular, but the lessons learnt are relevant to both men and women in all levels of society. It is written for those whose suffering is not yet over and wish to start the healing. What is pertinent but not stated, is that the majority of veterans returned with a resilience that enabled them to re-enter society with their partners and families. Although, it is still estimated that forty percent suffered some form of posttraumatic stress disorder.

It is also worth noting that while reading this book the various Victorian bushfires occurred. 173 people died, and 153 died in their own dwellings. The interminable Bushfire Commission and the Inquest into the deaths of these people continues to be a daily news item for the media. It runs alongside the chilling experiences of those who survived the bushfires. While most of these have been outstandingly resilient there are others who are tormented by the very fact of having survived. There are also the partners and families of these survivors. Then there are the partners and families of those who represented fire-fighters, ambulance workers and police. They may well find this book has some strategies and responses that would be extremely helpful.

Chapter five is a most interesting chapter devoted to the mix of complex sexual issues confronting returning combat soldiers. Sexually unfulfilling relationships, while they exist also in everyday society, were much more prominent in combat troops returning home. A variety of reasons are distilled throughout the chapter. The following extract is particularly poignant:

“Women in sexually unfulfilling relationships sometimes turn to their children, to their work, or to church, community, or other activities to find comfort and fulfilment. Some women can openly acknowledge their disappointment and anger; others deny these and other negative feelings, bury them with excess food, or express them through a physical or emotional symptom or an addiction. The possible negative impact of combat trauma on a veteran’s sexual happiness and that of his partner can be viewed as yet another casualty of the war” (p.163).

Chapter six is the predictable chapter on anger and aggression. The instant reactive decision made in the context of a war zone can save lives. The same decision in civilian life can sponsor chaos.

Self control in anger situations and appropriate grief reactions are issues for everyone. This chapter highlights the complexities for combat veterans returning to intimate relationships where inappropriate anger responses can be destructive to partners and their families. As the author summarises:

"[S]ome female partners of veterans are in touch with their anger, others are not. Often they are ambivalent about their anger, especially if they were raised to believe that anger was not feminine. Just as for combat veterans, anger for their partners can be a defense against grieving and guilt. Anger can also be a defense against feelings of guilt for not having done more for their veterans or family. Like their veterans, partners can suffer from impacted anger, which can lead to problems such as depression, stress-related physical problems, or addiction" (p.195).

Modern media images of the working-woman often reflect cultural stereotypes of a person who glides from one role to the next without anxiety, conflict or effort. These sex role paradigms die hard and reflect that when women feel emotionally depleted they quickly become resentful when societal expectations register that they should be able to cope. It is in this context that domestic violence can escalate. The veteran's risk of hurting his wife or girlfriend may have been intensified by his war experiences, but it extends primarily from other sources – excessive alcohol use, impacted traditional roles, economic and emotional dependency, intense self-loathing, and the above role expectations. Domestic violence ("battering" in the USA sense) lessens "when the vet learns to identify and constructively express his left over anger, grief and guilt from his war experiences, and when he learns to root his sense of mastery, competency and achievement in developing his skills and talents rather than in dominating women" (p.239).

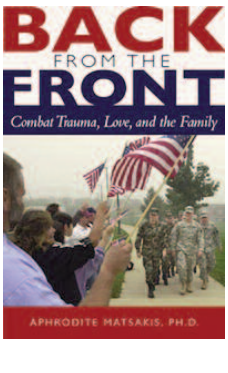
There are excellent chapters on both children in veteran families and women veterans. There is not time in this review to adequately attend to these chapters. Suffice to say that 27% of women veterans who were in Vietnam (mainly as volunteer nurses) were suffering from PTSD several years after their return (p.270). This leads to the question of how to help women as partners of war veterans or veterans themselves. The chapter entitled "The Hope of Therapy" is very instructive. "While drugs are useful they do not treat combat trauma; only the symptoms associated with it. By reducing the severity of the symptoms medication can increase the ability to function and deal with the roots of the symptom" (p.372). Certain emotional conflicts will not be totally eliminated but are simply outgrown. The deficit model where there is an emphasis on the diseased and deficient client focusing on a self perception that "I am sick, wrong and inadequate" is replaced with a therapy model that discovers and develops strengths where the stressors have come from an abnormal experience of life. The emphasis is on healing and that means, "confronting what hasn't been confronted; integrating what hasn't yet been integrated, and binding up emotional wounds. Neither you nor your vet needs to be " fixed". You simply need support and help in identifying and beginning to resolve (or act in spite of) some of your inner conflicts as well as help in mobilising your inner healing and creative powers" (p.376). This underlines an internal resilience that can be vastly underestimated in the lives of partners of war veterans or partners of those who have been through extreme stress situations. Healing is a life long process.

In Appendix A, Matsakis identifies American-based resources which are not all that helpful for an Australian audience. Appendix B is more useful and provides book titles that are recommended reading under specific areas – e.g. depression, family violence and trauma – working upward to the "technical but still helpful" categories that are aimed at clinicians. Then there is a most advantageous Appendix C, entitled " Guidelines for Effective Communication" - here are extremely helpful hints for partner communication in various stress situations (pp.447 – 448).

In summary this was a stimulating book with practical guidelines. "Back From the Front, Combat Trauma, Love and the Family" is recommended to the ASTSS population of practitioners in the field of trauma research and trauma intervention and to clinicians in general.

Daniel Torpy
Psychologist
Western Victoria ASTSS

Click on cover to read more about *Back From The Front*.



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