

Stress Points

eJournal of the

**Australasian Society for
Traumatic Stress Studies**



Autumn 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.

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FROM THE PRESIDENT

GRANT DEVILLY

With the bushfire season behind us and many breathing a sigh of relief, it is with great pleasure that I send you this autumn edition of *Stress Points*. Courtesy of our diligent and excellent editor, Bronwyn Tarrant, this edition provides training, tools and information. You will notice that there is a distinct child and youth trauma focus in this issue, something that is not frequently achieved due to the paucity of guidelines, research and practice facilities in this area.

As we really get into our strides for 2010, I thought I would update you on our focus since the last edition of *Stress Points*. In particular I'd like to welcome our student representative, Fiona Leeson from Flinders University, to the Central Management Committee (currently as an ex-officio). Fiona has been concentrating on increasing our student membership by helping us to meet the needs of such a membership. It is my view that any voluntary organisation will continue to thrive only if it is continually being built from the bottom-up. With only 6 student members in 2008 it was the view of the committee that more emphasis should be placed in attracting students (whether they be students at university or probationary registered mental health workers). This has led to the recent scholarship offer for up to five students to attend our annual conference in Brisbane this year, in addition to our usual student research awards.

The conference itself is shaping-up into a major Australian event and we are, at this stage, expecting up to 4 parallel sessions running during the two day conference. We will also be offering three parallel pre-conference workshops on: trauma, forgetting and mindfulness; child trauma and working with teachers; and resilience in the face of loss. Together with the Australian Centre for Posttraumatic Mental Health we have continued the ACOTS (Australasian Conference On

Traumatic Stress) identity to host this event. As you will see in this issue, our keynotes include Prof Richard McNally from Harvard, Prof George Bonanno from Columbia University, and our own Prof Beverley Raphael from the Australian National University. With social events such as a conference dinner while floating on the Brisbane river, free welcome drinks and picnic style lunches in the Brisbane Botanic Gardens, we expect this to be a very well attended and vibrant conference. Together ASTSS and ACPMH have kept the conference fee at the 2008 ACOTS rate. The difference between member and non-member conference rates is the cost of an ASTSS membership, so we encourage people to join ASTSS.

We have also been focusing recently on making our website a useful and easy to use instrument of the society. This has included providing more materials, such as podcasts, psychometric questionnaires, and interpretative software, for downloading by our members. It has also meant focusing on the more mundane necessities of operating such a service, such as ironing out glitches (e.g., membership renewal options) and adding new options to network. Of course, as we come to rely more on the website for our day-to-day method of interacting with our membership we welcome any suggestions you may have.

In the coming months we will be focusing more on running local speaker events and speaker tours and I invite you to write to us with requests for such events. We are also already planning for the 2011 Master Class and the 2012 ACOTS conference.

Yours sincerely,

A/Professor Grant Devilly,
ASTSS President



EDITORIAL

Welcome to the Autumn 2010 *Stress Points*.

In this edition we feature: two articles about the Haiti earthquake recovery effort 10 weeks after the disaster; a paper about a youth-specific trauma intervention precipitated by the Victorian 2009 Bushfire Disaster, a discussion of the traumatogenesis of Borderline Personality Disorder; and, reviews of books, videos, and curriculum tackling trauma. The regular ingredients - Trauma Classic; New Research *QnA*; ACPMH Update and ACOTS Update - are joined by our new regular contributor the Australian Child and Adolescent Trauma Loss and Grief Network.

Stress Points, the ejournal of the Australasian Society for Traumatic Stress Studies, combines text, audio, and video to deliver a multiplatformed enriched "reading" experience. Whenever a picture or graphic appears, click on it to open a further level of information delivery - direct to your screen. At the end of an article or page, the ASTSS icon will appear - click on that icon to return to the 'Contents' page, and click on the titles / page

numbers in the contents to go directly to your selection. Click on the author's name in the paper's title bar to find out more about their work - remember to login when directed back to the ASTSS website.

Video files in this issue are courtesy of UNICEF Television, Save the Children and Miramax Films. Don Delillo audio files are supplied by Simon and Schuster, and NCR. Links to the *After the Emergency* audio and video files are courtesy of the Australian Red Cross.

Stress Points thanks: Martha Tattersall, Jacqui Pringle, Loren Hackett, Andrew Masters, Save the Children, Dr James Chu and Dr Elspeth Macdonald, for their assistance in this edition.

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

Bronwyn Tarrant
Editor





The traumatic impact of the January 12 earthquake will affect generations of Haitians as hundreds of thousands of children are orphaned, injured, displaced, grieving and abused. Martin Thomas from UNICEF Australia contributes this article ten weeks after the disaster.

Do we know how many children lost their lives? How many children lost one or both parents? How many children are homeless?

This was an emergency in which children were on the front line. With more than 40 percent of Haiti's population being under 18, children proved the most vulnerable both to injury and death during the devastating earthquake but also to deprivation, isolation and abuse after the disaster.

It is estimated that the Haiti earthquake killed more than 200,000 people, many of these were children. We may never actually know how many as, even two months after the quake struck, many bodies remain buried under the rubble.

What we do know is that 1.5 million children have been directly affected by the disaster and many remain at risk and require assistance and protection. But these figures tend to hide the horror and suffering that has unfolded in Haiti. One UNICEF worker recalls that in the early days of the disaster response, the only real 'medical' treatment that could be provided was amputation. In the tropical heat, most victims were already suffering from gangrene when they arrived in the makeshift hospitals. The scenes were horrendous. One of the 'hidden tragedies' of this disaster will be the generation of children amputees.

Many children have lost one or both parents. Others have been separated from their families. There has been evidence of children being trafficked out of the country illegally. It is difficult to be exact in terms of the number of children who are alone; estimates put the number of displaced children at more than 300,000. UNICEF has set up Child Friendly Spaces, which benefit up to 55,000 children. We have also worked hard to provide support to child centres, such as orphanages, providing food and medicine.

One feature of the response has been the effort to get child protection messages out to aid the reunification of children and parents and to let people know where children will be safe. More than 3 million people have been reached with these messages through radio and a further 1 million through SMS.

How has UNICEF intervened and taken action in Haiti and what are the timelines?

UNICEF, other UN agencies and aid agencies have made considerable progress in supplying emergency assistance. Over three-quarters of the 1.2 million people in need of emergency shelter have now received shelter materials and plans are now underway to make shelters more resistant to strong winds should a hurricane strike.

Nonetheless, there is still a tremendous amount of work to be done, especially on relocating people out of harm's way from sites liable to flooding and landslides. With the rainy season looming, there is a major risk of disease as debris from the quake, including bodies and human waste, threaten to swamp densely populated camps and suburbs. As the first heavy rain storms hit the island heralding the start of the rainy and hurricane season, UNICEF is pre-positioning emergency supplies in anticipation of supply routes being cut off as roads become flooded.

In the longer term there are three focus areas in which UNICEF is focusing in terms of recovery; they include (i) getting children back in school, (ii) preventing under-nutrition and (iii) protecting the most vulnerable children from violence, exploitation, abuse and neglect.

We know from other natural disasters that re-establishing routines and infrastructure are vital elements in assisting children through disasters. How are communities engaging and supporting children, and how is UNICEF engaged within these strategies?

After any emergency, it is vitally important for UNICEF aid workers to bring a sense of stability and safety to those children who have been affected by trauma and devastation. While in most emergencies this return to normalcy is an acceptable goal of the humanitarian response, in the case of Haiti, something much more ambitious

is needed due to the fact that prior to the disaster basic services available to children fell so far short of international norms. One of the main ways UNICEF can achieve this sense of normalcy is through returning children to school. The earthquake in Haiti has directly affected an estimated 1.26 million children – approximately 700,000 of them school-aged. Now, together with its partners, UNICEF is supporting Haiti's Ministry of Education with the development and roll-out of a comprehensive plan to 'build back better'. The plan includes an official back to school on 1 April in as many areas as possible, as well as the launch of a national curriculum beginning later in the year.

UNICEF aid workers know only too well that education is one of the first lines of response in times of crisis. We know schools can provide a safe and protective environment for children and this is particularly true in this emergency, which is a children's emergency. Schooling is a means of restoring a sense of normalcy to the lives of children and can help them overcome psychological and other forms of distress.

Yet because so many schools in Haiti were destroyed, schooling must start again under tents. To support schools like Ecole Sainte Therese, which have already resumed classes, UNICEF has put 25 tents, 100 schools-in-a-box and 100 Early Childhood Development Kits in the hands of school directors in Jacmel. At the same time, UNICEF partners distributed supplies of life-saving medicines.

For the official reopening of schools on 1 April, 1,400 tents of 72sqm will be in place. UNICEF has already distributed 600 tents, and will receive an additional 800 tents between 15 and 20 March. The total amount of tents will benefit over 200,000 children (two shifts per tent).

The schools have had to start over from almost nothing. Getting children back in school will allow them to take their place in the country's development.

The extraordinary scale of this disaster, the enormity of the rescue efforts and the pressing demands on relief agencies has been unprecedented. What has been the experience of UNICEF aid workers deployed in Haiti? And how are they being supported through this experience?

This disaster has not spared aid workers. The UNICEF offices in Port-au-Prince were badly

damaged by the quake and while none of our staff were killed, they were all deeply affected. One worker lost her husband and another lost his three children.

Workers who flew in to help were confronted with gruesome scenes of death and injury. There was little infrastructure. In the first days they operated out of a tent without lights. The work was exhausting and the conditions incredibly trying. UNICEF now has hundreds of workers in Haiti but the work there still remains terribly challenging and for many aid workers it will take time to deal with some of the terrible things they have experienced and witnessed.

As key stakeholders in Haiti relief operations, what are UNICEF aid workers needing on the ground and what can people do to support these efforts?

More than two months after the earthquake in Haiti, we are still very much in the emergency response phase of a relief effort of enormous magnitude, and will remain so for months to come given the scale and complexity of the crisis.

While the initial relief effort received a generous response from Australians, the recovery in Haiti and the efforts to transform it will take an enormous long-term international response.

This is why UNICEF Australia is encouraging Australians to become a Haiti Partner, allowing Australian donors who are concerned about the future of Haitians to remain directly informed about UNICEF's rehabilitation of the country as they continue to fund our work over the next 12 months. This will ensure that Australians are helping Haiti build back better. While much has been done, there is still a tremendous amount of work, especially on relocating people out of harm's way from sites liable to flood and landslides. Some 21 camps in Port-au-Prince with 218,000 people have been identified as unsafe due to risks of flooding and landslides. UNICEF will be providing basic services in the fields of Water, Sanitation and Hygiene, Education and Child Protection.

The ability of organisations like UNICEF to continue their work on the ground in Haiti is directly related to the funds it can raise in countries like Australia. UNICEF receives no UN funding, it relies entirely on private donations. To become a Partner in Haiti, call 1300 884 233 or visit www.unicef.org.au

What is the system of child and adolescent mental health care like in Haiti? How would children at risk

of mental health issues be identified and supported?

The impact on the children of Haiti will be profound. It will be both physical and mental. It has been two months since the disaster and the emergency response is still really focused on saving lives. The longer-term response will seek to tackle the mental scars that the earthquake has caused. For now, one of the major achievements we can make in helping to heal the children is to get them back into school where they are protected and nurtured. If we can bring some sense of normality, a sense that there is hope that things can return to the way they were before, it will be a start to the healing process.

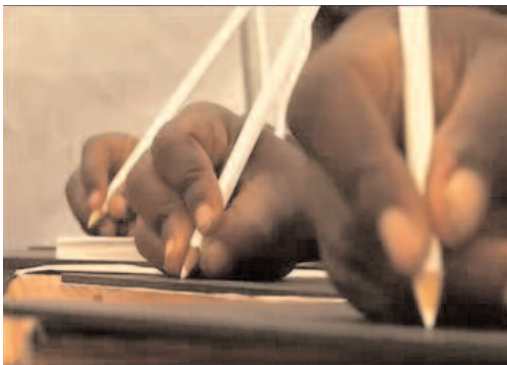
The following videos detail UNICEF responses in Haiti including interviews with UNICEF field staff, Haitian Minister for Education, UNICEF Director of Emergency Programmes, and survivors. These videos appear courtesy of UNICEF Television.

1. [Tent Classrooms And School Kits Help Restart Education In Haiti Quake Zone.](#)
2. [UNICEF Sets Up "Tent Schools" For Children To Return To School In Haiti.](#)
3. [After Earthquake Haiti Braces For Storm Season.](#)
4. [Reaching The Most Remote Haitian Earthquake Survivors With Safe Water.](#)

Ensure you are connected to the internet, then click on the image and the video will open in a new window and be streamed for your immediate viewing.

1

20.5mb



"The tent school was one of the most cheerful places I've been since arriving in Haiti"

1

Diana Valcárcel

The Ministry of Education estimates that 80 per cent of schools west of Port-au-Prince were destroyed or severely damaged in the earthquake, and 35 to 40 per cent were destroyed in the south-east. This means that as many as 5,000 schools were destroyed and up to 2.9 million children here are being deprived of the right to education.

In the wake of the earthquake, a logistical 'Education Cluster' of organizations was created - co-led by UNICEF and Save the Children - to support the government in getting children back into schools.

2

2

14.7mb



"It will create a huge challenge for all of us in terms of being able to provide support for people"

3

Louis-Georges Arsenault

As Haiti begins to dig itself out of the rubble of January's earthquake, UNICEF and its partners there are preparing to face another challenge - the rainy season.

The devastation caused by the earthquake has added another level of logistical difficulty to storm preparations. Aid agencies are racing to move people out of low-lying areas and prepare for the increased health threats that accompany the rains.

3

10.9mb



"That's a critical aspect of all our programs"

4

Micheal Ritter

4

13.4mb



LEOGANE, Haiti 26 February 2010 - Simple plastic buckets and inexpensive water-purification tablets are being used to provide safe drinking water to people living in the mountains outside Leogane, an area that was close to the epicentre of the earthquake that struck Haiti in January.

AFTER THE EMERGENCY AUSTRALIAN RED CROSS - YOUTH RECOVERY PROJECT

Australian artists are helping young people across the country recover from emergencies as part of a Red Cross youth project launched on the anniversary of the devastating Black Saturday bushfires in Victoria.

The project includes an MP3 player featuring a 45-minute radio program of information, music and interviews with Australian musicians, actors and sporting stars, as well as an online space where young people can share their stories, validate their experiences and help others.

Australian Red Cross State Manager Emergency Services Adam Dent said the project, an Australian-first for the emergency sector, was developed to fill a gap identified by communities affected by the Victorian bushfires.

‘Our staff and volunteers have spent the last year working with community members, schools and youth agencies across Victoria,’ Mr Dent said.

‘The gap that kept coming up throughout these discussions was the absence of a guide or resource that’s relevant to 12 to 25-year-olds recovering from an emergency’.

‘Australian Red Cross has resources that directly address the recovery needs of children, adults, families, people with a disability and seniors, but we didn’t have a resource that spoke directly to young adults in a language and format that was appropriate and accessible’.

‘So we set to work with young people, as well as youth-focused agencies and organisations to create something that would not only be useful to people recovering from the 2009 fires, but would also be relevant, useful and available for future emergencies – fires, floods and storms,’ he said.

As part of the development process, three focus groups were established involving young people from metropolitan and regional areas and included both fire-affected and non-fire affected participants. Questions of the participants included how people accessed information, preferred methods of communication and sources of information expected during an emergency.

Mr Dent said the two most common responses they observed during focus groups were ‘is what I am feeling normal?’ and ‘how are other people dealing with this?’. Red Cross staff also liaised with students, agencies working in the youth space, government representatives, youth workers in

bushfire-affected communities and the Australian Child and Adolescent Trauma, Loss and Grief Network throughout the development phase of the project.

‘We identified through our research that young people often feel isolated in their experience and reactions to emergencies,’ Mr Dent said. ‘They tend to feel as though no one feels the way they do, or that no one understands.’

‘The entire aim of the project was to offer young people the opportunity to validate their feelings through other people’s experiences’.

‘The idea of using music on the recordings came directly from the young people we talked to. They thought music would make the resources more accessible and interesting to young people’.

‘We also learned from talking to trauma experts and psychologists that music is a great way for people to connect with positive ideas and feelings. The files include music for every mood and are intended to be a reassuring, relaxing and motivating experience’.

‘We chose the content on the basis of its appeal first and foremost to a young audience, but also its relevance to both males and females, regional and metropolitan audiences and a wide variety of music tastes.’

The radio show is pre-loaded onto MP3 players (like iPods), which also have FM radio and USB functions. Aussie artists Lisa Mitchell, Bluejuice, Chance Waters and Blue King Brown feature on the show, which is hosted by Triple J’s Zan Rowe.

The web space at www.redcross.org.au/aftertheemergency features video stories for and about young people affected by emergencies and links to information and materials from Red Cross and other agencies. The videos have provided a great opportunity for young people across the country to tell their story about the impact an emergency has had on their lives and how they have dealt with it. The stories also raise some interesting points for adults to consider, such as how some teenagers felt ‘useless’ during an emergency – they wanted to help, but either didn’t know how or weren’t given the opportunity.

The resources cover floods and storms, as well as fires. Some MP3 files, including music, will be available on the website. The site will be updated regularly into the future, with news, chat forum

capability, updates on services available following future emergencies and new video and audio stories. The major benefit of the website is that it's always available and will be useful after any emergency anywhere in the country.

Adolescent Psychotherapist Bronwyn Tarrant provided advice on the resources as they were developed. She says the files and the web space reinforce to young people that they are not alone.

'Music and storytelling are great ways for people to connect with positive ideas and feelings, and reduce anxiety by sharing some of the common reactions to trauma that young people might experience after an emergency,' Ms Tarrant said. 'The format of music files on an MP3 player and a web space with stories and tips for coping give young people the opportunity to work through their feelings in a format that's familiar to them, in their own space and in their own time.'

The MP3 files and players were distributed to schools and youth groups in fire-affected areas in February and will continue to be used following major emergencies across the country - handed out at evacuation or relief centres or for use by schools and youth groups in areas affected by an emergency.

The project is already getting the stamp of approval from young people, like Maffra Secondary College students Sam Montague and Tim Liddell, who both share their experiences of flood and fire on the web space. Both Sam and Tom feel strongly that their stories will be helpful to other young people facing a similar situation.

'If you look at the information available to people who have been affected by fires or floods, it's all for young kids or adults,' Sam says. 'There's absolutely nothing out there for us. This project uses people's own personal experience. It's not read off a script - it's the experience of others that people can learn from.'

'Hopefully the stories will help people bounce back,' Tim says, 'to get back on their feet after an emergency and help to keep them going forward.'

Red Cross recovery workers will continue to develop and improve the youth recovery web space based on feedback from users. Showcasing shared experiences will be an important feature of the site in future, so young people are invited to submit their own stories via text or video stories to the web space. By sharing stories, coping tips and messages of hope and support, young people can validate their experience as well as help others who go through similar events in the future.

'The most exciting thing about these resources is that we know they will be relevant to young people because they are entirely based on what young people have told us is relevant to them,' Mr Dent said.

'The reality is that emergencies will continue to occur and will affect more people, so these resources will be helping young people well into the future.'

Red Cross is currently developing an information resource for parents and carers of young people affected by disasters.



1 The 2006-7 bushfires came within a kilometre of Sam's house. Sam shares his experiences with preparedness on the After the Emergency "Get Stories" webpage.

2 In 2007 Tim's town was flooded. He talks about what young people can do to help out during and after an emergency.

Click the above images to watch their stories

Zan Rowe from Triple-J compares the radio style program which appears on the Red Cross After the Emergency MP3 Player, featuring all Australian interviews and music to help young people impacted by emergencies. Click the image to download the audio files from the MP3 Players.

3





Save the Children

The 7-magnitude earthquake on January 12th affected 3 million people, killing more than 220,000 people and leaving more than 1 million homeless and living among the ruins of Port-au-Prince, Léogâne and other shattered towns and villages.

Save the Children, a humanitarian organisation present in Haiti for more than three decades, has currently deployed over 500 staff to provide aid in the earthquake devastated country. Save the Children is continuing to assist in the recovery of 800,000 people, of whom 470,000 are children.

THE RAINS

Of particular concern is the health and well-being of children as the rains have begun, swamping temporary settlements and increasing the risk that infectious diseases may take hold among vulnerable populations.

‘The rains are only increasing the misery level for children and families,’ said Bruno Oudmayer, Save the Children’s emergency team leader in Haiti. ‘Displaced children were already vulnerable to disease, malnutrition and exploitation. Now they face the potential for waterborne illnesses and other dangers if their living conditions deteriorate. We must continue to support their health and protection needs as we also work to ensure that families have sufficient shelter and improved sanitation within the settlements to help them through this next potential crisis.’

Save the Children has provided shelter materials to more than 7,500 households. The organisation will continue to provide shelter kits — containing household items that may have been lost in the disaster — as well as cash grants and essential shelter materials. In addition, it is delivering food and clean water; building water distribution points and latrines; and working to promote good hygiene practices.

The organisation continues to expand its health and nutrition programs. Its mobile health teams in Port-au-Prince, Léogâne and Jacmel treat scores of patients, screen children for malnutrition, deliver babies, provide vaccinations and visit pregnant women and those who have recently given birth.

Save the Children has 16 infant care tents in the camps, where mothers have a quiet private place to breastfeed and where malnourished children receive treatment.

Other lifesaving and life-improving activities include livelihoods programs to help families improve their economic status while also bettering their communities; child-friendly spaces, where children can regain a sense of structure and normalcy; and education assistance, providing tents for temporary classrooms and educational materials and supplies.

300 TEMPORARY CLASSROOMS

Classes have recommenced for the children of Cejecodema School in Martissant, an area on the outskirts of Port-Au-Prince in Haiti. Save the Children has provided classroom tents and supplies so that hundreds of children in this quake-affected area could reinitiate their studies and regain a sense of normalcy. In Martissant, where homes and buildings were destroyed by the January 12 earthquake, the large tents ensure that children can continue their education and play and interact with each other in a safe environment. Since the temporary school opened two days ago, attendance has increased by a dozen students from 120 students to 132 students, and, the school director estimates the number of students could climb to 400.

Save the Children is focusing on offering children safe, temporary classrooms across the earthquake impact area as a key measure in helping vulnerable children recover from the disaster. The agency plans to set up about 300 temporary classrooms over the coming weeks, which would include repairing some less damaged school structures.

The Ministry of Education estimates that 90 percent of schools in the affected areas have been damaged or destroyed; that over 400,000 children have been displaced; and that only 50 percent of students returned to the schools that were undamaged and which reopened February 1.

‘Children have been profoundly affected by the events they have witnessed and experienced. Hundreds of thousands of children have been displaced, which is likely to have increased their sense of anxiety and fear, especially as aftershocks continue and buildings, including schools, continue to collapse,’ said Annie Foster, Save the Children’s emergency team leader in Haiti.

In a country where only 51 percent of children attended school before the earthquake and where, on average, children only completed four years of schooling, the impact of this disaster on education is a huge challenge. 'Education is too important to be put on hold, especially in the aftermath of a disaster of the magnitude of the Haiti earthquake,' said Foster. 'Education is not just a right; it can help protect children from disease or death by teaching them about hygiene and health concerns that have emerged as a result of the emergency. Education supports children's psychosocial well-being, offering structure and a place to interact with others in positive and developmental ways.'

Over two phases — the initial relief period of six months and then a recovery period of between six and 24 months — Save the Children expects to achieve five results in education through the following outcomes:

1. 160,000 children access schooling in safe and protective learning
2. Increased capacity of teachers to provide relevant, supportive, quality education for children
3. Young children access quality early childhood development services
4. 10,000 out-of-school children access quality, accelerated learning opportunities
5. Strengthened partnership and increased capacity of the Ministry of Education to provide quality education for children directly and indirectly affected by the earthquake

MATERNAL AND CHILD HEALTH

Thousands of pregnant women, new mothers and newborn babies are at risk in Haiti as the rainy season sets in early, bringing with it diseases and the threat of mudslides. While the wounds caused by the earthquake have started to heal, the aid organisation warns Haiti is entering a second equally critical emergency bringing new threats to vulnerable children. Cases of diarrhoea, malaria and respiratory infections, including pneumonia, are already on the rise in makeshift camps housing thousands.

Even before the earthquake hit in January, Haiti ranked among the most dangerous countries in the world to give birth, with one in every 44 women dying during labour or due to complications with a pregnancy. Women and newborns now face an even greater struggle to survive. Many women who are due to give birth are still living without proper shelter, access to clean water, adequate sanitation or basic medical care.

Kathryn Bolles, Save the Children's maternal health expert in Haiti, says 'Thousands of expectant mothers in Haiti are sleeping in overcrowded camps without proper shelter or even access to

clean water. Others are in remote rural areas, miles from medical help.'

'Many women who will give birth in the next month face a labour without help from anyone with medical training; most won't reach a medical centre or even be in a clean, protected environment for the birth.'

Save the Children has provided 'baby tents' – clean, private spaces where mothers receive medical attention, counseling and advice on crucial issues including breastfeeding and how to prevent disease. They have also placed 27 teams of doctors, nurses and midwives working in mobile clinics to deliver medical care to the most vulnerable families and are training more than 200 health workers who will work in communities to educate and support mothers.

As word spreads through communities that help is available, mothers are queuing in ever greater numbers to get antenatal care, receive vaccinations and advice on how to feed their children. Reaching these women is a great victory but there are many more who still need to be reached with lifesaving assistance.



[Click on the photos to view the videos](#)

Dr. Joachim Abdias talks (from one of the 14 Mobile Health Clinics) about treating children and families for diseases such as malaria and scabies.



The organisation is working in 45 locations and have seen 10,630 patients in Port-au-Prince, Leogane and Jacmel.

Peterson aged 3, lost both parents in the earthquake. His aunt enrolled him at Bazilo School so he could have some normal childhood experiences amidst the upheaval in their lives. The school has become their home. 50 people squeeze into the area at nights.



[CLICK HERE to donate to the Haiti Earthquake Emergency Appeal](#)

Text and images made available by Save the Children. Videos will open in a new window



Kathryn Bolles, Emergency Health and Nutrition Director, describes STC emergency response in earthquake stricken Haiti.

THE BOY IN THE STRIPED PAJAMAS

VIDEO REVIEW

BY: CHLOE ARMSTRONG

Mark Herman's film version of John Boyne's powerful young adult novel faithfully and vividly captures the depravity and humanity in this tale of innocence lost.

When an adventurous eight year old, Bruno, moves from a beautiful home in bustling Berlin to the outskirts of a Nazi concentration camp where his father is commanding officer, he is most despondent. He is without friends and the only thing of interest is a distant 'farm' where they all wear the same striped pyjamas. This both intrigues and bemuses Bruno and, although forbidden, he sets out to explore. Through a barbed wire fence he befriends an inmate of his age, Shmuel, and tentatively a friendship develops. As their drastically different situations become apparent and the bond between the boys grows, the absurdity of prejudice and hatred become strikingly clear. In this way, it is a film of counterpoints: the boys' innocence and mutual acceptance highlights the loss of humanity and tolerance in the world that surrounds them. Bruno casually mentions a time in the future when everybody is "getting on again" and we are struck with the disturbing fact that children can possess more maturity and wisdom than the adults who rule them. Bruno and Shmuel's gentle and curious exchanges are at the heart of 'The Boy in the Striped Pyjamas' and the hopeful nature of their friendship saves the film from being entirely tragic.

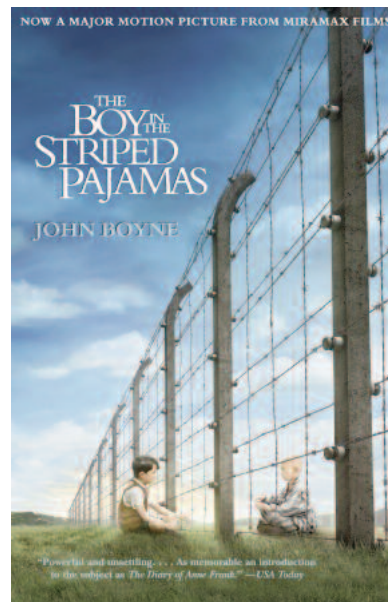
Both the main and supporting cast are very strong. Asa Butterfield is extraordinary as Bruno and director Mark Herman makes full use of his endearing and emotionally transparent face. There is a depth and subtlety to Butterfield's performance that defies his young years. Jack Scanlon's Shmuel is wise and vulnerable. Vera Farmiga is terrific as Bruno's mother: restrained and dutiful yet conflicted and humane. David Thewlis is suitably severe as Ralph and his loyalty to Hitler is all the more unsettling for its quiet determination.

Consummate French cinematographer, Benoit Delhomme, under Mark Herman's meticulous direction, brings to life the memorable imagery in John Boyne's novel with ominous beauty. Delhomme's fluid shots of Bruno running through lush forest with his arms stretched wide as if flying encapsulates the freedom and elation of a happy childhood. In contrast is an image of Shmuel, seen through a barbed wire fence, with his shaved head and oversized camp uniform trudging through the mud as he tries to push a cumbersome

wheelbarrow. There is also a pleasing synergy between image and sound with James Horner's original music enhancing key moments, unlike so many dramatic films which get overpowered by constant and overly emotive scores.

The power of this film is in its fresh take on a horrific and well documented subject. The atrocity of the Holocaust is made even more incomprehensible when seen through the eyes of an eight year old boy who does not see any fundamental difference between himself and his Jewish friend. The attempts made by his tutor, father, and sister to convince Bruno that the Jewish race are "evil" and "not people at all" only confuses him for this view does not correspond with his experience with Shmuel. As the film develops, so does the extent to which Bruno struggles with his own sense of morality and that which is being preached to him by figures of authority and trust. Ultimately, it is Bruno's humanity which prevails, but in a shocking twist of fate a decision to help his friend ends tragically, leaving the indoctrinating adults horribly culpable.

The only reservation I had with this film, and the book, is its English flavour. Bruno and his family are supposedly German but they all speak English with English accents, and Shmuel is meant to be a Polish Jew but he also speaks with an English accent. Hollywood and the English film industry commonly adopt foreign stories and many viewers accept this and do not find it jarring. However, voice is an important indicator of identity and origins and at times this incongruity undermined the film's authenticity. I wanted to hear some German.



To view the official movie trailer click on the links below:

[CLICK HERE for 14mb trailer \(recommended\)](#)

[CLICK HERE for 6mb trailer \(low resolution\)](#)

THE BOY IN THE STRIPED PAJAMAS

DISCUSSION GUIDE - OVERVIEW

BY: BRONWYN TARRANT

Some years ago an adolescent came to his therapy session with me unusually distressed. He'd just finished his first ever day of employment – kitchen-hand at the local nursing home. He had been serving morning tea - two shortbread biscuits and a cup of tea - when he noticed an elderly resident becoming distressed whenever the other kitchen-hand entered the room. On asking, the other kitchen-hand dismissed the woman as 'demented' and he was told "to just move on". However, the boy recognized some of the words the resident was saying – she sounded like his grandmother. It was Yiddish. So the adolescent didn't move on. He spoke with her kindly and with a genuine wish to understand and to offer help. He discovered that the striped apron of the other kitchen-hand evoked memories of Dachau. Knowing he could easily provide relief to the old woman, he approached the kitchen hand stating it was the apron triggering flashbacks, not dementia. Expecting his patient to have a full recovery, the boy was flummoxed by a larger problem; "Well, I spent fifteen dollars on this apron. She's just gonna have to get over it!". The subsequent outrage of this boy was somewhat contagious, and I struggled to answer his plethora of questions about: ignorance, denial, prejudice, discrimination, splitting, transgenerational trauma, guilt, reparation and humanity.

Harriet S. Mosatche, PhD has tackled some of these questions in "The Boy in the Striped Pajamas - Discussion Guide". The 16-page booklet was made possible by the F.I.L.M. Project (*Finding Inspiration in Literature & Movies*), in collaboration with two not-for-profit organizations (*National Collaboration for Youth* and *Heartland*). The discussion guide is intended "for youth group facilitators, educators and families" (p1) to engage 13-18 year-olds in discussion about "the essence of true friendship", "the courage to engage in humane actions" and the "consequences of prejudice and discrimination" (p5). Using both film and novel versions of "The Boy in the Striped Pajamas", Mosatche offers an attenuated and accessible introduction to Holocaust trauma. The final youth objective Mosatche states is to "advocate for an end to hatred and genocide in the world" (p5). This youth-call-to-arms is affected differently to the USC Shoah Foundation Institute's "Pyramid of Hate Exercise". The latter includes a confronting lesson plan, for example directly questioning young people in the

"Have You Ever" exercise:

Have You Ever:

1. Overheard a joke that made fun of a person of a different ethnic background, race, religion, gender or sexual orientation?
2. Been the target of name calling because of your ethnic group, race, religion, gender, or sexual orientation?
3. Made fun of someone different from you?
4. Left someone out of an activity because he/she was different from you?
5. Not been invited to attend an activity or social function because many of the people there were different from you?
6. Engaged in stereotyping (lumping together all people of a particular race, religion, or sexual orientation? e.g., White men can't jump!)
7. Been threatened by someone who is different from you because of your difference?
8. Committed an act of violence against someone because that person was different from you?

Anti-Defamation League;
USC Shoah Foundation Institute,
(2003, p.6)

Whereas, in "The Boy in the Striped Pajamas – Discussion Guide" chapter entitled "Act of Humanity" Mosatche asks:

What do you think causes people to treat others in such horrific ways as was done during the Holocaust? Are there people being treated like this anywhere in the world today? What is or can be done to stop it?

(p8)

Consistent with this difference, Mosatche warns:

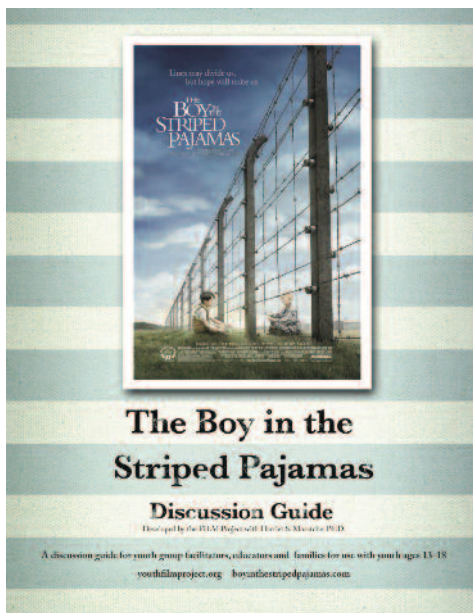
Because of the sensitive nature of this movie and its themes, be prepared for the possibility of strong emotions that the questions and activities might elicit, particularly if they have family members who were affected by the Holocaust during World War II or genocide in other countries, such as Rwanda or Iraq.

(p.3)

Yet, the "Discussion Guide" does provide a list of resources consisting of more confronting

references which I imagine young people would access in a process of self-selection. As such, professionals using this guide would be advised to be mindful of both group dynamics and individuals' own psychosocial and trauma histories (including transgenerational trauma of aboriginal peoples). Although not designed for use in clinical populations, with significant modification and mindfulness, the "Discussion Guide" could potentially be used in outpatient day attending programs.

Overall, Mosatche creates a safe framework in which to engage young people in exploring the questions raised by an adolescent in my consulting room several years ago. Furthermore, Mosatche harnesses his outrage by encouraging "young people to act as advocates and take action to fight prejudice and discrimination in their communities, country, and around the globe. Help them see that by understanding and acting on the lessons learned in this story, they can make a positive difference in the world."

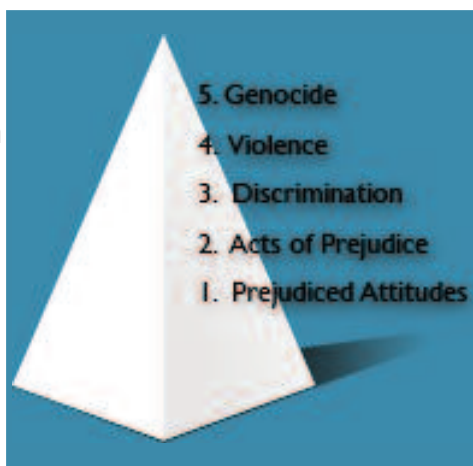


Click the picture to download the complete Discussion Guide (16 page, 1mb)

CLICK HERE to go to "The Boy in the Striped Pajamas" website.

Click the picture to download the complete "Pyramid of Hate" lesson plan (11 pages, 0.6mb)

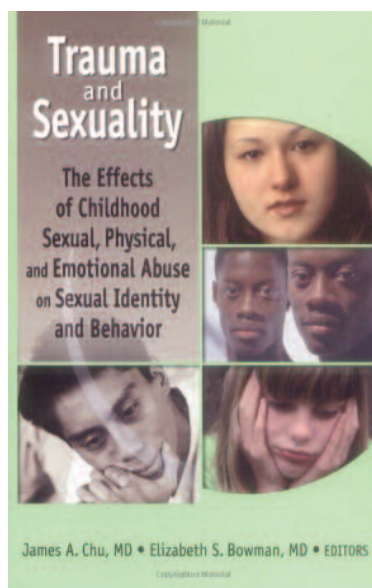
CLICK HERE to go to the USC Shoah Foundation Institute's Visual History and Education website.



You must be logged in as an ASTSS member to download the Discussion Guide and Lesson Plan.

BORDERLINE PERSONALITY DISORDER AND PTSD A KEYNOTE ADDRESS BY DR JAMES CHU

The following page features Gail Green's review of the James Chu and Elizabeth Bowman 2002 text "Trauma and Sexuality: The Effects of Childhood Sexual, Physical and Emotional Abuse on Sexual Identity and Behaviour". Chu and Bowman edited the volume which is published by The Haworth Medical Press, New York. The book was simultaneously co-published as the *Journal of Trauma & Dissociation, Volume 3, Number 4 2002*.



The same year Chu appeared at the 9th Annual Australasian Society for Traumatic Stress Studies Conference on Trauma held in Auckland, New Zealand. Although now eight years ago, Dr Chu's keynote address, "Borderline Personality and PTSD" is not inconsistent with current understandings of Dialectic Behaviour Therapy (DBT), developmental psychiatry, neuroplasticity and cognitive neuroscience. As such, we have made James Chu's keynote address available for audio streaming.

CLICK HERE to listen to "Borderline Personality Disorder and PTSD - Part One" (format=mp3 size=15.7mb duration=23 minutes)

CLICK HERE for "Borderline Personality Disorder and PTSD - Part Two" (format=mp3 size=14.3mb duration=31 minutes)

Chu is perhaps known best for his 1998 classic text, "Rebuilding Shattered Lives: The Responsible Treatment of Complex Post-Traumatic and Dissociative Disorders".



TRAUMA CLASSICS

TRAUMA AND SEXUALITY—THE EFFECTS OF CHILDHOOD, SEXUAL, PHYSICAL AND EMOTIONAL ABUSE ON SEXUAL IDENTITY AND BEHAVIOUR

EDITORS JAMES A CHU AND ELIZABETH S BOWMAN

A REVIEW BY: GAIL GREEN

This book was also published as Volume 3 Number 4, 2002 of the *Journal of Trauma and Dissociation*. In an Introduction by the Editors (Chu is Associate Professor of Psychiatry at Harvard Medical School and Bowman Clinical Professor of Neurology and former Professor of Psychiatry at Indiana University School of Medicine) notes that the recent work on trauma has almost entirely remained silent about the effects of trauma on sexual behaviour, despite the fact that the initial trauma has often been in the sexual arena. They speculate that this may be partly due to the Victorian attitudes which still surround sexuality, or negative attitudes to the expressions of sexuality which are often seen – including sexual addiction, homosexuality, sadomasochistic behaviour and prostitution. Alternatively, they suggest that a third reason is denial of the permanent effects of abuse on this central aspect of our selves. Chu and Bowman suggest that this book supplies essential information in this field and state, “If we cannot help the traumatised patients that we treat in all domains of their lives – including their sexuality – we have failed in our attempts to help them become truly restored in adapting to healthy lives” (2002,p4).

There are six chapters in the book, including: “Informed and Supportive Treatment for Lesbian, Gay, Bisexual and Transgendered Trauma Survivors”, by Margo Rivera; “Some Considerations About Sexual Abuse and Children”, by Toni Cavanagh Johnson; “Hyposexuality and Hypersexuality Secondary to Childhood Trauma and Dissociation”, by Mark F Schwartz and Lori Galperin, and; “Traumatic Experiences: Harbinger of Risk Behaviour Among HIV-Positive Adults”, by Cheryl Gore-Felton and Cheryl Koopman. In this review I will focus on two chapters and a final commentary by Colin Ross.

Chapter Two, “‘Good Girls’, Sexy ‘Bad Girls’ and Warriors: The Role of Trauma and Dissociation in the Creation and Reproduction of Gender”, is a challenging article by Elizabeth F Howell. Her thesis is that gendered personality styles of femininity and masculinity in our culture are direct and indirect outcomes of both trauma and dissociation. She notes that while sex and gender are central organising factors in human life, trauma has been substantially left out of gender studies. Howell (2002) notes social sciences have developed many

theories of the origins of gender (eg: learning theory, developmental psychology, biological and social constructionist and gender differentiation) but that all have failed to discriminate between those aspects of gender which are pathological and those which are not. She says that although both boys and girls are subjected to violence and aggression, the ways in which boys and girls are harmed may vary by gender. (One caveat about this chapter is Howell’s assumption regarding the incidence of abuse against boys - which I believe is still hugely under reported.) Howell goes on to discuss the effects of girls’ and boys’ susceptibility to trauma. Girls either become “good” (depleted, passive, helpless and depressed) or “bad” (compulsive and re-enacting their trauma sexually). She makes a special mention of rage in women and how socially unacceptable it is for women to express it openly. Finally Howell contends the threat of generational trauma conducted against women may in fact create vicarious trauma in *most* women - quoting Asher (1988) the, “effect of sexual abuse serves to increase the power of men over women and to create women who simultaneously fear men, overvalue and idealise men because of their immense power, and are dependent on them” (p15).

Regarding boys, Howell notes that “While the key ingredients are still attachment and dissociation, as they are for girls, the trauma route is somewhat different.” She summarises theories about gender development in boys and notes sexual abuse for boys is more likely to be extrafamilial in origin, by their own gender, and suffering high levels of physical violence in the belief that they can “take it” as they grow up. At the same time, boys are socialised to express anger and discouraged from expressing need and vulnerability. Howell points out the need for boys to ‘dis-identify’ with their primary caregiver (their mother) and to ‘counter-identify’ with their father therefore, “The achievement of masculine gender identity comes at the cost of repudiation of this identification with mother, and often, of everything that is female identified. (p20)” Howell’s own formulation is as follows: “perhaps the trauma of maternal emotional abandonment is, in itself, genderless; but since this happens more often to boys, and since masculinity becomes narcissistically invested with ‘superiority’, the privilege of being so deprived becomes cherished, as part of the gender role” (p22). Howell says that while this ‘male pattern’ is

more characteristic of boys, it is not specific to them, with many girls being identified to have blunted emotions, rage and narcissism. She also mentions the neurodevelopmental work of Bruce Perry (2000) showing a gendered response to trauma. Perry noted hypo- and hyper- arousal are experienced by both genders, boys tend more to hyperarousal whilst girls and very young children tend toward hypo-arousal and dissociation, that is to say, evolutionarily, men learn the fight/flight response whilst women learn the freeze response.

I was particularly interested in the chapter by Steven Gold and Robert Seifer – “Dissociation and Sexual Addiction/Compulsivity: A Contextual Approach to Conceptualisation and Treatment”. The authors argue that it is essential to recognise the dissociative element of sexual addiction and compulsivity (SAC) in child sexual abuse survivors in order to disrupt it. They note that like any other addiction, it is not so much the activity itself which is a problem but the fact that it is “repeatedly engaged in despite the high likelihood of encountering or in spite of already having actually sustained substantial penalties” (p63). SAC behaviour indicates a person is out of control and, when experienced by victims of child sexual abuse, is most likely to include dissociation.

They propose that SAC can reflect the dissociative disconnectedness represented by re-enactment of child sexual abuse experiences and a failure to integrate emotional intimacy with sexuality. Sexual activity is connected with soothing and validation rather than with sexual arousal.

The authors note most of the literature on sexuality and CSA is focused on women rather than men, but that in the addictions literature, men report engaging in SAC patterns of behaviour more often than women and the behaviour is more prevalent when those men have experienced child sexual abuse. The authors estimate 70% of male survivors in therapy acknowledge periods of sexual addiction but note that the literature regarding CSA and sexual addiction barely overlap.

Gold and Seifer describe the difficulties related to a diagnosis of SAC—it includes elements of addictive disorders, obsessive-compulsive disorder and impulse control disorder. They then go on to propose a functional behavioural analytic treatment—SCAN-R which is an acronym for *select, cue, analyse, note nuances and revise*. In their treatment of clients, the authors note that the SCAN-R process often brings up previously unrecognised components of the SAC behaviour which “strongly contradict the client’s previously

held assumptions about the behaviour” (2002,p68) - specifically that it was pleasurable and gratifying. There is also a ritualistic component to this behaviour and some evidence that sections of the events are dissociated or undertaken in a daze.

Specific examination of SAC activities routinely shows: sexual dysfunction, explicitly aversive elements of which the client was previously unaware, sexual numbing, ritualistic recapitulation of original sexual abuse scenarios, ritualistic limitation of activities engaged in, difficulty recalling the incident, truncated awareness during the event and, absence of a sense of agency during the episode.

Breaking down the dissociation appears to the authors as the central therapeutic goal - “in order to describe the activities to the therapist, the client is forced to think about the activities in a more conscious, deliberate fashion” as future events will later be revealed to and discussed with the therapist. Cycling between these two steps of disclosure and appraisal creates a cognitive bridge which pierces the dissociation. Gold and Seifert go on to examine other aspects of the SCAN-R model and note a number of effects, including the benefits of calmly discussing sexual behaviour without judgement by therapist or client and the effect of eliciting self critical thinking and feelings such as shame, guilt and self denigration. Gold and Seifert encourage this work to take place within contextual therapy – defined here as “designed to promote the identification and remediation of gaps in adaptive functioning that may have been compounded by abuse” (2002,p74).

The final chapter of this book entitled “Sexual Orientation Conflicts in the Dissociative Disorders” is a commentary by Colin Ross, a well known dissociation and trauma researcher. In nine years, 90-95% of the over three thousand admissions to his hospital-based trauma treatment program, are women. He notes further that a high proportion of these inpatients have been homosexual. He considers whether the high rate of homosexuality is driven by trauma or, conversely, that most of these inpatients would have been bisexual or homosexual, regardless of trauma. Ross clearly states that even if homosexuality is driven by trauma, this does not imply that it must be pathological. In fact he suggests, it may be an understandable and normal reaction to abuse and neglect by an opposite gender parent. The commentary is intended to raise the issue, call for more research, and encourage thought.

A highly recommended book.



POINT OMEGA BY DON DELILLO

A REVIEW BY: Dr P D Carter

'In the time it took for Anthony Perkins to turn his head, there seemed to flow an array of ideas involving science and philosophy and nameless other things, or maybe he was seeing too much. But it was impossible to see too much. The less there was to see, the harder he looked, the more he saw.'

Don DeLillo's latest novel, though generously typeset, is only 117 pages long, and mostly involves three characters standing about a house in the desert, talking. Readers could be excused for wanting more. If the American cultural atmosphere of the past decade was foreseen by any novelist, it was DeLillo; surely he should concentrate his energies upon producing a novel that explores our contemporary anxieties with the eerie acuity of his *White Noise* (1985) and *Mao II* (1991). Wouldn't it be enthralling to read him ventriloquising the members of the Bush II war cabinet as he did Lee Harvey Oswald and Jack Kirby in *Libra* (1988)? You know he's got it in him. Instead, he has produced *Point Omega*: another time-and-silence meditation of similar length to his *The Body Artist* (2001) that involves characters more inclined to reflect upon the state of their thumbnails than upon what's in the news. Why?

'When an actor moved a muscle, when eyes blinked, it was a revelation. Every action was broken into components so distinct from the entity that the watcher found himself isolated from every expectation.'

The new novel's canvas is small, its setting arid. We are presented with Richard Elster, an elderly academic and casualty of the Bush II war room who, having retreated to a house in the California desert, has been joined by Jim Finley, our narrator, a New York independent filmmaker who wants Elster to be the sole subject of a documentary film. Much of the narrative consists of the two men sitting together and staring into the desert while Elster discusses, among other subjects, the foibles of war strategy and the Jesuit philosopher Teilhard de Chardin's concept of the Omega point (don't ask). Elster's otherworldly daughter Jessie then appears, rousing her father's adoration and Finley's libido, before vanishing one afternoon while the men are on a shopping excursion. Has she been murdered? These events are bracketed within the novel by two smaller sections – 'Anonymity' and

'Anonymity 2', in which DeLillo describes an obsessive man at New York's Museum of Modern Art watching Douglas Gordon's 1993 videowork *24 Hour Psycho*: a screening of the iconic 1960 Hitchcock film at the glacial speed of one frame per second. By its conclusion, *Point Omega*'s narrative has swallowed its own tail, its loose ends floating free.

'It takes close attention to see what is happening in front of you. It takes work, pious effort, to see what you are looking at. He was mesmerised by this, the depths that were possible in the slowing of motion, the things to see, the depths of things so easy to miss in the shallow habit of seeing.'

Having read the above summary, readers may roll their eyes and think, "Here we go again". And it is true that, on the level of setting and action, the ideas and characters that have always acted as a binding element in DeLillo's work – the point-counterpoint of art and violence, the shadowy presence of government powermongers seeking to reshape the world, the hypnotic power of film, the obsessive behaviours of lone men in enclosed spaces – are also the ideas that bind together *Point Omega*. It is also true that, as in his previous work, the action of DeLillo's novel is assembled in such a way as to create a Rorschach-like relationship with his readers' attempts to interpret it. With these worn ideas in mind, it would be easy to conclude that DeLillo has become a parody of himself and that *Point Omega*'s brevity is as much a sign of artistic exhaustion as of a change in gear. I agree, to a point, that to read *Point Omega* as an exercise in postmodern conceptualism is to most likely end up wanting to throw it across the room; but such a reading may not do it justice.

'Janet Leigh's sister is coming toward the camera. She is running into darkness, a beautiful thing to see, decelerated, the woman running, shedding background light as she comes, face and shoulders faintly shaped, total dark falling in around her.'

In the four novels he has published since his magnum opus *Underworld* (1997), DeLillo's quarry has no longer been the microcircuitry of postmodernism but rather our (frail) perceptions of space and time. His prose style has changed in

accordance, becoming simpler, more sculptural. The deadpan, dissociated ironic tone that made his name, and which has long since entered the popular idiom (Letterman, anyone?), has given way to a technique that finds, in language, a tool capable of unpacking perception into its component parts. He measures out thoughts and half-thoughts in careful sequence, winding them together to form completed images, and his use of commas establishes a rhythm akin to a person blinking. It is a narrative style that reveals the ways we construct our realities for ourselves and, in turn, our apprehensions of who we are. (In *Point Omega*, when Jessie disappears, it is this sense of self snatched from Elster that registers for the reader so powerfully.)

'Norman Bates, scary bland, is putting down the phone. He will turn off the light in the motel office. He will move along the stepped path to the old house, several rooms lighted, dark sky beyond. Then a series of camera shots, varying angles, he remembers the sequence, he stands at the wall and anticipates. Real time is meaningless. The phrase is meaningless. There's no such thing. On the screen Norman Bates is putting down the phone.'

Admittedly, this inward turn of DeLillo's prose – what many critics have referred to as his Late Style – sacrifices much of what was great about his most esteemed work. Gone are the off-kilter dialogue riffs that made up much of his earlier novels *End Zone* (1972) and *Great Jones Street* (1973); gone also are the lethal observations of urban life that continue to make *White Noise* and *Mao II* disquieting. Though his aphoristic ability still flashes alight on occasions, for the most part his

new style straightens the swagger of his earlier writing. But to read the book in the same way as those that made his name in the 1980s and 1990s – at twenty-four frames a second, if you will, focusing on the progressions of the story and not its clause-by-clause instances – may be to overlook its more original accomplishments.

Don DeLillo is an author who is prepared to write trauma - examining its individual-emotional and sociopolitical texture. He is the author of fifteen novels, including *Falling Man*, *Libra* and *White Noise*, and three plays. He has won the National Book Award, the PEN/Faulkner Award for Fiction and the Jerusalem Prize. In 2006, *Underworld* was named one of the three best novels of the last twenty-five years by *The New York Times Book Review*, and in 2000 it won the William Dean Howells Medal of the American Academy of Arts and Letters for the most distinguished work of fiction of the past five years.



Click on the image to listen to author Don DeLillo read an excerpt from his new novella "Point Omega".

To hear an interview with Don DeLillo on NCR [CLICK HERE](#).



AUSTRALIAN CENTRE FOR POSTTRAUMATIC MENTAL HEALTH

UPDATE BY: Professor Mark Creamer

The Australian Centre for Posttraumatic Mental Health (ACPMH) continues to develop its three core areas of business: policy advice and service delivery, research and evaluation, and training and education in the mental health effects of trauma. Although there have been several achievements in the first two over recent months, we would like to take this opportunity to update ASTSS members on one of our larger training and knowledge transfer initiatives.

Since September 2008, ACPMH has been running a national training program for community mental health practitioners in the delivery of best practice treatment for common mental health problems in the veteran community. The program has been funded by Department of Veterans' Affairs, with the aim of enhancing the competency of practitioners and to ensure that veterans have access to best practice mental health treatment in the community.

The training program is being led by ACPMH's Associate Professor David Forbes and Anne-Laure Couineau. The training has been designed on adult learning principles, and follows the learning collaborative model. The full program lasts for nine months for each cohort and begins with a two-day skills practice workshop that involves a series of activities aimed at maximising the chances of achieving practice change. Participants learn strategies to implement skills within their

practices. They are then organised into geographically based collaborative groups which meet monthly by teleconference with an ACPMH facilitator. The groups set goals for improving their practice, and have the opportunity to discuss their progress, provide feedback, and seek further assistance. After six months, another workshop is held, this time for one day, which engages practitioners in review and consolidation of their

practice improvements, and extends their skills in complex cases. Then follows a further three months of monthly phone links.

More than 450 practitioners have been involved in the training at 14 locations around the country. Initial evaluations from the participants have been very positive. We hope that the skills developed through this process will be of benefit not only to

Australia's veterans, but also to all those people affected by trauma throughout our community.



AUSTRALIAN CHILD AND ADOLESCENT TRAUMA, LOSS AND GRIEF NETWORK

UPDATE BY: Dr Elspeth MacDonald & Dr Sarah Olesen

Some readers will already be familiar with the work of the Australian Child and Adolescent Trauma Loss and Grief Network, some will already be members of this network and others will be new to the resources the Network has to offer. Drs. Macdonald and Olesen guide us through this online network.

Australian National University (ANU), under the leadership of chairperson Professor Beverley Raphael. It is funded by the Australian Government and aims to promote development and understanding within the field of child and adolescent trauma, loss and grief.

earlytraumagrief iN BRIEF

email updates - free email notifications of ACATLGN resources and information recently added to the network's website
multimedia resources - audio and video files for streaming and download, interview transcripts



ACATLGN provides a range of resources for practitioners and service providers, policy makers/managers, researchers, child and family advocates, and educators and trainers. This includes resources for educators who encounter children who have been traumatised, grieving children, and schools that have been affected by natural disaster. It also provides a community resource for parents and other caregivers, as well as all other interested members of the community.

tip sheets and pdf files - best-practice resources developed in partnership with national experts

Introducing the Australian Child & Adolescent Trauma, Loss & Grief Network

Every year, thousands of Australian children from all walks of life are exposed to adverse life events that involve loss or threat to themselves or their families [1], and which can lead to grief, psychological trauma, and distress.

Individuals and organisations can use the network to:

The Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN) is an online resource that aims to help its members and visitors understand and appropriately respond to trauma and grief amongst children and adolescents.

find out how to best assist and how to link with other service providers

access best-practice information, resources and training opportunities

This information is provided via:

The network is based at The

an e-newsletter called

weblinks - online resources, services and organisations, events and training opportunities.

ACATLGN also has a number of resource "hubs" that address specialised topics. These have been developed in collaboration and partnership with key stakeholders in the areas of childhood trauma, loss and grief. These resource hubs address issues as they affect children and adolescents in relation to particular settings, contexts, events and experiences associated with psychological trauma, loss and other adversities. Other hubs contain information on related topic areas relevant to school, classroom, student and parent concerns.

Current resource hubs include:

Psychological trauma

Grief and loss
Abuse, neglect and violence

Family and carer resources

Disasters and mass adversities

Early childhood and schools

Aboriginal and Torres Strait Islander families and communities

Mental health and primary care

Medical trauma and injuries

Research and evaluation for evidence-based practice

Featured hub: Early Childhood and Schools



On the webpages for the Early Childhood and Schools Hub of ACATLGN, you will find resources that have been brought together by experts in this field to support schools and staff in working with children experiencing grief, loss and trauma (e.g., trauma and grief, bullying, suicide prevention, natural disasters such as bushfires). These include: tip sheets and key references for download, guides to key manuals and workbooks for working with children, links to more online resources, and audio files where experts discuss current issues.

How can you be involved with the network?

1. Join as a network member

Anyone can join ACATLGN for **FREE** to receive e-newsletters and updates, and connect with others via the members' directory.

To date, members work in areas related to traumatic stress, bereavement and loss, victims of sexual abuse, survivors of torture and trauma, Aboriginal and Torres Strait Islander families and communities, disaster recovery and/or emergency response, victims of crime, refugee families, and migrant families. This is one way to link with others who may not be members of ASTSS, but work in similar locations or with groups with whom you work in clinical practice or research.

To join the network [CLICK HERE](#):

2. Tell us about relevant resources

Your contribution is important. We welcome input about the issues that services, schools and childcare communities face in their work with children and their families who have experienced trauma, loss or grief. You can help us identify existing or needed resources to manage situations involving loss or trauma (e.g., journal articles or other research, practitioner resources, brochures, and books), and draw our attention to upcoming events and training opportunities.

If you are able to assist us by recommending, or even sending us the resources that you think are relevant, please contact us at earlytraumagrief@anu.edu.au

3. Evaluate ACATLGNs resources

The ACATLGN needs your feedback. To help develop our resources and make them as useful as possible we need your feedback.



Could you please take a few minutes and fill out the online Resources Evaluation Survey? [CLICK HERE](#)

4. Contacting us at ACATLGN

Please contact us if you have further ideas or suggestions about the network and its activities.

Email: earlytraumagrief@anu.edu.au
Website: www.earlytraumagrief.anu.edu.au
Telephone: 02 6125 8412

Reference

1. Olesen, S.C., et al., *Children's exposure to parental and familial adversities: Findings from a population survey of Australians*. Family Matters, 84, 43-52.



A.C.O.T.S. 2010

THE AUSTRALASIAN CONFERENCE ON TRAUMATIC STRESS

SEPTEMBER 2ND - 4TH 2010

The Australasian Society for Traumatic Stress Studies (ASTSS) and The Australian Centre for Posttraumatic Mental Health (ACPMH) together occasion the Oceania region's psychological trauma conference of the year.

Hosting a range of internationally recognised presenters, ACOTS 2010 will once again provide participants with a rich breadth and depth of knowledge and exposure to contemporary thinking in the field of psychological trauma.

The conference theme, "Trauma: Resilience and Recovery", is deliberately broad and will assemble a range of perspectives on trauma to provide a stimulating exchange of ideas for all. Professional researchers, clinical practitioners, policy makers, service developers, secondary and tertiary educators, social welfare, consumers and other stakeholders are encouraged to attend this diverse Australasian Conference On Traumatic Stress.

Keynote speakers and workshop facilitators will present a range of interests in trauma, including:

Columbia University's Professor George Bonanno - [Resilience following disaster and trauma](#)

Harvard University's Professor Richard McNally - [Memory and forgetting following trauma](#)

Australian National University's Professor Beverley Raphael - [Children & adolescents following trauma and disaster](#)

ACOTS - 2010 comes at a time when the importance of dialogue between research and practice is gaining particular attention. Evidence based practice and practice informed evidence are signaling important directions for the coming decade.

The conference will bring together some key advances in the research and treatment of posttraumatic stress, and provide a stimulating forum for a broad range of people interested in trauma. ACOTS 2010 promises to feature several plenary sessions, panel discussions, and the always-anticipated unabatedly clever panel debate. The two-day conference and preconference workshops provide an opportunity to explore the controversies and critical issues in psychological trauma.

It is anticipated that ACOTS 2010 will excite your interest and supply opportunities for absorbing discussions and active exchanges of ideas.

Put ACOTS 2010 in your diary now.

Early bird registrations close July 31.

We hope you will join us in Brisbane in September.

[Download a registration flyer](#)

(CLICK HERE), OR

[Register online](#)

(CLICK HERE)

[Apply for Student Conference Support Award](#)

(CLICK HERE)

[Go to the ACOTS 2010 webpage](#)

(CLICK HERE)

[Learn more about the Keynote Speakers](#)

(CLICK THE PHOTOS BELOW)



2 - 4 September 2010

Royal on the Park Hotel Brisbane, Queensland

Resilience Following Disaster and Trauma

Columbia University



Professor George Bonanno

Children & Adolescents Following Trauma and Disaster

Australian National University



Professor Beverley Raphael

Memory & Forgetting Following Trauma

Harvard University



Professor Richard McNally

NEW RESEARCH QnA

WITH: DR SAMARA MCPHEDRAN

On March 16th 2010 the *Journal of Interpersonal Violence* published a research paper by Samara McPhedran, Jeanine Baker, and Pooja Singh, entitled “Firearm Homicide in Australia, Canada, and New Zealand: What Can We Learn From Long-Term International Comparisons?” Co-author Samara McPhedran answered a few questions for *Stress Points* - “New Research Q n A”

The current edition of *Journal of Interpersonal Violence* includes your coauthored paper investigating firearm policy and violence. Could you tell us a bit about the background to this research and the question you investigated?

Existing research does not generally provide long-term comparisons of firearm violence between countries, despite the level of interest in this topic from a policy perspective. However, long-term cross-country comparisons can deliver important contextual information and insight into whether ‘local’ trends (for example, declines in firearm homicide in one particular country) differ from broader, international trends. This can in turn assist in disentangling legislative impacts from other factors potentially affecting homicide rates and interpersonal violence, such as policing practices and socioeconomic variables. Although a number of papers have addressed ‘local’ trends in firearm-related deaths (e.g., Baker & McPhedran, 2007; Klieve, Barnes, & De Leo, 2009; Lee & Suardi, 2010), Australian research does not currently offer information about whether the long-term, ongoing downwards trend in Australian firearm homicide is unique when compared to other countries – so this was what we investigated.

What did you find and did any of the findings surprise you?

We found that the long-term decline in Australian firearm homicide is not unique. Canada and New Zealand have also experienced long-term declines in their firearm homicide rates.

In addition, we discovered that the long-term trends did not differ significantly between Australia and Canada, and that the most pronounced decline over the past two decades, as well as the lowest rate of firearm homicide on average in the past decade, occurred in New Zealand.

Between-country differences in the legislative restrictions surrounding firearms ownership (for example, Canada and New Zealand permit ownership of firearms that are banned in Australia, while Canada and Australia, but not New Zealand, mandate registration of all firearms) do not appear to be reflected in the long-term declines in homicide rates. This suggests the need to consider other explanations for the trends. We propose that between-country differences in factors such as unemployment and socioeconomic disadvantage, as well as broader changes in social and crime prevention policies, may underlie the results.

If anything, we would have expected Australia and New Zealand to experience the same rate of decline, rather than New Zealand having a greater rate of decline in firearm homicide than Australia. We would have liked a few more years of data from New Zealand to reduce the variability in the statistics. A longer time series from New Zealand may have produced different results, but unfortunately we could only obtain New Zealand data from the mid-1980s onwards. We plan to revisit these findings in another few years, and see whether any differences remain once we have more data to work with.

It is apparent from the research title that the United States, whose firearm attitude appears in their constitution, is not in the comparison group. How was that decision made?

It is always going to be difficult – if not impossible! – to find perfect comparisons for this type of study, which is a limitation researchers in the field need to be aware of and work with.

That said, we wanted to compare ‘apples with apples’ to the extent that it was possible, and the United States is not even in the same fruit bowl as Australia. The two countries are just so different, particularly in terms of their social history and approaches to social policy and crime prevention, but also in regard to socioeconomic and demographics. It makes little sense to try drawing comparisons between them.

On the other hand, Australia, Canada, and New Zealand do have similar social histories, and also share some likenesses when it comes to social policy and various socioeconomic and demographic factors. There are differences, certainly, but the degree of similarity is much closer than is the case with the US.

It would nonetheless be interesting to look at long-term trends in the United States, perhaps using a different set of comparisons or even looking at the US alone. That is something we may consider doing in the future.

Your position as Chair of the International Coalition for WiSH (Women in Shooting and Hunting) may be considered a confounding variable in your research - how did you control for such a conflict of interest?

In every paper we have published in this field, my co-author/s and I have declared our affiliations upfront. We have nothing to hide, and we want people to know who we are. We also believe that all research should be approached with an equally critical eye, irrespective of where it comes from.

There are some who have criticised our work based on who we are, rather than what we produce. When you think about it, though, saying that firearms ownership precludes the ability to produce good research into gun deaths makes as little sense as saying that car ownership precludes the ability to produce good work in the field of road deaths.

What future research is needed in this area?

There is a clear need for more Australian research into the nexus between social disadvantage, illicit firearms use, and the co-occurrence of multiple other forms of criminal activity. The issue of 'crime hotspots', which tend to emerge in socioeconomically disadvantaged areas, has been touched upon in previous research but merits much closer attention.

Also, there is a great deal of promising violence prevention practice based on the concept of partnerships between communities, police, and governments. The partnerships for prevention model emphasises the view that just as crime impacts on communities, communities can impact on crime - so there is a definite role for research into the efficacy or otherwise of this approach.

"New Research QnA" is a regular *Stress Points* column that, through conversation, explores and introduces new trauma-focused research.

The research may be: (i) previously published in a refereed journal, (ii) ready for publishing, (iii) a component part of an overall research project, or (iv) a PhD or Masters research-based thesis. However, the research must be based in, or originate from, the Australasian region.

ASTSS supports and encourages trauma research. "New Research QnA" aims to facilitate further interest and disseminate knowledge. The column discusses with researchers their work, findings, and future study.

Stress Points invites readers to contact the editor ([CLICK HERE RE STRESS POINTS DETAILS](#)) with research of interest to ASTSS members.

"These Are Your Rights"

In December 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Forty-one years later the United Nations [recognising that "children needed a special convention just for them because people under 18 years old often need special care and protection that adults do not" (UNICEF, 2008)] created the 54 articles which are the rights of the child.

The actual convention with its two optional protocols is a legally binding document which 194 national governments have ratified in the last 20 years. Australia has signed and ratified the convention. The USA is a signatory but is yet to ratify. Interestingly these rights are monitored in each nation by NGOs.

The convention is not a child-user-friendly document ([CLICK HERE](#)). Therefore, *Stress Points* on page 23 includes the charter (prepared by Save the Children) written in accessible child and adolescent friendly language for you, where appropriate, to distribute and use with young people.

Firearm Homicide in Australia, Canada, and New Zealand: What Can We Learn From Long-Term International Comparisons?

Samara McPhedran, Jeanine Baker, and Pooja Singh

Journal of Interpersonal Violence, Mar 2010; vol. 0: pp. 0886260510362893v1.



Click the article title to access the abstract.

Click the journal cover to access the journal of interpersonal violence website.

These Are Your Rights

The United Nations Convention on the Rights of the Child gives you these rights.

They're in your words and they make sense.

Article 1 - Everyone under 18 has these rights.

Article 2 - All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3 - All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Article 4 - The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

Article 5 - Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

Article 6 - You have the right to be alive.

Article 7 - You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

Article 8 - You have the right to an identity - an official record of who you are. No one should take this away from you.

Article 9 - You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

Article 10 - If you live in a different country than your parents do, you have the right to be together in the same place.

Article 11 - You have the right to be protected from kidnapping.

Article 12 - You have the right to give your opinion, and for adults to listen and take it seriously.

Article 13 - You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

Article 14 - You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

Article 15 - You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

Article 16 - You have the right to privacy.

Article 17 - You have the right to get information that is important to your well-being, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

Article 18 - You have the right to be raised by your parent(s) if possible.

Article 19 - You have the right to be protected from being hurt and mistreated, in body or mind.

Article 20 - You have the right to special care and help if you cannot live with your parents.

Article 21 - You have the right to care and protection if you

are adopted or in foster care.

Article 22 - You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

Article 23 - You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

Article 24 - You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 25 - If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

Article 26 - You have the right to help from the government if you are poor or in need.

Article 27 - You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

Article 28 - You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

Article 29 - Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

Article 30 - You have the right to practice your own culture, language and religion - or any you choose. Minority and indigenous groups need special protection of this right.

Article 31 - You have the right to play and rest.

Article 32 - You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

Article 33 - You have the right to protection from harmful drugs and from the drug trade.

Article 34 - You have the right to be free from sexual abuse.

Article 35 - No one is allowed to kidnap or sell you.

Article 36 - You have the right to protection from any kind of exploitation (being taken advantage of).

Article 37 - No one is allowed to punish you in a cruel or harmful way.

Article 38 - You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

Article 39 - You have the right to help if you've been hurt, neglected or badly treated.

Article 40 - You have the right to legal help and fair treatment in the justice system that respects your rights.

Article 41 - If the laws of your country provide better protection of your rights than the articles in this Convention, those laws should apply.

Article 42 - You have the right to know your rights! Adults should know about these rights and help you learn about them, too.

Save the Children "fights for children's rights. We believe every child has the right to enjoy a secure, happy and healthy childhood".