

TRAUMA-INFORMED PRACTICE



In this tool, you will find:

- » An overview of complex trauma, its causes and impacts on individuals, families and communities
- » Trauma-based approaches to supporting children and families
- » Links to additional resources

Related tool:

- » Child Development and Neurodevelopment

KEY GUIDANCE

What is trauma?

Psychological trauma is the response a person has to distressing and threatening events. The response can be physical (felt in the body), emotional (how the person feels about themselves and the world around them), and behavioural (how the person demonstrates their reaction to these feelings).

Professionals often talk about three types of trauma:

- » Acute trauma from a single distressing or threatening event
- » Chronic trauma from distress or a threat that persists over time
- » Complex trauma when people experience multiple types of distress or threat, often from multiple sources.

Trauma can also be experienced by those who witness the trauma experienced by others or who support people who have experienced trauma – this is called secondary or vicarious trauma.

What causes trauma?

There are multiple sources of trauma. Including experiencing and witnessing child abuse and neglect, family violence, war, natural disaster, physical or sexual assault, or being in an accident. Grief and loss, experienced at the loss of, or separation from, loved ones is also a source of trauma.

Aboriginal families are known to experience traumatic and distressing events at a greater rate than non-Aboriginal individuals. In addition, because

of colonisation, genocide, forced removal of family members, protectionism, discrimination and racism, multiple members within Aboriginal families are likely to have experienced complex trauma. This is also known as intergenerational trauma, as trauma is experienced by multiple generations within the same family.

Impacts of trauma

Everyone's response to trauma is different. The impacts of trauma can include emotional dysregulation – this means people can feel highly alert and on the lookout for further threats (hyper-arousal) or numb and disengaged (hypo-arousal) (See CaFIS Tool *Child Development and Neurodevelopment*). People may also feel trauma as a physical experience within their bodies (e.g. physical pain or ache, or quickened heart rates) and may have recurrent thoughts about the traumatic experience. Sometimes people may feel like they are outside their bodies, this is called dissociation.

Some individuals will self-soothe to cope with these feelings, including self-medicating through the use of alcohol or other drugs. Some will find it hard to form trusting relationships with others because their previous relationships have been threatening. These behaviours may assist with coping with trauma in the short term, but if they persist, they can have long-term impacts on the life of that individual, their families and communities.

It's important to know the impact of traumatic events can be lessened if individuals have support from family, friends and healing supports such as qualified professionals or traditional healing practitioners in their recovery journey.

APPLICATION TO CaFIS PROVIDERS

Many children, young people and families referred to CaFIS will have experienced complex trauma, and it is likely the trauma will be intergenerational.

CaFIS providers will need to adopt a trauma-based approach to their work with children and families who have experienced complex trauma, and consider the need for services to be supported or supplemented by trauma specialists.

The following trauma-based approaches have been used by child and family support services:

- » Community healing education delivered through workshops and yarning circles in remote Aboriginal communities to support the community to recognise and respond to trauma and to create strategies for addressing trauma on a whole of community basis (e.g. the We Al-li program <https://wealli.com.au/>)
 - » Return to country activities conducted for children, young people and other family members to reconnect with country, culture, language and kin and restore the spirit through this connection (e.g. the activities run by the Akeyulerre Healing Centre <https://www.akeyulerre.org.au/>)
 - » Engagement with traditional healers, Ngangkari, and models of traditional healing practice within Aboriginal community controlled agencies (<https://healingfoundation.org.au/>)
 - » Engagement of specialists trained in responding to complex trauma in child and adolescent mental health or adult mental health services including qualified social and emotional wellbeing specialists for individuals (e.g. through the Blue Knot Foundation <https://www.blueknot.org.au/>, Aboriginal health services <http://www.amsant.org.au/aod-and-mental-health-program-support/>, and Sexual Assault Referral Centres <https://nt.gov.au/wellbeing/hospitals-health-services/sexual-assault-referral-centres>)
 - » Having separate workers for children and young people and for adults in the family support service to provide tailored supports for each individual's recovery (e.g. children's workers in services in women's refuges or therapists working in parallel with different members of the same family in programs such as Parent and Child Therapy: PACT <https://centacare.org.au/tag/p-pact-childneglect-parenting/>)
 - » Incorporating trauma-based or trauma-informed models into family support services – for example, models that help individuals understand the impacts of trauma on brain, behavioural and emotional development and/or give strategies for emotional regulation and support healing (e.g. the Parents Under Pressure model <https://www.puppprogram.net.au/> and the Australian Childhood Foundation model <https://www.childhood.org.au/>)
- » Specialist training for staff working in child and family support services including communities of practice related to complex trauma (e.g. the online training and community of practice support provided by the Pursuit of Excellence in Responding to Child Abuse and Neglect: PERCAN <https://www.percan.org.au/workforce-development>, and the Holding Children Together Training and Support Model developed by Relationships Australia Northern Territory <https://apo.org.au/sites/default/files/resource-files/2013-05/apo-nid66845.pdf>)
 - » Whole of organisation support for providing trauma-informed services (eg the Murri School in Queensland <https://www.qatsicpp.com.au/blog/2017/11/22/the-murri-school-a-healing-initiative/>, Baptist Care in SA <https://baptistcaresa.org.au/practice-champions-to-support-development-of-a-trauma-informed-culture-and-including-a-focus-on-worker-wellbeing-and-mental-health> https://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_4.pdf).

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Where to go for more information

Blue Knot Foundation 2012, 'Practice guidelines for treatment of complex trauma and trauma informed care and service delivery, Kezelman C.A. & Stavropoulos P.A.,
<https://www.childabuseroyalcommission.gov.au/sites/default/files/IND.0521.001.0001.pdf>

Department of Human Services 2007, 'Child development and trauma guide', Government of Western Australia and State of Victoria,
<https://www.dcp.wa.gov.au/ChildProtection/ChildAbuseAndNeglect/Documents/ChildDevelopmentAndTraumaGuide.pdf>

Judy Atkinson 2013, 'Trauma informed services and trauma-specific care for Indigenous Australian children', Closing the Gap Clearinghouse,
<https://www.aihw.gov.au/getmedia/e322914f-ac63-44f1-8c2f-4d84938fcd41/ctg-rs21.pdf.aspx?inline=true>

The Healing Foundation and Emerging Minds are working together to create resources to improve social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander children:
<https://healingfoundation.org.au/intergenerational-trauma/childrenswellbeing/>