

Trauma-informed Practice & Care

Trauma: “Any psychological or emotional response to one or more deeply distressing or disturbing events or experiences”

Types of Trauma

Complex Trauma

Multiple, repetitive unresolved experiences
Occurs within interpersonal relationships
Highly prevalent & severely disruptive but often undiagnosed
Cumulative & extremely damaging effects

Post-Traumatic Stress Disorder

Specific set of reactions following terrifying event/s or ordeal
Serious, long term impacts on behaviour, psychological wellbeing and mood

Developmental Trauma Disorder

Forms in first 3-6 years of life
Commonly due to abuse, neglect, abandonment as an infant or child
Profound, negative effects on future health and wellbeing

Symptoms & Effects of Trauma

Shock, denial, anger, fear, flashbacks, guilt, shame, isolation, physical / chronic health issues, depression, anxiety, blocking out, avoidance, low self-esteem, maladaptive relationships, suicidal thoughts & behaviour, harming others

Trauma-informed Care and Practice

Becoming a Trauma-informed service requires an understanding of trauma, the victim, the service and the victim-service relationship.

The process also includes becoming trauma-aware, trauma-sensitive, trauma-responsive and trauma-informed:

Trauma Aware

Awareness of the effects and adaptations of trauma

Trauma Sensitive

Sensitive to trauma & operationalising the concept of TIPC

Trauma Responsive

Encouraging & supporting victim behaviour change, resilience & protective factors

Trauma Informed

Organisational culture that is underpinned by trauma-informed approaches & principles

Principles of Trauma-informed Practice & Care

Safety

Physical, emotional, interpersonal safety Safety for victims, practitioners & service providers; Safety from re-traumatisation

Trust

Built over time between victim and practitioner; leads to healing for victim; Established by sharing power, information and boundaries

Choice

Maximise victim's choice, decision-making capacity and sense of control; Collaborative goal setting to maximise victim's choice; Choice helps regain control and autonomy

Collaboration

Between victim, practitioner & specialist services; Affirms victim's strengths and abilities; In design, development & evaluation of trauma-based therapy

Empowerment

Strength-based approach supports recovery; Improve self-management & coping skills; Encourage skill-building & acquisition rather than symptom management

Healing relationships

Promote healing interpersonal & therapeutic relationships; Role-modelling & building positive relational experiences allow cognitive processes to reintegrate

Understand culture

Accept & respect victims' culture, worldviews, life experiences; Respond in terms of lived, social & cultural influences; Service providers appraise their own cultural values & biases

Knowledge

Of the association between sexual violence and trauma; Understand prevalence, dynamics & nature of trauma in relation to victims' functioning in life; symptoms as adaptive strategies to manage trauma

Staff wellbeing

Acknowledge staff's direct & vicarious trauma; Infuse policy & procedures with trauma sensitivity as shared responsibility

NB: For more information and references please see our accompanying research to Practice Paper (www.noviolence.org.au/resources)

