

Office for
Mental Health
and Wellbeing



ACT
Government

ACT Health

ACT Position Statement on Trauma Informed Practice for Children and Young People

Presented by Emma
Davidson MLA
Minister MLA

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1. Foreword

This Position Statement outlines the ACT Government's guiding principles in trauma informed practice for children and young people and provides practice examples of how this can be achieved collectively.

Trauma is a response to a deeply distressing or disturbing event that overwhelms a person's capacity to cope. Complex trauma often results from multiple events that are severe stressors or traumatic experiences over time. Traumatic experiences can elicit a sense of intense fear, terror and helplessness and can result in a range of physical, psychological, emotional, and behavioural reactions¹.

Trauma has a devastating and wide-ranging impact on individuals (social, emotional, physical, behavioural, spiritual etc) and on our society (associated significant costs in areas such as mental health, healthcare, housing, education, work and vocation, justice system, drug and alcohol services, employment, care leavers). Because of this, trauma informed practice has become a common terminology across the human services sector over the last decade, although there are concerns of lack of consistency in the definition and notable constraints in a wider application in both government and non-government sector.

It is internationally recognised and acknowledged that experiences of trauma in children and young people are common. International studies estimated that 62 to 68 per cent of young people will have been exposed to at least one traumatic event by the age of 17^{2 3}. The likelihood of having experienced trauma is much higher in young people with other vulnerabilities such as contact with the justice system, engagement with the child protection system, living in out of home care, being a refugee or asylum seeker, being from a culturally and racially marginalised background, those working in armed forces or emergency services, young Aboriginal and Torres Strait Islanders, people in the lesbian, gay, bisexual, transgender, intersex, and queer/questioning (LGBTIQ+) community.

There are also systemic and global traumatic experiences that impact children and young people. For example, the Canberra bushfires in 2003 and 2019, the COVID-19 pandemic, climate change and the rising cost of living. These collective traumatic experiences may add a layer of impact on children and young people's mental health too.

One of the core principles adopted in the trauma informed lens is that trauma must be seen as the expectation, not the exception. This does not mean that everyone is assumed to have a history of trauma, rather, it is an anticipated possibility that people **may** have experienced trauma, and the use of trauma informed practices ensure that no harm is done when engaging with all children and young people. It is therefore important that all people who have interactions with children and young people understand trauma.

¹ Hervatin, M. (2017, July). Complex trauma through a trauma-informed lens: Supporting the wellbeing of infants and young children. *Emerging Minds*. <https://emergingminds.com.au/resources/complex-trauma-through-a-trauma-informed-lens-supporting-the-wellbeing-of-infants-and-young-children/>

² Copeland, W. E., et al., (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, 64(5), 577-84. doi: 10.1001/archpsyc.64.5.577

³ McLaughlin, K. A., et al., (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. *J Am Acad Child Adolesc Psychiatry*. 52(8), 815-30. doi: 10.1016/j.jaac.2013.05.011.

It is important to implement consistent trauma informed practices at the organisational level wherever the organisation interacts with children and young people. The ACT Government is committed to improving trauma informed practice in the ACT across service delivery in both the government and non-government sector. This will mean service users, particularly children and young people, receive the most appropriate care and service delivery. The ACT Government acknowledges and embraces that recognition and integration of the trauma of both service users and staff is fundamental to the recovery process.

N.B. This Position Statement contains information about trauma which may be distressing to some in our community. Should you experience distress, there are suggested services and support groups available ([Attachment A](#)).

2. Trauma and its context

Individuals with complex needs, particularly children and young people, have often already reached, or are vulnerable to reaching a crisis point, and experience cultural, economic, and social barriers to accessing services. This is compounded by their need to access support from two or more agencies and services.

Trauma responses from children and young people are often their attempts to overcome this sense of overwhelming stress and keep themselves safe in their environment. However, sometimes, even after the stressful or traumatic event has passed, some children and young people may continue to respond with distress and symptoms of trauma to the environment in the absence of actual danger (i.e., perceived danger). This is further complicated when the child or young person has experienced more than one traumatic event or an accumulation of stressors over an extended period (for further differentiation of types of trauma and the details of how trauma impacts our development, see [Attachment B](#)).

2.1. Individuals and complexity of needs

A child or a young person with complex needs is someone who has two or more unmet needs affecting their physical, emotional, developmental, or social wellbeing. Typically, these needs interact and exacerbate one another, leading to individuals experiencing several 'problems' simultaneously.

It is the intersection of these needs that leads to complexity⁴. The needs are often severe or long-standing, and prove difficult to assess, diagnose or treat. The ACT Children and Young People Oversight Agencies Group defined a child or young person with complex high-level needs as someone who:

- exhibits challenging or risk-taking behaviours of such intensity, frequency, and duration that they place themselves or others at serious risk of harm,

⁴ Network of Alcohol and Drug Agencies NADA. (2013). *Complex needs capable: A practice resource for drug and alcohol services. Complex Needs Capable.* <https://www.complexneeds capable.org.au/>

- has mental health presentations that impair their ability to participate in life like their peers and that reduces their access to services, activities, and experiences,
- has a disability and complex behaviours or complex health issues that are life-threatening or require continuous monitoring and intervention,
- requires cohesive and integrated therapeutic supports and intervention from multiple agencies including (but not limited to) care and protection, health, mental health, education, youth justice, and similar supports.

The repeated exposure to adverse experiences and environments during early childhood magnifies the risk of trauma and the behavioural, psychological, emotional, relational, learning, and cultural disturbances associated with it. Recognition of childhood trauma and early intervention have been shown to change the trajectory of children and young people, reduce system costs, and has broader economy-wide benefits⁵. This approach is based on the Mrazek and Haggerty model of the spectrum of interventions for mental health problems⁶. (For further information on the early signs of adverse childhood experiences, see [Attachment B](#)).

2.2. Cultural implications and intergenerational trauma

Culture impacts on all aspects of a person's life. Each culturally and linguistically diverse community, and each person within the community, is different. Canberra has a very multicultural and diverse community, and when striving to implement trauma-informed practice, it is necessary to consider how to do so whilst maintaining cultural sensitivity and appropriateness.

People from culturally and linguistically diverse backgrounds particularly those seeking asylum and refugees, experience greater stress and trauma compared to other groups⁷. Events prior to migration (such as trauma and exposure to violence), combined with experiences after migration (adjustment to a new country, a new way of life and/or language, as well as lack of support networks, discrimination, and in some cases uncertainty about visa status) can add to vulnerability within this community. Refugees will experience additional stressors, related both to the reasons they had to leave their home countries and their experiences in Australia⁸. It is important to destigmatise presentations of trauma responses, which can hold different meanings depending on the cultural context, and can look different through different cultural lenses. Trauma informed practitioners should be aware of potential barriers to accessing services, such as language and geographical barriers, and work to address these issues to ensure equitable care for all members of the community.

Many things are passed down through families, from one person to the next, from one generation to the next. The effects of trauma, shame and distrust can be passed down too. Intergenerational trauma is when the original traumatic experience (single or continuous) is transferred from parents to children, and then grandchildren and so on. This is due to a

⁵ Productivity Commission (2020). *Mental Health*, Report no. 95, Canberra

⁶ Institute of Medicine (US) Committee on Prevention of Mental Disorders, Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. National Academies Press (US).

⁷ George, M. (2010). A theoretical understanding of refugee trauma. *Clinical Social Work Journal*, 38(4), 379- 387.

⁸ <https://www.health.nsw.gov.au/mentalhealth/psychosocial/strategies/Pages/diversity-cultural.aspx>

combination of nature and nurture (i.e., epigenetics). Specifically, for Aboriginal and Torres Strait Islander people, *“Stolen Generations survivors might also pass on the impacts of institutionalisation, finding it difficult to know how to nurture their children because they were denied the opportunity to be nurtured themselves.”*⁹

Culture plays a significant role in how individuals may experience life, including traumatic and adverse events. Trauma can have a significant impact on the Aboriginal and Torres Strait Islander communities in Canberra, as it is closely tied to the history of colonisation and ongoing systemic issues such as poverty, decreased access to healthcare and education, discrimination, and cultural disconnect.

The Aboriginal and Torres Strait Islander communities in Canberra have been actively working to incorporate traditional healing practices into trauma informed care and practice. This approach recognises the importance of cultural practices and beliefs in the healing of trauma, and seeks to integrate these practices into the care provided to Aboriginal and Torres Strait Islander children and young people. This often involves partnering with traditional healers and Elders, as well as incorporating traditional healing practices such as bush medicine, storytelling, and ceremony into treatment plans.

Additionally, many providers have been trained in culturally responsive care, which includes an understanding of the importance of family and community in the healing process, as well as the role of spirituality and connection to the land, sea, waterways, and skies.

Overall, the incorporation of traditional healing practices into trauma informed care and practice can help to promote healing and resilience within the Aboriginal and Torres Strait Islander communities in Canberra, while also honouring cultural traditions and beliefs.

2.3. Resilience, recovery, and neuroplasticity

Childhood trauma may occur in the context of a relationship between a child and their adult caregiver. When traumatic events occur, the experiences may reduce the child’s capacity to trust adults, make sense of their situation, or connect in a meaningful way.

These children still have some resilience, but they need support from protective and nurturing adults to help them strengthen their resilience. Children who experience supportive and nurturing relationships can feel better supported to survive, understand their traumatic experiences, and recover more quickly¹⁰.

Resilience describes a child’s ability to recover and adapt, but it is not a personal trait. A child’s resilience following a traumatic event is the interaction between multiple factors including biological, psychological, social, environmental, and cultural¹¹.

A resilient child is more likely to respond to a traumatic event with minimal distress, or the event has minimal effect on their daily functioning, or they may exhibit a temporary drop in

⁹ Healing Foundation (n.d.). *Intergenerational trauma*. <https://healingfoundation.org.au/intergenerational-trauma/>

¹⁰ Ludy-Dobson, C.R. & Perry, B.D. (2010). The Role of Healthy Relational Interactions in Buffering the Impact of Childhood Trauma. *Working with Children to Heal Interpersonal Trauma: The Power of Play* (E. Gil, Ed.), Guilford Press, New York, pp. 26-43.

¹¹ Eccles, J. S., et al., (2019). How to implement trauma-informed care to build resilience to childhood trauma. <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>

their ability to cope followed by an early and effective return to their usual level of functioning. This is most likely to occur if there is a protective adult that can support the child to cope in such situations.

Trauma informed practices play a huge role in fostering an environment in which children's specific needs are being responded to appropriately, and in such settings, resilience is emphasised rather than pathologized.

“Children are not resilient, children are malleable”

– Dr Bruce Perry (1997)¹²

While exposure to childhood trauma has a profound impact on our brain development, there is hope for healing. As early negative experience impacts on brain development, early positive experience has an equal, if not stronger, ability to help build and strengthen our brain's connections. The brain's malleability is referred to as neuroplasticity.

With appropriate supports and quality relationships, the child or young person can be supported to recover from their experiences and heal. While this support can be sought at an individual level from individual practitioners or services, it extends to the systemic level, where trauma informed principles and practices are key.

¹² Perry, B.D. (1997). 'Incubated in Terror: Neurodevelopmental Factors in the 'Cycle of Violence''. Children, Youth and Violence: The Search for Solutions (J. Osofsky, Ed.), Guilford Press, New York, pp.124-148.

3. Trauma informed practice principles

Trauma informed practice in service delivery is moving from knowing about trauma, to being able to identify, understand, and respond to trauma. There are many perspectives on what constitutes trauma informed practice.

Summarized below are the foundational principles for providing trauma-competent services for children and young people, which have been adapted from the Mental Health Coordinating Council (MHCC) Trauma-Informed Care and Practice Organisational Toolkit.¹³

- **Recognition of prevalence of trauma** and that many children and young people seeking support will have a lived experience of trauma.
- **Understanding trauma and its impact** on the emotional, psychological, and social wellbeing of children, adolescents, families, and communities.
- **Promoting safety** through relationships and environments that foster physical, emotional, social, cultural, and psychological safety, and where disclosures of trauma are heard and responded to appropriately.
- **Sharing power and governance** – services that recognise the impact of power and ensure that power is shared, including supporting individual workers to recognise relational power imbalances between their role and the child or young person.
- **Support children and adolescents to be empowered to have control, choice, and autonomy** through genuine opportunities to participate in decision making, and by respecting their choices, culture, and values.
- **Clinicians, services, organisations, and decision-makers provide evidenced informed interventions** that respond to children and young people’s experiences of trauma and are guided by contemporary research and understandings.
- **Integrating care** – services take a holistic approach to supporting children and young people through their recovery process, by coordinating services and providing an integrated approach to care.
- **Ensuring cultural competence** by understanding and respecting the cultural context of traumatic experiences and healing and recovery, and offering interventions that are responsive to the diverse cultural and spiritual needs of all.
- **Recovery is possible** – an approach that fosters opportunities for healing, builds on the adolescent’s existing strengths, and supports them to achieve their goals.
- **Services continuously provide support and build capacity and competence** with a focus on workforce wellbeing and through workforce education, training, and supervision.

The expression of these principles will differ in different settings.

¹³ Henderson, C., and Everett, M. I., Mental Health Coordinating Council (MHCC) (2018). Trauma-Informed Care and Practice Organisational Toolkit (TICPOT): An Organisational Change Process Resource, Stage 1 - Planning and Audit. <https://mhcc.org.au/resource/ticpot-stage-1-2-3/>

4. Common misconceptions of trauma informed practice

The terms ‘trauma informed care’, ‘trauma informed practice’, ‘trauma informed approaches’ have been widely used and used interchangeably in the current mental health services provision landscape. However, there are often misunderstandings of what constitutes ‘trauma informed practice’. While different organisations have different processes to embed trauma informed practices, the below table (adapted from the research completed by Sandra Bloom¹⁴, and Angela Sweeney and Danny Taggart¹⁵) highlight the need for organisational and systemic change to undertake the on-going process to embed, coordinate and integrate trauma informed practices.

<i>What trauma informed practice <u>is</u></i>	<i>What trauma informed practice <u>is not</u></i>
<p>Trauma informed practices provide a safe whole of system approach to all people.</p> <p>It should be clearly distinguished that trauma informed practices relate to a whole-systems approach to engagement with service users. This includes how we interact with our service users and how the system responds to service users in ways that are inclusion- affirming, client-centred and client-driven.</p>	<p>Trauma informed practices provide <u>treatment</u> to people who have experienced trauma.</p> <p>Trauma informed practices are not the same as specialist therapeutic treatments for trauma.</p> <p>These treatments should only be delivered by trained professionals and clinicians.</p>
<p>sTrauma informed practices benefits workers as well as the whole system.</p> <p>A trauma informed organisation acknowledges that some of their staff may have lived through traumatic experiences or experienced adverse childhood experiences, similar to those of service users. For programs to be safe for clients they must also be safe for staff, with ethical practice, self-care, and risk management strategies supported by management and workplace policies¹⁶.</p>	<p>Trauma informed practices benefits only the service users. There is no broader impact.</p> <p>Organisations that are not trauma informed can be toxic to staff and create a poor working culture and environment. For example, care decisions are being made without including the service users or the individual practitioners could undermine a person’s recovery journey and sense of autonomy and psychological safety.</p>

¹⁴ Bloom, S. (2006). Human service systems and organisational stress: Thinking and feeling our way out of existing organisational dilemmas. Philadelphia: Report for the Trauma Task Force.

¹⁵ Sweeney, A., and Taggart, D. (2018). (Mis)understanding trauma-informed approaches in mental health. *Journal of Mental Health*, 27(5), 383-387. <https://doi.org/10.1080/09638237.2018.1520973>

¹⁶ Blue Knot Foundation (2019). *Practice Guidelines for Clinical Treatment of Complex Trauma*. <https://blueknot.org.au/product/practice-guidelines-for-clinical-treatment-of-complex-trauma-digital- download/>

What trauma informed practice is

Trauma informed practice is starting from the position of asking “what happened to you”.

It is important to shift conversation and perspective from “*what’s wrong with you?*” to “*what happened to you?*”. The latter acknowledges the wide variety and common experience of adverse experiences and trauma and its varied effect on people.

This does not mean we have to question the service user’s every single life event. Rather, questions about a person’s history should be asked sensitively, at the person’s pace, and from the person’s perspective.

Trauma informed practice is an on-going process of organisational change that creates recovery environments for staff, children and young people, their families, friends and allies, with implications for relationships.

Trauma informed practice is an on-going process underpinned by continuous learning and reflection with service users.

It is also acknowledged that experiences of trauma are widespread across all demographics of society and have an impact not on only the service user, but also on staff, allies, family members and others; this knowledge underpins our ability to be compassionate.¹⁷

What trauma informed practice is not

Mental health services are offered to people with the assumption that “there’s something wrong with you”.

The current mental health system tends to conceptualise extreme behaviours and distress as symptoms of mental illnesses, rather than as coping adaptations to past or current traumas. Consequently, responses to people in extreme distress can be unhelpful and even (re)traumatizing.¹⁷

Trauma informed practices are implemented by individual practitioners and relates only to client as an individual.

While it is essential that individual practitioners embrace trauma informed practices in their daily work and interaction with service users, it is important to also implement trauma informed practices at the organisational level.

Research depicts the complex interactions between service users, individual practitioners, and organisations that can potentially cause re-traumatization and prevent recovery in service users. These interactions could also paralyse an individual practitioner’s ability to work and provide support.

¹⁷ Sweeney. A., et al., (2018). A paradigm shift: relationships in trauma-informed mental health services. *BJPsych Adv*, 24(5). 319-333. doi: 10.1192/bja.2018.29. PMID: 30174829; PMCID: PMC6088388.

¹⁸ Sweeney. A., et al., (2018). A paradigm shift: relationships in trauma-informed mental health services. *BJPsych Adv*, 24(5). 319-333. doi: 10.1192/bja.2018.29. PMID: 30174829; PMCID: PMC6088388.

What trauma informed practice is

Trauma informed practice safely approaches all service users as though they have experienced trauma.

The adoption of trauma informed practice means that service users, who may be trauma survivors and have not yet developed the rapport and trust to share their stories, can seek the appropriate care and help within the mental health system.

Trauma informed practice, however, is a safe way to engage with all consumers of the mental health system, regardless of whether they have experienced trauma or not.

What trauma informed practice is not

The service system assumes that all service users have experienced child abuse.

While there is an assumption that many people and service users have experienced adverse childhood experiences, and that there are certain causal relationships between these experiences and the development of mental distress and illnesses, this assumption does not apply to *all* mental distress and illnesses.

It is crucial to be careful in blaming parents and carers by always associating trauma with child abuse or sexual abuse. This can lead to stigma and blame towards parents, who may have either been unaware of the abuse or not known how to address it. While it is important to acknowledge the impact of abuse, it is crucial that carers are not stigmatized as the cause of a child's mental health concerns.

5. Practice Examples

This Position Statement presents opportunities for child and youth services to move towards a trauma informed approach. The examples provided below demonstrate how a range of services and organisations have moved towards trauma informed practice through a particular area of focus or change. All the examples below have ensured that individuals with a lived experience, and children and youth mental health sectors workers are involved and contribute to the design, implementation, and evaluation of trauma informed developments.

5.1. Examples of trauma informed practice in the ACT in 2023

- **ACT Child and Youth Mental Health Sector Alliance**, established by the Office for Mental Health and Wellbeing, Capital Health Network and the Youth Coalition of the ACT, connecting representatives of over 40 services, building awareness of trauma informed practice and good practice service provision in the youth mental health service sector.
- **ACT Education Directorate's trauma informed practice training package**, developed specifically for their directorate. This is informed by the “Trauma Sensitive Schools Training Package”¹⁹ which is freely available online as a package of graduated training components for a range of target participants, from the classroom setting to the policy and executive team.
- The **ACTHD Youth at Risk of developing mental ill health project** is incorporating trauma informed principles through-out the design and implementation of the project, to stand up a trauma service for young people with complex needs, with or at risk of mental ill health.
- The Therapeutic Assessment and Planning team in Child and Youth Protection Services provides a range of trauma-informed resources and supports for children and carers. This includes **Connect for Kinship Carers** – a 9-week attachment-based program for kinship carers of children and young people aged 8 to 16 years. Connect aims to equip carers with the skills to foster security, safety and stability for young people, and to confidently and sensitively respond to challenges as they arise. Participants also benefit from connections with other carers and sharing lived experience with others in a similar life stage.

¹⁹ National Centre on Safe Supportive Learning Environments (n.d.). *Trauma sensitive schools training package*. <https://safesupportivelearning.ed.gov/trauma-sensitive-schools-training-package>

5.2. Examples of organisational changes

- **Mental Health Coordinating Council (NSW) Trauma-informed Care and Practice Organisational Toolkit (TICPOT).**²⁰ This is a public resource targeted for organisations to improve organisational and service delivery culture and practices. This toolkit has a systemic approach to guide organisational change, which is applicable for any human services organisation.
- **Baptist Care in South Australia** in supporting development of a trauma informed culture in organisation ²¹ and changing culture across a whole region. This is aimed at creating a trauma informed culture across the organisation and enhance the practice of staff working directly with clients who have experienced trauma and build valuable awareness amongst non-client facing staff.
- **Government of Nova Scotia in Canada.**²² With a city approximately twice the size of Canberra, the government published a discussion guide on assisting individuals and agencies working toward developing trauma informed approaches to service delivery and system-wide collaboration. Training across individual (frontline workers, leaders) and organisational (within agency and interagency) level are discussed.

5.3. Examples of engagement in specialist training in responding to complex trauma

- **Phoenix Australia.**²³ Phoenix Australia works with organisations or teams to build capacity in understanding, preventing, and promoting recovery from trauma and other adversity. Their services include policy development, practice implementation, research, training and advice.
- **The Blue Knot Foundation.**²⁴ The Blue Knot Foundation has developed Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery and offers professional development training workshops ranging from foundational basics in trauma-informed care to specific programs for leaders and managers to embed trauma informed principles.
- **Pursuit of Excellence in Responding to Child Abuse and Neglect (PERCAN) in Western Australia.** ²⁵ The organisation provided specialist training for staff to support workforce development through communities of practice related to complex trauma (e.g., the online training and community of practice support).

²⁰ Mental Health Coordinating Council (MHCC) (2018). *Trauma-Informed Care and Practice Organisational Toolkit (TICPOT): An Organisational Change Process Resource, Stage 1 - Planning and Audit.*

<https://mhcc.org.au/resource/ticpot-stage-1-2-3/>

²¹ Baptist Care SA (2020). *Practice champions to support development of a trauma informed culture.*

<https://baptistcaresa.org.au/practice-champions-to-support-development-of-a-trauma-informed-culture>

²² Government of Nova Scotia (2015). *Trauma-informed practice at the agency, interagency and leadership levels.*

https://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_4.pdf

²³ Phoenix Australia (n.d.). *Supporting resilience and recovery across organisations.* <https://www.phoenixaustralia.org/consultation-services/>

²⁴ The Blue Knot Foundation (n.d.). <https://www.blueknot.org.au/>

²⁵ Pursuit of Excellence in Responding to Child Abuse and Neglect (PERCAN). (n.d.). *Workforce Development.* <https://percan-website-git-develop-marketforceau.vercel.app/workforce-development>

- **Australian Childhood Foundation in Canberra** previously had an ACT government grant for 2014 to 2016 to deliver trauma informed care training and to provide an uplift in training about working safely with children who have experienced child abuse and neglect.

5.4. Examples of incorporating trauma informed models into support services

- The **Australian Childhood Foundation** has a few examples (including but not limited to), models for:
 - Parents – “Bringing up Great Kids” parenting program,
 - Schools – “Making SPACE for Learning” program,
 - Professionals – “Graduate Certificate in Developmental Trauma”²⁶
 - Residential Care – The 10 essential elements of intensive therapeutic care NSW – Practice Guide ²⁷

5.5. Examples of individual supports

- **Parents Under Pressure Model.**²⁸ This model helps individuals to understand the impacts of trauma on brain, behavioural and emotional development and give strategies for emotional regulation and support healing.
- **Parallel Parent and Child Therapy (P-PACT).**²⁹ This program has 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 women’s refuges or therapists working in parallel with different members of the same family.

5.6. Examples of Aboriginal and Torres Strait Islander specific trauma informed practice

- **Healing Foundation.**³⁰ Engagement with traditional healers in Central Australia. These traditional healers are known as Ngangkari. They share models of traditional healing practice developed within Aboriginal community-controlled agencies that can be localised to a community, region or service.

²⁶ Australian Childhood Foundation (n.d.). *10800NAT Graduate Certificate in Developmental Trauma*.

<https://professionals.childhood.org.au/course/10800nat-graduate-certificate-in-developmental-trauma/>

²⁷ Centre for Excellence in Therapeutic Care (2019). *The 10 essential elements of intensive therapeutic care in NSW*.

<https://www.cetc.org.au/wp-content/uploads/2022/07/10-essential-elements-practice-guide.pdf>

²⁸ Parents Under Pressure Model (n.d.). <https://www.pupprogram.net.au/>

²⁹ Centacare Catholic Family Services (n.d.). *New hope in prevention of child abuse*. <https://centacare.org.au/tag/p-pact-childneglect-parenting/>

³⁰ Healing Foundation (n.d.) <https://healingfoundation.org.au/>

- **We Al-li program.**³¹ This program involves community healing education delivered through workshops and yarning circles to support the community to recognise and respond to trauma and to create whole of community strategies.
- **Akeyulerre Healing Centre.**³² This program involves return to country activities for children, young people and other family members to reconnect with country, culture, language and kin and restore the spirit through this connection.

6. Conclusion

In developing this position statement, the ACT Government is committed to improving trauma informed practice in the ACT across service delivery across the government and non-government sector, so that our service users, particularly children and young people, receive the most appropriate care and service delivery.

As outlined, actions are needed to re-think and re-define trauma informed practices in the ACT. One of the key lenses to adopt is that trauma must be seen as the expectation, not the exception. The practice examples outlined in this position statement show ways to improve our service sector, especially in the child and youth mental health service sector, and the ACT is committed to embedding trauma informed practices including in response to the National Principles for Child Safe Organisations.

The journey to embed, coordinate and integrate trauma informed practices will take time and require a staged approach. However, this ACT Government position statement for trauma informed practice for children and young people represents a significant step in making positive change for the outcomes and recovery of our children, young people, and their families in the ACT.

³¹ We Al-li program. (n.d.). <https://wealli.com.au/>

³² Akeyulerre Healing Centre (n.d.). <https://www.akeyulerre.org.au/>

Attachment A: Support Services

- Lifeline – call 13 11 14
- Beyondblue – call 1300 22 4636
- Kids Helpline - 1800 55 1800
- MensLine Australia – call 1300 789 978
- Sexual assault, family and domestic violence line - 1800 737 732
- Suicide Call Back Service – call 1300 659 467

ACT Support Services

- Adult Community Mental Health Teams (Canberra Health Services)
- Child and Adolescent Mental Health Services Community Teams - North Reception 02 5124 1407 or South Reception on 02 5124 3133 between 8.30am and 4.30pm, Monday to Friday
- Older Persons Mental Health Community Team - 02 6205 1957
- Canberra Rape Crisis Centre - 02 6247 2525
- Domestic Violence Crisis Service - 02 6280 0900
- Perinatal Wellbeing Centre (formerly known as PANDSI) – 02 6288 1936
- Safe Haven – 0421 154 147
- The Junction Youth Health Service - 02 6232 2423
- The Way Back Support Service – 1800 929 222
- Winnunga Nimmityjah Aboriginal Health Service - 02 6249 7555

Other Helplines and Websites

- Head to Health
- SANE Australia Helpline – call 1800 187 263
- Headspace – 1800 650 890
- youthbeyondblue – 1300 224 636

Attachment B: Trauma and its impact

Adverse Childhood Experiences (ACEs) are potential traumatic events that occur before the age of 18. Research has shown that exposure to ACEs is linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood.

ACEs can negatively impact education, job opportunities, and earning potential. This study revealed that ACEs are much more common in the population than recognised or acknowledged³³.

Types of trauma

Traumatic events are often categorised into Type 1 or Type 2 trauma. Type 1 trauma refers to a single traumatic event, such as an isolated experience of a car accident, a bushfire or the death of a loved one. While single incident trauma can be intense and overwhelming, the presence of caring and responsive adults before and following such events will support children and adolescents to restore their sense of safety, process their experience, and develop the capacity to move forward and recover.

Type 2 trauma is often described as 'complex trauma' and refers to repeated and prolonged exposure to traumatic events. Complex trauma is usually interpersonally generated and cumulative in nature, and includes multiple experiences of childhood abuse and neglect, exposure to family violence or disruptions to significant attachment relationships³⁴.

The absence of protective adults, or limitations in a caregiver's ability to provide support following these experiences, results in a mixture of experience in children. For example, prolonged periods of arousal, difficulties with affect regulation, dissociative symptoms, being unable to restore physical or emotional safety, or unable to make sense of or process these terrifying experiences. The critical timing of these early experiences interferes with neurological, cognitive, and emotional development.

Trauma is a deeply personal experience and can present in varied ways depending on the nature and frequency of the trauma, a person's age when the trauma occurred, and how the trauma was responded to³⁵. Understanding the impacts of childhood trauma is complex and requires a thorough understanding of trauma theory, attachment theory, systems theory, and child development perspectives.

³³ Felitti, V. J. et al., (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) study. *Am J Prev Med*, 14(4), pp 245-258. doi.10.1016/s0749-3797(98)00017-8.

³⁴ National Child Traumatic Stress Network. (n.d.) *Complex trauma*. <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects>

³⁵ Perry, B. D., & Szalavitz, M. (2007a). *The Boy Who Was Raised as a Dog*. Basic Books

How the service system and complexity of responses impacts on trauma experiences

Complexity of needs can be viewed from the lens of how the unmet needs impacts the young person, those around them, and the service system. When the needs of young people are unmet because the service system cannot intervene early, comprehensively, or concurrently, then their needs and adverse circumstances often multiply and become more complex.

This increases complexity for the service system as tertiary, acute and statutory system are accessed or activated in response to the young person's deteriorating circumstances or behaviour escalation, or in an attempt to receive supports previously difficult to access.

Services and service systems that are insufficiently constructed and resourced to manage trauma and complexity early and comprehensively may inadvertently contribute to the continuation of the cycle of trauma and its impacts.

Research literature clearly demonstrates that the complexity and clustering of risks and unmet needs increases the probability for repeat and future problems for the individual with a resulting overuse of the adult service system³⁶. This contributes to increasing and ongoing costs for the individual, government, and society. Treatment and interventions play an important role to support children and young people to recover and rebound from their childhood traumatic experiences early in the life of the person or early in terms of the experience.

Trauma informed practices recognise that Aboriginal and Torres Strait Islander children and young people may have experienced intergenerational complex trauma, which can manifest in a variety of ways such as behavioural challenges and difficulties with emotional regulation. Therefore, it is crucial to approach care with sensitivity and understanding, while also being mindful of the cultural context and traditional healing practices that may be used within the community. (More information on trauma-informed services and trauma-specific care for Indigenous Australia children can be accessed from this footnote.³⁷)

Impacts of trauma

Neurobiological impacts

When people are exposed to extreme levels of fear and terror, a stress hormone (cortisol) is released, and the sympathetic nervous system is activated preparing our fight, flight or freeze response for survival. For children, the repetitive experience of having their stress

³⁶ McArthur, M., Suomi, A., and Kendall, B. (2021). Review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the Australian Capital Territory.

³⁷ Atkinson, J. (2013). Trauma-informed services and trauma-specific care for Indigenous Australian children. Resource sheet no. 21. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies. <https://earlytraumagrief.anu.edu.au/files/ctg-rs21.pdf>

response system activated for prolonged periods affects the structure and chemistry of their developing brain.

Children's brains are shaped by their early experiences, so for those experiencing repeated trauma, the brain adapts its functioning to protect against the pervasive threats to their safety³⁸. The critical timing of these experiences at different points of brain growth and development can result in enduring cognitive delays, impaired functional ability, difficulties regulating emotions, and a diminished sense of self, alongside physiological symptoms such as intrusive thoughts, disrupted sleep, heightened startle response, and extreme anxiety.

Given the rapid brain growth that occurs in the first four years of life, the neurobiological impact of trauma is dependent on the age and stage the trauma occurred, the nature of trauma experienced, and the protective factors available before and after the traumatic event³⁹. Human brains develop in a sequential 'bottom-up' approach, with each stage setting the foundation for the next.

Physiological impacts

When we think of the effects of trauma, the focus is often on the psychological or emotional responses, however our initial response to trauma is often physical. For children and adolescents, they often have a limited vocabulary or emotional literacy to describe their internal experiences, especially if this occurred when they were pre-verbal, making them more likely to report the physical symptoms of their traumatic experience.

Common physiological impacts include somatic complaints (headaches, nausea, stomach aches), fatigue and lethargy or sleep disturbances (inability to fall asleep or remain asleep, nightmares). Some physiological symptoms such as hypervigilance (scanning for safety threats), poor fine and gross motor skills or dissociation require careful observation.

Longer term, people may experience chronic health issues, such as obesity, diabetes and heart disease which all have a higher prevalence in people that have experienced trauma.

Interpersonal impacts

Attachment theory is focused on the relationship and bonds between people, in particular our early caregiving relationships⁴⁰.

Healthy human development is reliant on the presence of at least one available and responsive caregiver, as our sense of security comes from having a strong emotional connection with others. When a child has a dependable caregiver, they feel safe to explore the world knowing someone is protecting them and keeping them in mind (Circle of Security). Secure attachment relationships with caregivers are foundational for healthy physical, social, and emotional development across the lifespan.

³⁸ Doidge, N. (2015). *The Brain's Way of Healing*. Penguin

³⁹ Perry, B. D., & Szalavitz, M. (2007a). *The Boy Who Was Raised as a Dog*. Basic Books.

⁴⁰ Lahousen, T., Unterrainer, H. F., & Kapfhammer, H. P. (2019). *Psychobiology of Attachment and Trauma- Some General Remarks from a Clinical Perspective*. *Frontiers in psychiatry*, 10, 914.

<https://doi.org/10.3389/fpsy.2019.00914>

Attachment theory provides the framework for understanding the interpersonal effects of complex trauma. The caregivers that were meant to nurture and protect may have been the source of the trauma (i.e., perpetrator of abuse or neglect), may not have acted protectively (e.g., protected them from acts of family violence), may have had limitations in their ability to be responsive and dependable (e.g., had their own experiences of trauma, inconsistent parenting ability as result of substance use) or those who take on caring responsibilities may be unprepared and unsupported and have little ability or opportunity to address shortcomings in the quality of care they can provide due to limited resources.

This can have enduring consequences as our early attachment relationships lay the foundation for our patterns of connection with others throughout life and establish the foundation for our sense of self⁴¹. The absence of responsive and secure relationships following traumatic events can also have negative impacts, as healing from these experiences requires the support of caregivers to soothe us, regulate us and help us make sense of our experiences.

Emotional impacts

People can have a range of emotional reactions to traumatic events. Initial responses may be feelings of disbelief, sadness, loss, anger, anxiety, or fear that something awful may happen again. There may also be positive feelings - elation or relief that they survived or a newfound sense of gratitude for life.

Longer term, without opportunities to process events, trauma can compromise a person's ability to experience pleasure, engagement, self-control, and trust⁴². They may have an overactive stress response system, constantly scanning for real or perceived threats. People may try to avoid or numb painful feelings, with obsessive rituals, restricted eating, substance use or self-harming behaviours.

Children, young people and adults who haven't been supported to understand and organise their emotions, may experience intense feelings or extreme fluctuations in mood and find it hard to regulate their emotional state. People that have experienced trauma have an increased likelihood of developing a mental health issue including anxiety, mood disorders or personality disorders.

Psychosocial impacts

Adverse childhood experiences are one of the strongest predictors of psychosocial difficulties including mental health issues, physical health concerns, substance use issues, social difficulties, poor education or vocational outcomes, homelessness, and contact with the criminal justice system.

The impacts of trauma often result in a diminished capacity to develop the cognitive, social, and functional skills needed to navigate childhood and adolescence and develop into a healthy and adaptable young adult.

⁴¹ Lahousen, T., Unterrainer, H. F., & Kapfhammer, H. P. (2019). *Psychobiology of Attachment and Trauma- Some General Remarks from a Clinical Perspective*. *Frontiers in psychiatry*, *10*, 914. <https://doi.org/10.3389/fpsyt.2019.00914>

⁴² van der Kolk, B. A. (2014). *The Body Keeps the Score*. Penguin.

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Ngunnawal people as traditional custodians of the land and recognise any other people or families with connection to the lands of the ACT and region. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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ACT Health acknowledges the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health suicide prevention systems reform.

ACT Health is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. We welcome all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

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