

# FACT SHEET (C)



ben's place

SPECIALIST SUPPORT  
FOR MALE SEXUAL ABUSE SURVIVORS

## For Practice Managers – trauma informed service delivery

- 1 'Trauma-informed' practice, a new paradigm in human service delivery, recognises that diverse emotional and physical problems, conditions and disorders are trauma-related. Trauma is more prevalent than is widely recognised; people who experience unresolved trauma tend to have contact with a range of service settings. Trauma-informed practice rests on awareness of the impacts of trauma, and of the many ways in which existing service provision needs to be modified.
- 2 Foundational principles of trauma-informed practice are safety, trustworthiness, choice, collaboration and empowerment. These principles are consistent with research findings that positive relational experiences enhance neural integration, which is necessary not only for the resolution of trauma but for general well-being. The importance of positive interactions also applies to human service provision.
- 3 To maximise positive service experiences, trauma-informed principles need to operate in all service activities and interactions, focusing on the way in which services are offered (i.e. the manner of their delivery) as well as on the nature of the service. Trauma-informed practice should be an underpinning philosophy in all service charters. See the Blue Knot Foundation Guidelines at [www.blueknot.org.au/guidelines](http://www.blueknot.org.au/guidelines).
- 4 Trauma is a state of high arousal which stems from the overwhelming of coping mechanisms in response to extreme stress. Our normal 'survival' responses ('fight', 'flight' and 'freeze') which are activated by the perception or experience of threat, are initially protective and only become pathological if traumatic experience is not resolved after the precipitating event/s.
- 5 Unresolved trauma compromises core neural networks and disrupts their integration (the way neurons wire together). It affects all areas of functioning, and radically restricts the capacity to respond flexibly to daily stress and life challenges. If trauma is not resolved people cannot 'move on'.
- 6 Research shows that trauma can be resolved, that optimism about recovery from trauma is justified, and that positive relational experiences significantly assist the recovery process.
- 7 Unresolved trauma has negative effects across the life cycle for those who directly experience it, and intergenerational impacts on the children of parents whose trauma histories are unresolved. Parents do not need to be actively abusive for their children to be adversely affected. When trauma is resolved in parents/ adults, the negative intergenerational effects of trauma are positively intercepted (i.e. when parents have resolved their own trauma, their children fare better).
- 8 'Complex' trauma, which includes child abuse in all its forms, is more common than 'single-incident' trauma (i.e. post-traumatic stress disorder; PTSD). Complex trauma is cumulative, repetitive and interpersonally generated, and frequently involves betrayals by caregivers.
- 9 Complex trauma impairs both a wide range of types of functioning and development of the self. If occurring at critical developmental points (e.g. in infancy and childhood), its effects are particularly damaging as it can disrupt healthy development.

*"When the truth is finally recognized, survivors can begin their recovery."*

Dr Judith Lewis Herman

- 10 When a child is threatened, two circuits in the brain are activated simultaneously. The child is caught in the 'biological paradox' between the 'survival reflex' and the 'attachment circuit', and the child's internal world collapses (*Siegel, 2012*). The trauma of child abuse reorients the brain from 'learning' to 'survival'.
- 11 The responses of traumatised children include problems with emotional regulation, relationships, attention and reasoning under stress. Such responses are frequently misinterpreted which makes a punitive approach more likely; this is rarely appropriate or effective. While the setting of boundaries is important, consistent care, rather than punishment, is required.
- 12 Childhood coping mechanisms become risk factors for adult ill health if overwhelming childhood stress is not resolved. Many symptoms and challenging behaviours need to be reappraised as responses to trauma. Focus should not be on what is wrong with a person, but on what has happened to the person.
- 13 Trauma-informed practice requires the embedding of trauma-informed principles at all levels of service delivery, from formal policy to informal practice. Physical and emotional safety need to be promoted at all times. This requires attentiveness to the physical environment (buildings, sites, office spaces) as well as to all aspects of procedure and setting which may contribute to client discomfort.
- 14 Basic knowledge of the brain allows us to understand the effects of negative experiences on our level of functioning. This understanding can increase empathy with clients, as well as self-compassion for our own compromised functioning when we are stressed and 'not at our best'.
- 15 In trauma-informed services, all staff members need to understand the nature of vicarious trauma, and that their own awareness, conduct and self-care have major implications for their interactions with clients. Managers need to consistently foster this awareness, and create workplace conditions conducive to staff well-being. Trauma-informed practice relates not only to observable work 'performance', but to staff well-being.
- 16 Trauma-informed practice upholds and strengthens key workplace requirements (i.e. professional and ethical practice, self-care and risk management); for programmes to be safe for clients, they must also be safe for staff. Thus trauma-informed practice is also a form of risk management which reduces harm for both clients and staff. Managers need to recognise and promote the links between trauma-informed practice and risk management.
- 17 You and your staff can learn more about Survivors West Yorkshire and its trauma-informed training via its website: [www.survivorswestyorkshire.org.uk](http://www.survivorswestyorkshire.org.uk).

Adapted with the kind permission of the



[blueknot.org.au](http://blueknot.org.au)



[survivorswestyorkshire.org.uk](http://survivorswestyorkshire.org.uk)

Fact Sheet for Health Professionals working with complex trauma  
published March 2017 | Charity No: 1168928



*"Boots and all..."*