

TRAUMA INFORMED PRACTICE



What Family Lawyers Need to Know

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WHY ALL THE FUSS ABOUT TRAUMA INFORMED PRACTICE?

WHEN LAWYERS AND COURT SYSTEMS ARE NOT TRAUMA INFORMED, GRAVE INJUSTICES CAN RESULT. If we are focused on the best interests of children, then it is imperative we have an understanding of how trauma impacts victims, and their extended families.

Trauma Informed Practice (TIP) – is about understanding how as human beings our past experiences shape who we become.

Trauma (particularly interpersonal trauma suffered in childhood) can have an enormous impact on a person's ability to engage in healthy adult relationships. Accordingly, it's not surprising that many of the clients involved in family law matters, have significant trauma histories.

Unfortunately, many lawyers, have not received specific training in recognising the signs of trauma or dissociation. Law Schools or Legal Practice Courses generally do not teach the skills necessary to deal with clients with significant trauma histories. Yet in family law at least, these are many of the clients we deal with on a day-to-day basis.

For this reason, we believe it's imperative that all professionals working in family law should have trauma training. Ideally, we want to recognise or identify trauma at the very earliest opportunity. Family lawyers then need to have sufficient knowledge of where to refer clients for services and support; and have the skills necessary to work with clients without further exacerbating their trauma.



Why should family lawyers be trauma informed?

Trauma Survivors

- Are commonly labelled with derogatory terms (eg crazy, difficult, drama queen) or diagnosed with personality disorders. Often the true cause of their behaviour is not recognised as stemming from unresolved trauma.
- Can be retriggered or treated poorly by the very services that are meant to assist them. This can leave them disillusioned with their lawyer, the legal system or the services that were meant to assist them.
- Are often poorly understood and therefore not referred to the services/ assistance they need.
- Can sometimes dissociate and appear inconsistent, distant, or disconnected. It is important trauma survivors are assisted to have insight in relation to this behaviour and how it can impact themselves and their families.
- Can have difficulty giving instructions or evidence in Court. Specialised assistance may be needed. Dissociation is often not picked up, even by court “experts”.
- Have much higher rates of developing chronic diseases. As solicitors we do not want to be adding to future difficulties. Rather we want to assist those with unresolved trauma from struggling victim to thriving survivor.
- Can unintentionally transmit trauma to their children or significant others. Accordingly, helping clients resolve their own trauma is critical to the health and welfare of their families.

People providing services to those with unresolved trauma

- May suffer vicarious or secondary trauma and have increased stress levels
- Are at risk of burn out or suffering other health difficulties including anxiety or depression

Therefore, it is imperative that service providers take the steps necessary to minimise their own risk of vicarious trauma; and are able to monitor their own health for any adverse signs.

EARLY DEVELOPMENT

Caregiver with traumatic experience (e.g mother has her own unresolved childhood trauma or experiences family violence in an intimate relationship)

Mother releases stress hormones including cortisol - >

Baby absorbs cortisol through placenta impacting baby's nervous system, limbic system and the hypothalamic, pituitary, adrenal axis (HPA)

Caregiver struggles to regulate - >

Attachment relationship between caregiver and child may be strained.
Can impact child's:

- Attachment patterns
- Ability to integrate experiences
- Emotional regulation
- Epigenetic expressions
- May lead to child tuning out and dissociating

ADULTHOOD

A person who has had a caregiver with untreated trauma may:

- Be more prone to PTSD/ complex PTSD after trauma
- Struggle to repair after conflict
- Struggle with relationships

- Unintentionally bring out negative behaviours in others
- Be emotionally detached or lack empathy
- Be more prone to use defensive processes such as repression, splitting, denial, dissociation, or projection

BREAKING THE CYCLE

When trauma is untreated the above cycle can impact future generations. It is important to remember that healing from interpersonal trauma, occurs in healing relationships.

Healing trauma can help not only trauma survivors but future generations.

Benefits of Trauma Informed Practice

- Better working relationship with clients
- Better outcomes for trauma survivors
- Less likelihood trauma survivors will be re-triggered
- Less likelihood service providers will suffer adverse effects from vicarious trauma

Trauma Informed Practice Explained

TIP is having an understanding that many of our clients have unresolved trauma that impact their behaviour and psychological processes (e.g their memory, perception, ability to learn, language, thoughts, attention, motivation and emotions). Rather than label these clients as “difficult” or “mad”, we approach our matters by asking “what happened to this client”; rather than “what is wrong with them”.

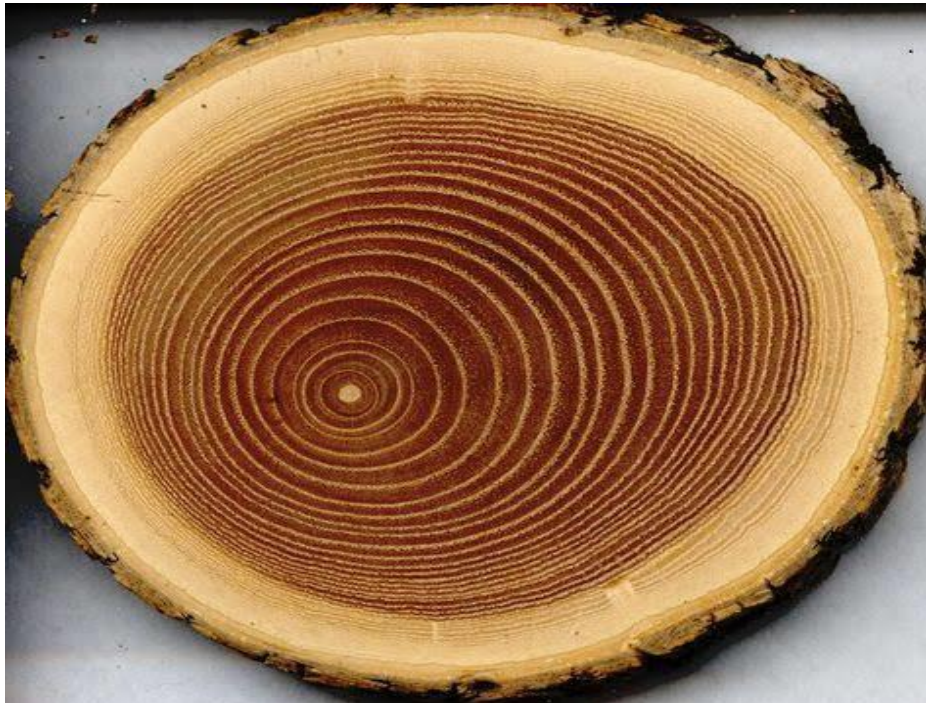
As TIP practitioners we ensure we have the skills necessary to recognise trauma and the many ways it can manifest. We are trained to work with trauma survivors at their pace and in a manner that does not retrigger their trauma. We focus on ensuring trauma survivors “feel safe” both physically and emotionally.

TIP practitioners are also aware of the signs of vicarious trauma and steps that can be taken to prevent adverse effects of vicarious or secondary trauma.

Crash Course in Understanding Trauma

- Psychological trauma occurs when our capacity to cope is overwhelmed by a significant event or series of events.
- Examples of single events may include a physical assault or witnessing a car crash where someone dies or is seriously injured. A series of events may include exposure to domestic violence including coercive control, child sexual abuse, emotional or physical neglect.
- Trauma can cause the connections between different parts of brain to function differently. The brain can get frozen in a state of paralysis or of hyper-alertness. Trauma can even change the way our genes are expressed and transcribed.
- Unresolved trauma may continue for months or even years after a particular traumatic event or series of events. Hence the saying that trauma is timeless.

- Interpersonal trauma can be particularly devastating and have ongoing effects (e.g. abuse by a parent, or significant caregiver)
- Trauma that occurs in childhood or adolescence (particularly if it is ongoing and of an interpersonal nature) can significantly affect the developing brain and the expected “trajectory” or development of the child. Children have less resources to help them cope with trauma and accordingly the impact of trauma can be very significant.
- The traumatic event does not need to be “physical” to have severe and long-lasting effects. Survivors often report that it was the emotional abuse that was the most painful and did the most damage.



A cross section of a tree reveals its past. Its growth is impacted by climatic conditions, nourishment, other injuries, or attacks. Likewise, the growth of a child is impacted by his/her experiences, nurture, and nourishment (physical & psychological).

Adapted from **Terry Real, MSW, LICSW**, by NICABM

HOW TRAUMA CAN AFFECT OUR RELATIONSHIPS AS ADULTS

Trauma suffered in childhood can have a tremendous impact on a client's ability to engage in healthy adult relationships.

Terry Real, MSW, LICSW describes three parts of the psyche to help clients understand the aftereffects of trauma and to help them relate to others from their most thoughtful, mature self.

WOUNDED CHILD

Was wounded by abuse or neglect



- A young, vulnerable, possibly pre-verbal child
- Often overwhelmed, yet longs for connection
- Much trauma work focuses on the wounded child
- But it's NOT usually the wounded child that brings dysfunction into adult relationships

ADAPTIVE CHILD

A child's version of an adult that developed to protect the wounded child



- Often a perfectionist, harsh and unforgiving
- Sees the world in black and white
- An older child
- Unable to learn skills
- Cares only about self-preservation
- Views intimacy as a threat
- Not only reacts to aggressor, but also identifies with aggressor

FUNCTIONAL ADULT

Makes thoughtful decisions



- Mature, thoughtful, nuanced, forgiving
- Based in the present
- Understands imperfection and ambiguity
- Makes sense of trauma and its impact on relationships
- Adaptable - unlike the child parts, the functional adult can learn and use new skills

According to Terry Real, MSW, LICSW, it's usually the adaptive child that creates problems in a client's current relationships.

To help clients engage the functional adult, we need to focus our interventions on the adaptive child.

Terry Real, MSW, LICSW is the author of *The New Rules of Marriage* and founder of Relational Life Therapy.



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Complex Trauma

Complex trauma occurs with repeated, stressful, interpersonal trauma. Examples include the effects of:

- child physical or emotional abuse,
- sexual abuse,
- extreme neglect,
- experiencing or witnessing family violence.

When this trauma occurs in childhood it can significantly affect the child's developmental trajectory and is sometimes referred to as "Developmental Trauma Disorder".

Whilst complex trauma is a result of traumatic or dysfunctional relationships, healing from complex trauma occurs in positive and supportive relationships.

The impact of complex trauma partly depends on the age at which it begins. Further, different forms of abuse have different impacts on various brain areas at different stages of development¹.

Complex trauma is different to single incidents leading to post traumatic stress disorder (PTSD) such as a car crash, physical assault, or a natural disaster. Those exposed to early and severe childhood difficulties may not only have symptoms of PTSD, anxiety or depression but may also have problems with identity, affect regulation, and relationships. They may develop substance abuse, dissociation, somatization and/or self-injurious behaviours.

Recognising Trauma

Many clients do not willingly disclose unresolved childhood trauma or other trauma in their initial interviews. The reasons for this can vary:

- They may not see it as relevant;
- Some don't perceive their childhood was unusual and worthy of comment;
- Many have great difficulty retelling or even recalling the traumatic event(s) that happened to them;
- Clients may be in denial that past traumatic events are affecting them;
- Some trauma survivors suffer significant dissociation;
- People often feel ashamed about the trauma they have experienced so do not wish to disclose it.

¹ Institute of Medicine (US) Board on Neuroscience and Behavioral Health. Risk Factors For Suicide: Summary of a Workshop. Washington (DC): National Academies Press (US); 2001. NEUROBIOLOGICAL CONSEQUENCES OF CHILDHOOD ABUSE AND NEGLECT. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK223755/>

Special skills are often needed to recognise trauma and how it may be impacting your client.



The Detection of Overall Risk Screen (DOORS) Handbook – makes numerous references to trauma/ adverse childhood experiences and the importance of understanding a person's childhood and cultural factors when assessing risk. For example:

Page 4	<i>The psychology of the parent</i> – history of safety in childhood
5	<i>Historical risk and protective factors</i> – Family-of-origin history of violence and abuse, previous trauma & its resolution; history of relationship loss
9	Family violence between extended family members (families of origin)
70	Responding to perpetrator risk – often historical incidences of victimisation – need for expert treatment re maladaptive behaviour
132/3	Definition of family violence & conceptualising types – >historical patterns, existence of mental illness (eg ICD11 – <i>complex trauma</i> ; DSM5 <i>DESNOS</i>), cultural issues, assumption of male privilege.
135	PTSD is a common marker of victim's response to coercive & controlling violence. Risk includes severe coping deficits (poor affect regulation/impulse control, fears of abandonment – <i>ie all impacts of trauma/disrupted attachment</i>)
136,144 145	Traumatic upbringing & relevance to risk of violence (<i>incl affiliation with peers or family who endorse or practise violent behaviours</i>)
143	Profile of abuser – more likely to have been physically abused by fathers and have witnessed physical violence to their mothers

Obtaining a Trauma History

- Don't ask questions like "Were you molested as a kid?" or "Did your father abuse you?"

People are unlikely to trust a stranger with such delicate information. Trauma survivors often show their "getting on with normal life part"² when in a stressful situation and their emotional part or wounded child part is hidden away. One has to feel safe before making himself/herself vulnerable.

- Don't ask "Have you got a mental health problem due to your childhood?"

It may be your client has never been diagnosed previously or put their issues down to more recent relationships rather than appreciate the impact of childhood events.

Instead ask questions like:

- Who do you rely on in your daily life (eg when you're sick who does the shopping or takes you to the doctor?)
- Who do you talk to when you are upset (ie who provides you with emotional and practical support?)
- In childhood who did you live with, how often did you move, who was your primary caretaker? (Many trauma survivors report frequent relocations that required them to change schools in the middle of the year. Some may have caregivers that have gone to jail, been placed in a mental hospital or joined the military. Some may live in foster care or live with different relatives)
- Childhood relationships – who in your family was affectionate to you? Who treated you as a special person?
- Was there anybody who you felt safe with growing up?
- Who made the rules at home and enforced the discipline?
- How were kids kept in line (e.g by talking, scolding, spanking, hitting, lock you up?)
- How did your parents solve their disagreements?

² See further at page 15

For more information on how to take a trauma history read pp 138-141 "*The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*" by Bessel van der Kolk.

Dissociation

Our minds can compartmentalise our psychological processes including our memories, thoughts, senses, perception, and even conscious awareness. Think of this like being in a noisy office where it is hard to concentrate. You go into a separate room and close the door, so you are not distracted by the noise outside. Similarly, our minds can "close off" information or sensations that are not assisting with the activity at hand.

This is usually a helpful mechanism because if we were trying to be conscious of everything, or remember everything all the time, our minds would quickly become overwhelmed.

Instead, our minds can focus on a particular task (a bit like a spotlight on a stage) and exclude supposedly irrelevant stimuli that might otherwise overwhelm our brains. The ability to exclude irrelevant visual stimuli is sometimes referred to as inattention blindness. (For a good example of this watch "[the invisible gorilla](#)" experiment on YouTube).

John Bowlby referred to a similar process as defensive exclusion. According to Bowlby, defensive processes include repression, splitting denial, dissociation, displacement, identification, and reaction formation.³ Such processes are a defensive mechanism used to exclude unwelcome information such as the painful loss of attachment figures (whether parents or adult partners).

One benefit of selective exclusion is to avoid overload and unhelpful discrepancies to maintain integration. Such a discrepancy can occur when a caregiver (who should assist a child meet his/her needs and be a sense of comfort) is in fact a source of fear, or not emotionally available.

- If the child is to maintain a connection with the caregiver,
- It is necessary for the child to "shut the door" on the information that has been processed in the child's mind that the caregiver is also a source of fear.

The difficulty with this is that the body and mind encode some information or sensations consciously, and some information unconsciously. The latter become part of our implicit memory.⁴ Our cognitive brain might try to hide away certain information about

³ John Bowlby, Attachment and Loss, (1980) p139

⁴ For further information on memory see our factsheets "Different Types of Memories" and "Making Memories and the impact of Trauma"

a poor caregiver, but our implicit memory may continue to recall the sensations of fear or anxiety in response to the caregiver's behaviour.

According to Judith Herman, the *"conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma. People who have survived atrocities often tell their stories in a highly emotional, contradictory, and fragmented manner which undermines their credibility. When the truth is finally recognized, survivors can begin their recovery. But far too often secrecy prevails, and the story of the traumatic event surfaces not as a verbal narrative but as a symptom"*.⁵

Herman goes on to say *"[t]he dialectic of trauma gives rise to complicated, sometimes uncanny alternations of consciousness, which George Orwell, one of the committed truth-tellers of our century, called "doublethink" and which mental health professionals, searching for a calm, precise language, call "dissociation".*⁶ Herman explains *"Doublethink means the power of holding two contradictory beliefs in one's mind simultaneously, and accepting both of them"*⁷

Unfortunately, "double-think" or dissociation in childhood, can give rise to ongoing problems and patterns of behaviour in adult life.

Types of Dissociation

Dissociation can occur in several ways, and to differing degrees.

- At one end there is normal dissociation. For example: you might daydream or "tune out" during an unstimulating lecture.
- At the extreme end however, structural dissociation can become pathological.
 - Memories of events that were overwhelming may not be capable of being fully or consciously recalled.
 - A person may feel emotionally numb; experience *depersonalisation* (i.e. feel like they are observing themselves from outside their body); or experience *derealization* (i.e. feel detached from their surroundings or people and objects around them may seem unreal).

Trauma survivors will sometimes describe the abuse they suffered as if watching it happening to someone else, rather than recalling the sensations in their own bodies. Their conscious knowledge of the abuse and the feelings associated with the abuse may not be integrated. Similarly, survivors of rape or ongoing domestic violence will

⁵ Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror; p1.

⁶ Ibid

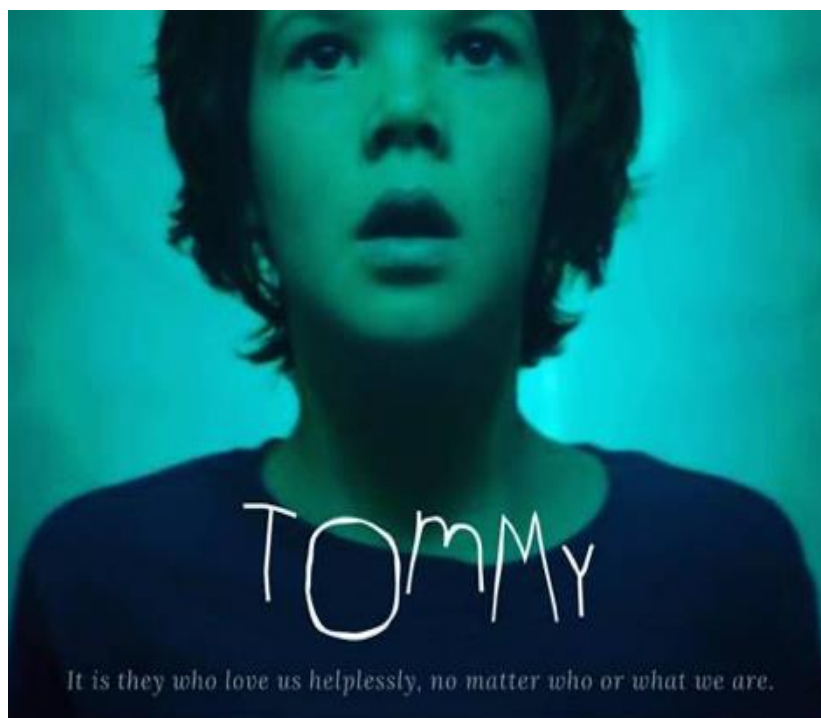
⁷ Ibid p87

often have difficulty giving a coherent narrative or timeline of events that occurred because their emotional memories and cognitive thinking are not integrated.

Dissociation in Childhood

Many people who suffered trauma in childhood or other complex trauma, did not have the option to run away or escape; they have nobody to turn to and no place to hide. Instead, they “tune out” in their minds (dissociate) as it is the only means they have to “escape” the abuse.

One example of a child experiencing this can be seen in the short film “Tommy”⁸. Tommy “tunes out” when his parents are fighting and escapes into his imaginary submarine world. In the film, we don’t get to see what happens to Tommy when he grows up but if he “tunes out” a lot as a child as a means of dealing with stressful situations, the risk is that he will continue to do this as an adult (and possibly a parent) with significant implications.



Dissociation (or compartmentalizing the mind) can happen unconsciously as a means of Tommy regulating himself in certain situations. Unfortunately, over time this can mean that Tommy won’t learn the skills he needs to self-regulate his emotions in a healthy and developmentally appropriate way.

⁸ To watch go to <https://www.darrenmort.com.au/home/tommy-the-movie/>

A person who experiences dissociation may outwardly appear very normal and the effects of their past trauma may not be readily identifiable. It can take special skills to pick up on the more subtle signs of dissociation.

How to Recognise Dissociation

Signs of dissociation may include:

- *Avoidance of traumatic memories.* An example of this may be a person having a difficult childhood but not acknowledging this when interviewed for a family report and specifically questioned about this.
- *Detachment from traumatic memories.* An example of this is a domestic violence survivor giving testimony in an unemotional, flat, detached manner.⁹
- *Partial or complete amnesia of traumatic memories.* An example of this would be where a victim of childhood sexual abuse cannot recall certain details about the abuse or does not recall certain details until a significant period after the abuse occurred.

Comments by a client, or notes in subpoenaed material may indicate:

- A person is losing track of time, or they have an altered sense of time.
- They don't feel like they're in their own bodies or they feel like they're watching themselves from outside of, or above their bodies.
- Their heads feel spacey or at times their bodies or minds feel numb.
- They don't remember how they got somewhere.
- They get tingling in the hands or fingers.
- They are reading about themselves, but it feels like they're reading about a different person.

The above can all be signs of dissociation.

When inconsistencies are seen in a person's court documents or subpoenaed material, it is easy to assume the person is being untruthful and their credit should be called into question.

What is sometimes occurring however, is that the person is experiencing dissociation. They may not be "consciously" untruthful, but elements of their past may have been shut away or compartmentalized at that point in time, as a means of helping them get

⁹ In this regard see p17 of the Family Violence Best Practice Principles (Edition 4 2016)

on with everyday life or avoid becoming overwhelmed in a stressful situation (e.g., an interview for a family report or psychiatric report).

Our experience unfortunately, is that many single experts, judges, and lawyers simply don't recognise the subtle signs of trauma or dissociation. It is perhaps much more common to think of trauma survivors only in the context of domestic violence victims and then when they present as "hyper-aroused" rather than when they are "hypo-aroused" or are dissociating.

The Getting on with Normal Life Part vs The Traumatized Child Part

Many traumatized individuals alternate between re-experiencing their trauma and being detached from it and its effects.

In 1940 Myers¹⁰ described this primary structural dissociation in terms of a dividedness between the "apparently normal" personality (ANP) and the "emotional" personality (EP). In Myer's view, the EP is stuck in the traumatic experience that persistently fails to become a narrative memory of the trauma. The ANP, on the other hand, is associated with avoidance of the traumatic memories, detachment, numbing, and partial or complete amnesia. Modern day writers now often referred to the ANP as the "getting on with normal life part" and the EP as the "traumatized child part".

As increased stress can lead to dissociation, high risk times for our family law clients can include:

- Being interviewed for a family report or psychiatric report.
- Attending Child Inclusive Conferences or Conciliation Conferences.
- Giving evidence or hearing the other party give evidence.
- Reading an unfavourable report or affidavit for the first time; or
- When a solicitor is obtaining evidence from a client about traumatic periods in their past.

Solicitors Bev Reaston and Deanne Drummond have been involved in several matters where a party has experienced a dissociative episode whilst giving evidence or hearing another witness be cross-examined. The case of Theophane & Hunt [2014] FamCA 1038 is one such example.

¹⁰ Myers, C.S. (1940). Shell shock in France 1914-1918. Cambridge: Cambridge University Press

STRUCTURAL DISSOCIATION MODEL

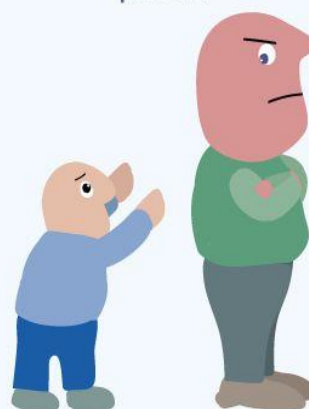
Defense System

When a child is abused, their defense system will naturally work to shield them from harm, BUT . . .

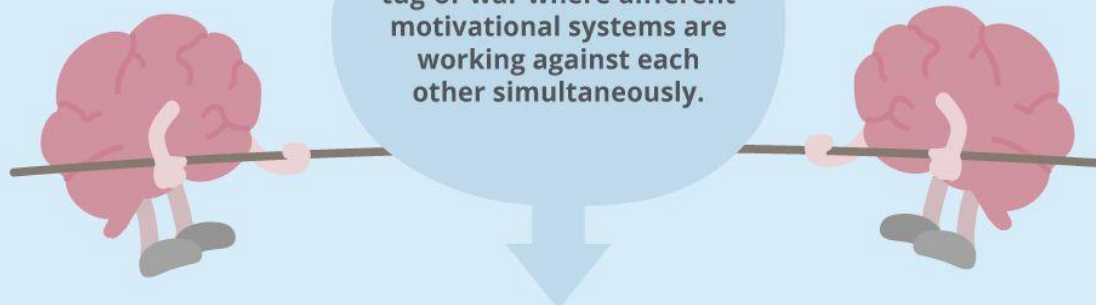


Attachment System

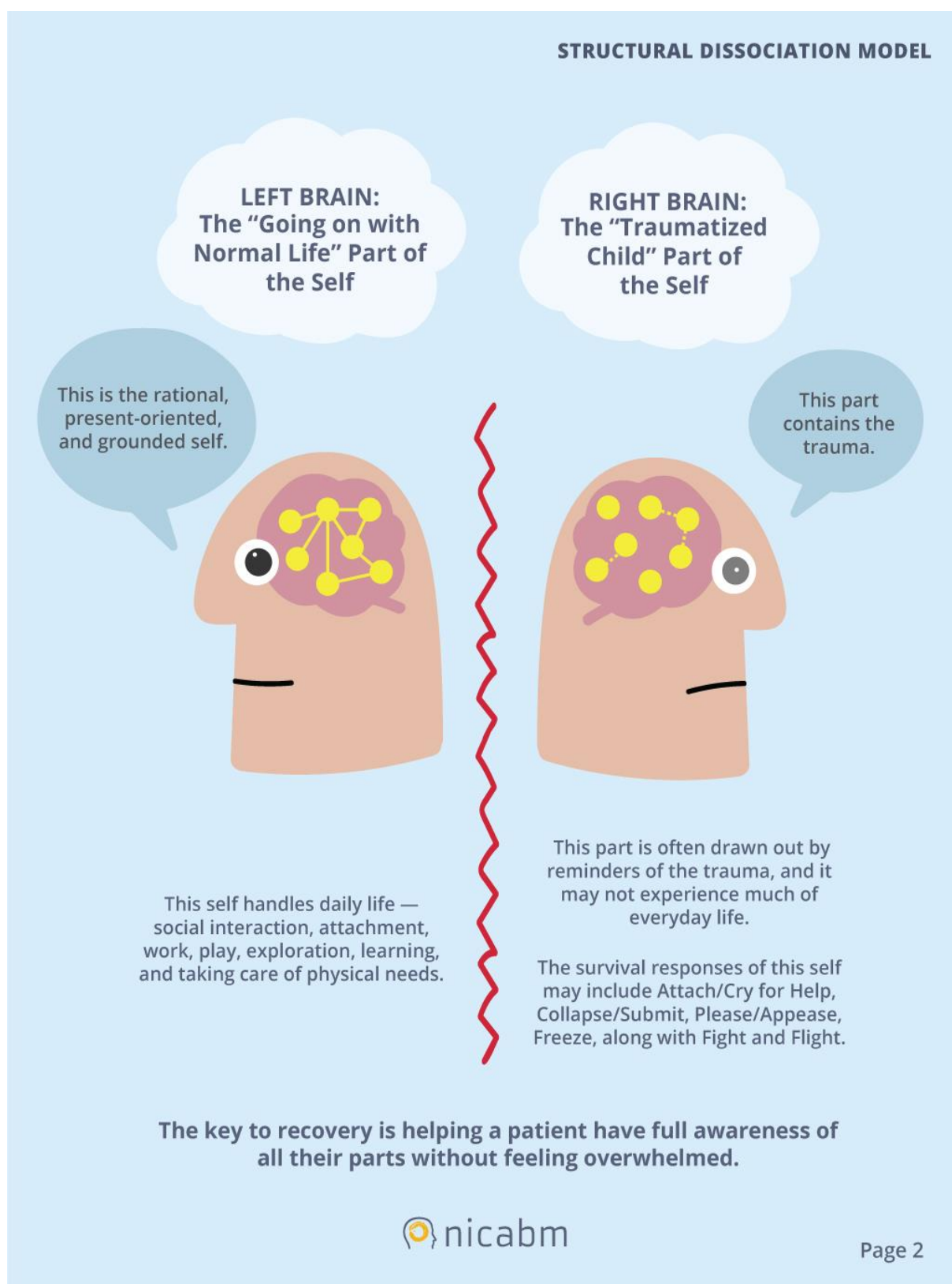
. . . their attachment system will still want to be loved and cared for by the parent.



This creates an internal tug-of-war where different motivational systems are working against each other simultaneously.



This can cause a patient's conflicting parts to separate.
That can lead to a split in their sense of self and a dysregulated nervous system.



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<p>EXPLICIT MEMORY</p> <p>Requires focused attention to consolidate memories</p> <p>Generally, does not start forming until after 12 months of age</p>	<p>SEMANTIC MEMORY (also called declarative memory)</p>
	<p>Semantic or declarative memory is the memory of general knowledge and facts. It does not involve feelings or sensations. It can be consciously remembered.</p> <p>Example – You remember the capital of France is Paris or that $1 + 1 = 2$. You remember that Oysters are a good source of Zinc.</p> <p>Impacts of Trauma – Trauma can prevent information (like words, images, sounds, etc.) from different parts of the brain, combining to make a memory.</p> <p>NB – Whilst semantic memory can be consciously remembered, trauma may impact a person's ability to communicate that memory. EG following WWI it was noted by Charles Myers that some returning soldiers suffered from mutism. Children who have experienced trauma may also experience language difficulties.</p>
	<p>EPISODIC MEMORY (sometimes called autobiographical memory_</p> <p>Episodic memory is the autobiographical memory of an event or experience. It includes memories you experienced such as who was there, what they did, when things happened.</p> <p>Example – You remember who was at your school graduation. You also remember this was the last time you ate oysters.</p> <p>Impacts of Trauma – Trauma can shutdown episodic memory or make it seem disjointed. You may recall a memory, but it may not feel like it happened to you or that you were not in your body when the event occurred.</p> <p>NB - The hippocampus (in the temporal lobe and part of the limbic system) is involved in creating and recalling episodic memory.</p>

	EMOTIONAL MEMORY (sensory memory)
<p>IMPLICIT MEMORY</p> <p>Encoded outside of awareness</p> <p>Implicit memories start forming in the womb</p> <p>Do not involve language</p>	<p>Emotional memory is the memory of the emotions you felt or sensations experienced during an event. These memories can be triggered by environmental cues such as a smells, sights or sounds. These memories are experienced in our bodies as physical sensations</p> <p>Example – Fear or anxiety grabs you when you find out you have to go to the dentist. Another example is that someone mentions oysters and you immediately feel sick and screw up your face because you strongly dislike the taste of oysters. Again - You may feel sick in the stomach when you go past a street where you witnessed a terrible accident.</p> <p>Impacts of Trauma – After trauma, a person may get triggered and experience painful emotions, often without context. Think of the song “I was only 19” and the lyrics “why the channel 7 Chopper still chills me to my feet”. A young child who has witnessed a violent argument when staying in a particular location, may get uncomfortable sensations when returning to that location.</p> <p>NB – The amygdala (our inbuilt threat detection system) is involved in many of our emotional memories.</p>
<p>Forms in children much earlier than explicit memory. It forms in the womb and is generally complete by 9 mths.</p>	<p>PROCEDURAL MEMORY</p> <p>What It Is – The memory of how to perform a common task without actively thinking (muscle memory). Example – You can play a song on the piano without having stop and read the music. You can drive a car without having to really concentrate and recall how it is done.</p> <p>Impacts of Trauma– Trauma can change patterns of procedural memory. For example, a victim of family violence might unconsciously tense up and hunch over when listening to cross examination about violence that occurred in the household. A veteran may drop to the ground when hearing a helicopter because such behaviour was a necessary survival tool when in a war zone. A child who has become used to cowering in the corner when listening to his parents yell, may instinctively do this in the classroom when his teacher yells at another student.</p>

NOTES

About TREE House Australia Ltd

TREE House Australia Ltd is a charity set up to establish collaborative networks between professionals and other stakeholders who provide services to those impacted by trauma.

TREE is an acronym for trauma, recognition, education and evolution.

Our aims are to:

1. Raise awareness about **trauma** and the many ways it can manifest;
2. Assist professionals and other stakeholders better **recognise** when a client may be experiencing trauma, and encourage service providers to engage in trauma informed practice. Recognition also includes being aware that service providers may themselves be impacted by vicarious or secondary trauma, when dealing with those suffering from trauma.
3. Provide **education** about different types of trauma, the impacts of these and treatment options. Education also includes raising awareness about groups in our community that experience high incidences of trauma due to past injustices and mistreatment.
4. Assist those with unresolved trauma access necessary services from trauma-informed service providers. The ultimate goal is to empower trauma survivors to complete their own personal **evolution** or transformation, from sufferer to thriving survivor.

If trauma is not properly recognised, those with unresolved trauma continue through life without a full understanding of how past events are affecting them in the present. This can result in them feeling misunderstood, failing to seek appropriate treatment and not having their needs adequately met.

This does not have to be the legacy for trauma survivors. Our organisation aims to bring together a collection of like-minded individuals to collaborate and network with the goal of providing the best outcome for trauma survivors. Essentially, we work with passionate people, motivated to provide best practice and services to trauma survivors.



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Trauma

Recognition

Education

Evolution

