

Welcome To Culturally Responsive Trauma Informed Practice Training



Acknowledge we are meeting on sovereign lands of Aboriginal and Torres Strait Islander People.

Deepest respects to Elders past and present, and to all Aboriginal and Torres Strait Islander People resistance warriors and activists.

Despite invasion and colonialism, Aboriginal and Torres Strait Islander People have resisted, survived and we are the oldest continuing culture in the world.

We pay respects to all present today, and also to our Ancestors and family.





Who we are: Yamurrah is a collective unlike any that operates across Australia. We are self-determined, and are focused on empowering and uplifting our communities, and those who may be working in the space of trauma, justice, health and education.

We are made up of Nurses, Psychologists, Social Workers, Counsellors, Lawyers, Academics, Researchers and Educators. Collectively, we have many skills and years of experience – we do this work in solidarity and in the spirit of a community of care and consciousness. We work with professional and cultural ethics and values. We campaign for truth-telling/listening, justice and healing.

What we do: Yamurrah offers a range of services including:

- Clinical Services - includes Counselling, Clinical & Cultural Supervision
- Training and Events
- Consultancy
- RISE

Our Values: Our ways of knowing, being and doing are informed by our values which include - Connection, Integrity, Empowerment, Humility, Social Justice and Safety

Training takeaways:

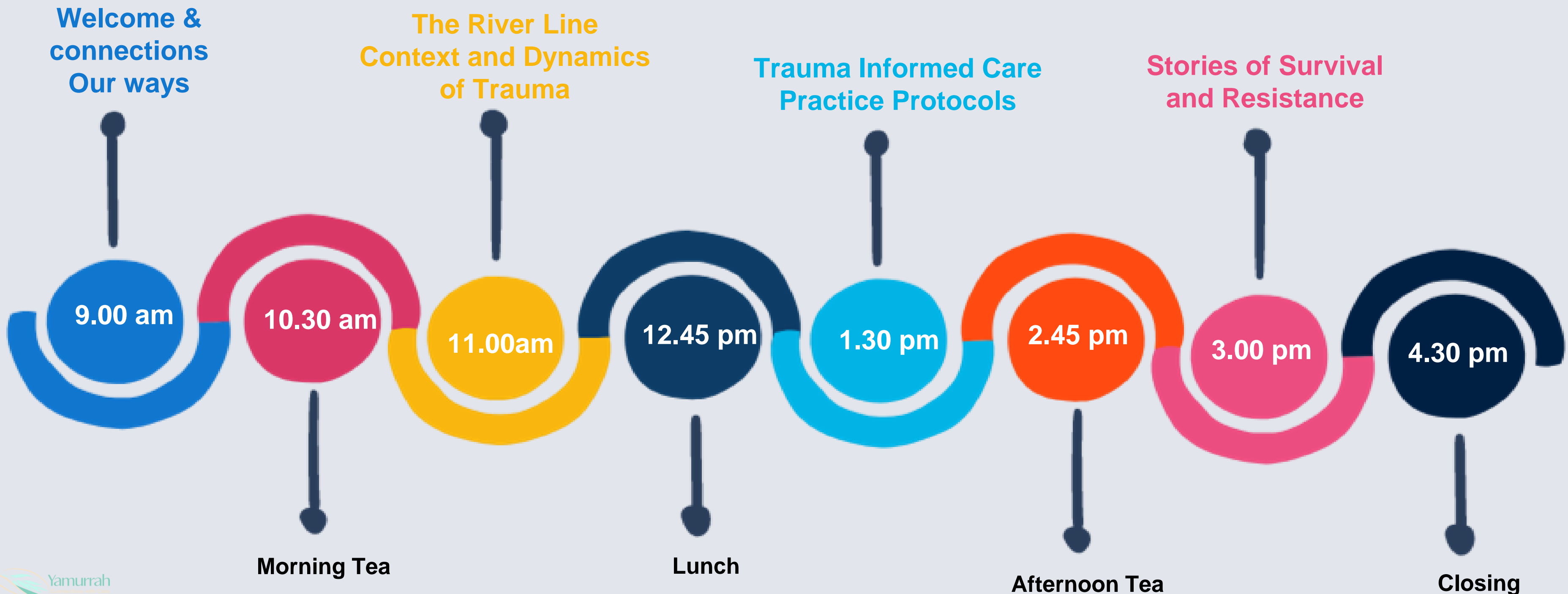
Knowing why and how to provide trauma informed care in a culturally responsive way

A good balance of theory, current context and frameworks, skills & practice tools to support your practice

Justice driven trauma informed practice tools and skills

An understanding of how to design and provide your service in ways that don't re-traumatise people

Worker wellbeing strategies | New networks and connections



Our Dreaming Plan (aka Learning Outcomes)



DEFINE TRAUMA
INFORMED CARE
AND APPLY LINKS
TO YOUR
PRACTICE



EXPLORING OUR
WAYS AND LINKS
TO PRACTICE



CONSIDER FIRST
NATIONS TRAUMA
& HEALING LENS,
Strength based
narrative, etc.



IDENTIFY DYNAMICS
OF TRAUMA AND
REDUCE IMPACTS OF
RE-TRAUMATISATION
FOR CLIENTS

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CONSIDER YOUR
WELL-BEING
STRATEGIES IN
YOUR PRACTISE



REFLECT ON YOUR
PRACTICE IN THE
CONTEXT OF YOUR
LEARNING



FOUNDATIONS OF
NEUROBIOLOGY
AND
NEUROPLASTICITY



Setting the Scene

Cultural Responsiveness enables individuals and organisations to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognises, affirms, and values their worth.

<https://www.childwelfare.gov/topics/systemwide/cultural/>

Trauma Informed Care - strengths based framework - understanding that trauma is defined by the impact that an experience has had on the individual rather than by the event itself. An awareness of the prevalence, impacts and dynamics of trauma and a commitment to reduce re-traumatisation.

Decolonisation

Decolonising processes directly oppose and challenge the oppressive ideas and beliefs constructed by colonisation. Within social work practice and human service agencies decolonising involves deconstructing the systems of oppression through construction of social justice methods (Bennett et al., 2013).

Aboriginal Worldviews and Healing Frameworks - there is not just one!

Disclaimer: The terms First Nations, Aboriginal and Torres Strait Islander, Blak, Indigenous, Aboriginal, Murri and Koori may be used interchangeably.

First Nations Worldviews

Sherwood has argued Worldview provides: “Frameworks for interpreting and exploring the world, supporting the way we act and relate to our world” (cited in Terare 2020)

The nature of First Nations worldview their epistemology (ways of knowing) and axiology (ways of doing) and their ontology (ways of being) treasure and reveres the wisdom of Elders (cited in Terare 2020)



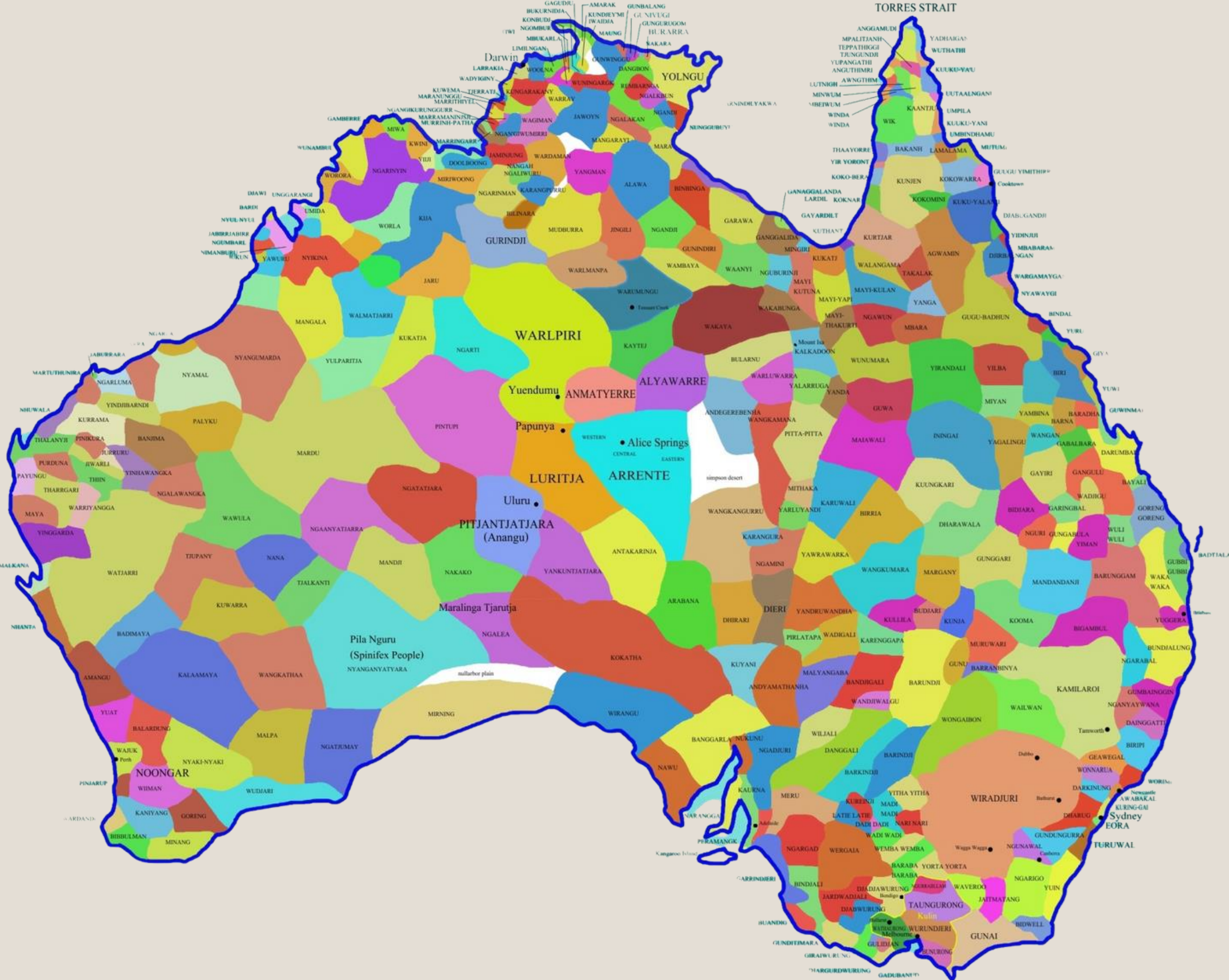
© Rowena Lawrie, 2010

Our Ways of Knowing, Doing and Being

Parter et al. (2021) suggests that the “elevation and implementation of Indigenous knowledges relating to cultural ways of being, knowing and doing are principal factors required to close the health disparity between Aboriginal people”.

Parter, C., Murray, D., Mohamed, J., Rambaldini, B., Calma, T., Wilson, S., ... & Skinner, J. (2021). Talking about the'r'word: a right to a health system that is free of racism. *Public Health Research and Practice*.





Connections with Care

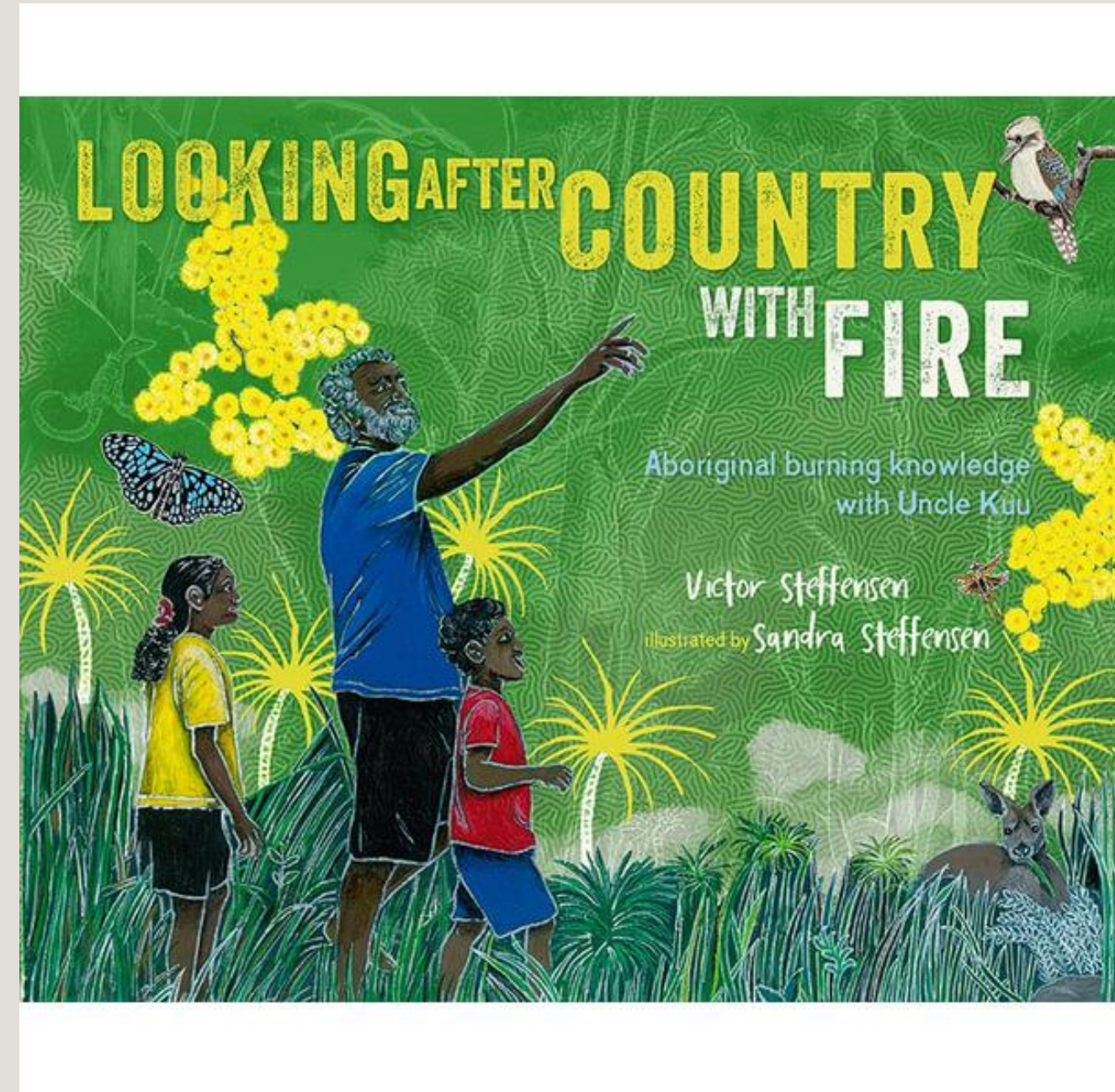




Morning Tea



First Nations Knowledge of Country



Steffensen, V. (2020). Fire country: How Indigenous fire management could help save Australia.

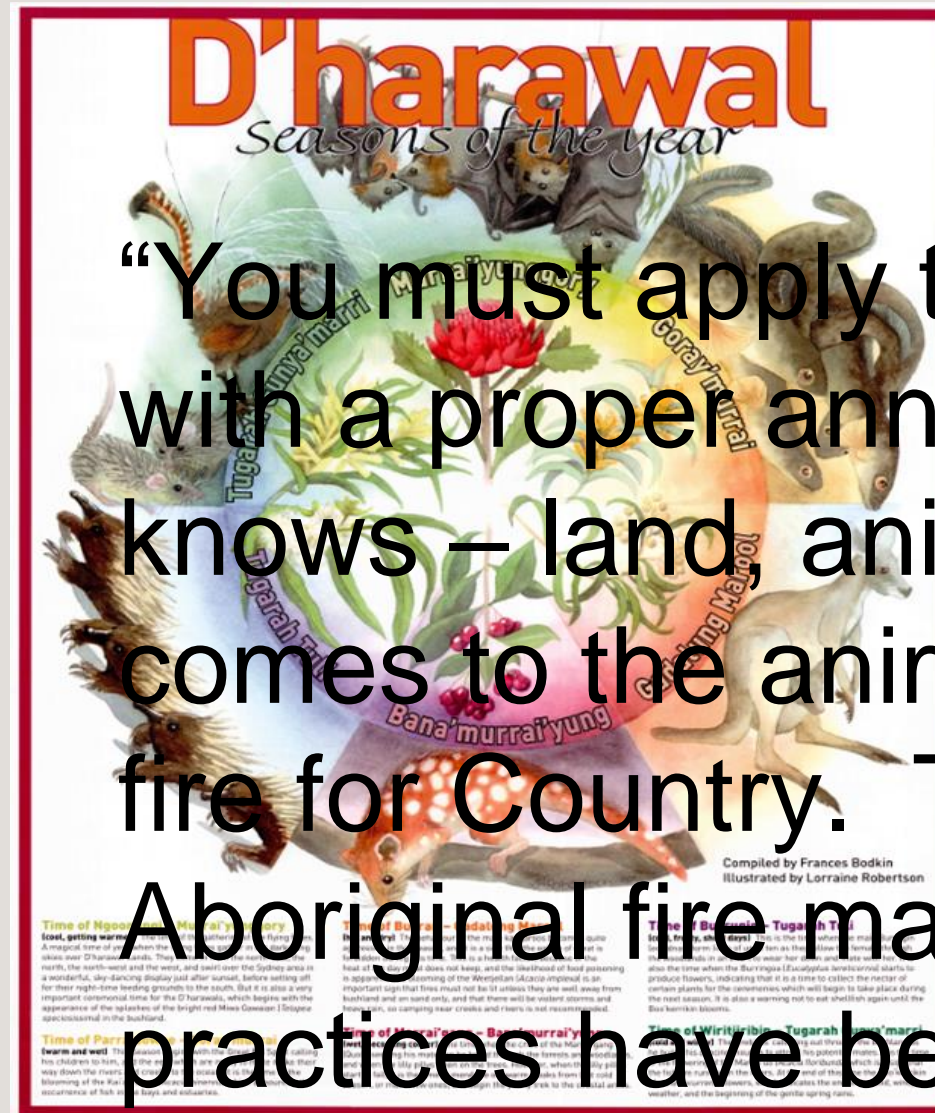
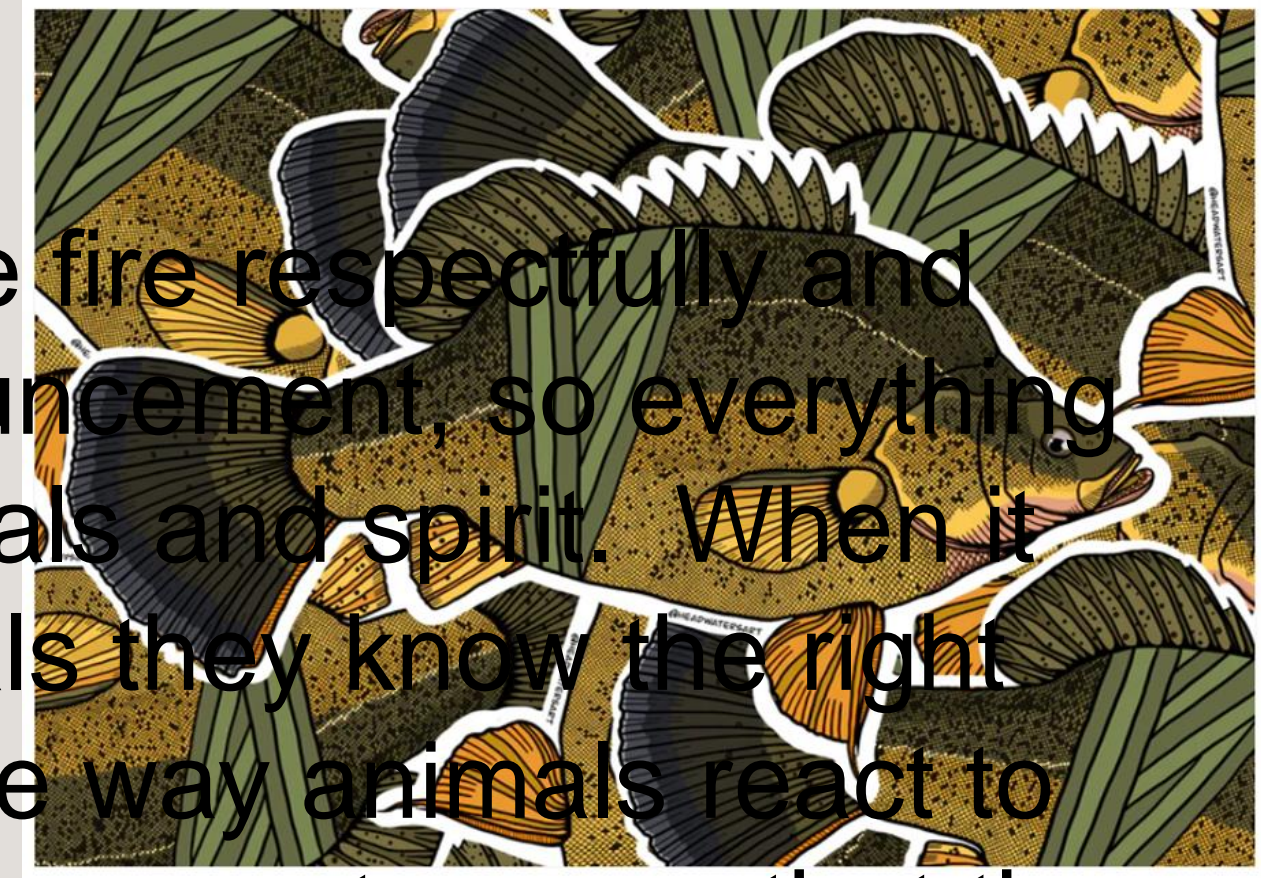


Image: D'harawal Traditional Knowledge Holders' and Descendents' Circle



Having a totem is much deeper. It's about looking after everything. Everything that's associated with the animal, like the yellow belly, I have to look after the fish, the water, the reeds - everything to do with that fish'. (Sullivan, 2003)

Seasons

Totems

Fire Country

First Nations Worldviews through our eyes

“Our system of kinship, of family relationships, is how we express the connectedness of things through family”

“When you look at the Aboriginal family, there are many mothers and fathers”

“In our culture we do not separate the spiritual or sacred from the physical” ¹³

“As a child, I felt I had total freedom and could go wherever I wanted at any time...”

Bob Randall (2006) “Songman”





First Nations Worldviews – through our eyes

“As a child.....there were always the eyes of so many Aunties, Uncles, Mothers and Fathers watching for my safety. Everybody was responsible for each other. That is Kanyini”

All the elements of nature were part of our life experience...our actions were always determined by our needs....we were continually given information about our environment”

Bob Randall (2006) “Songman”

First Nations Worldviews – through our eyes

“Adults had gender-specific responsibility to nurture, protect and teach children”

“Adult responsibilities centred on teaching children proper behaviour through example, while allowing the child autonomy to grow and learn naturally”

“Adults who did not fulfil their responsibilities to teach children, to pass on knowledge for life, were censored and chastised themselves”

Burbank, (1994) Fighting Women: Anger & Aggression in Aboriginal Australia

First Nations Worldviews

“Any adult who allowed a child to be severely hurt would themselves be punished for their negligence”

“To actually harm a child would attract severe punishment. While children were reproached, severe physical punishment of a child was unheard of.”

Roth (ethnographer & medical doctor) found no instance of what would now be called “child abuse by white society” during all the time of his work with tribal groups.

Roth, W.E (1984) The Qld Aboriginies, vol.11, Bulletins 1-8, North Queensland Ethnology from the Home Secretary's Dept - Brisbane 1901-1908, Melbourne: Hesperian Press



Supporting First Nations ways of child rearing

- Richer relational environments – extended family environments
- Collective Parenting – complex and reciprocal obligations
- Neurological benefits
- Protection against risk – greater number of carers
- Nurturing, educating and keeping children safe
- Anticipation and planning for children's needs
- Bringing this into current case management, cultural care plans

Lawrie and Cousins (2018) Reclaiming Our Safe Ways of Parenting – How Trauma Research is supporting Aboriginal ways of child rearing

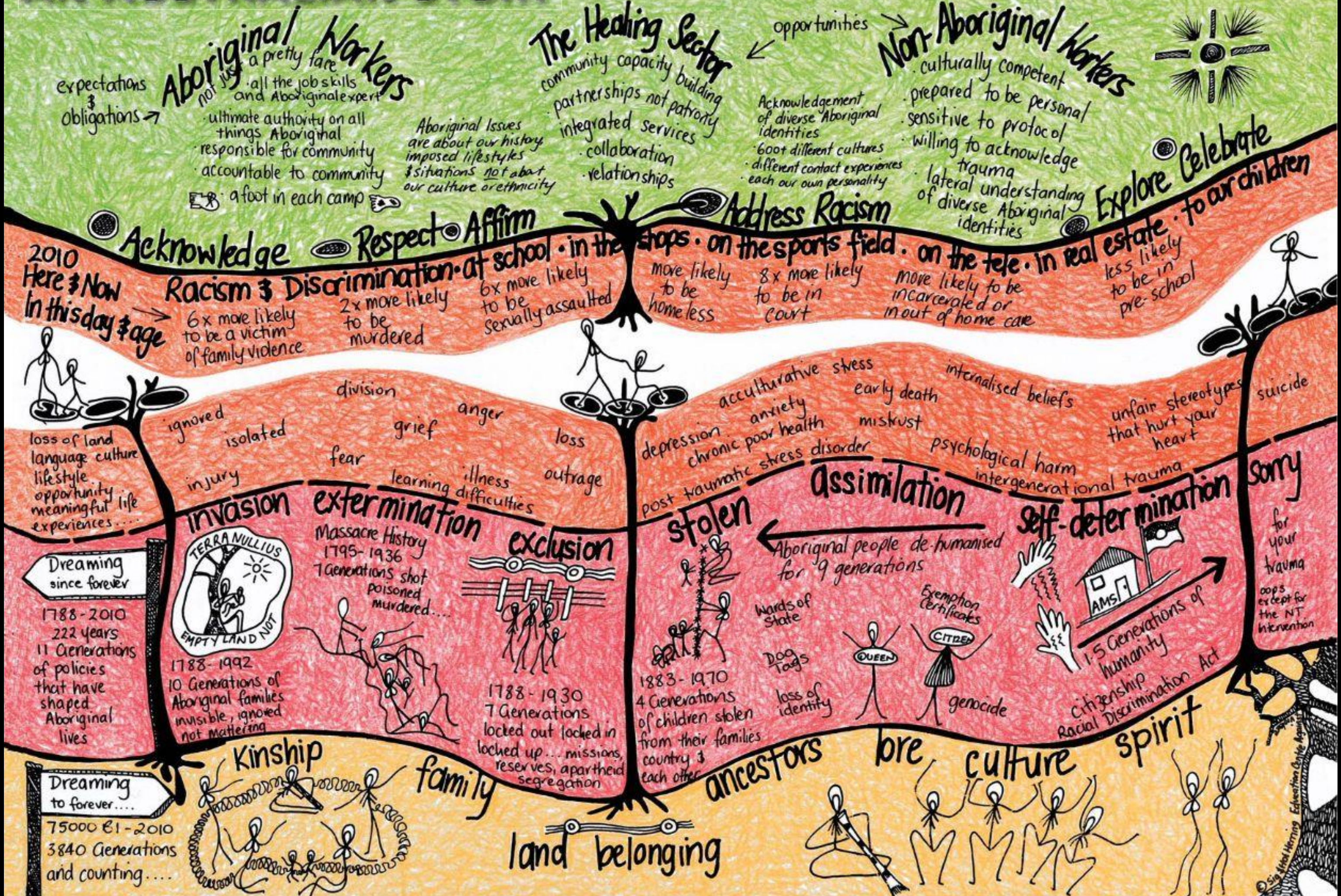




“Whenever persons are badly treated, they resist. That is, along-side each history of violence and oppression, there runs a parallel history of prudent, creative, and determined resistance”

(Allan Wade & Linda Cootes 1997)

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Defining Trauma

A traumatic event is one in which “a person experienced, witnessed or was confronted with an event/s that involved actual or threatened death or serious injury or threat to the physical integrity of self or others” and “the person’s response involved intense fear, helplessness or horror”

Diagnostic and Statistical Manual of Mental Disorders (DSM-V)



Defining Trauma

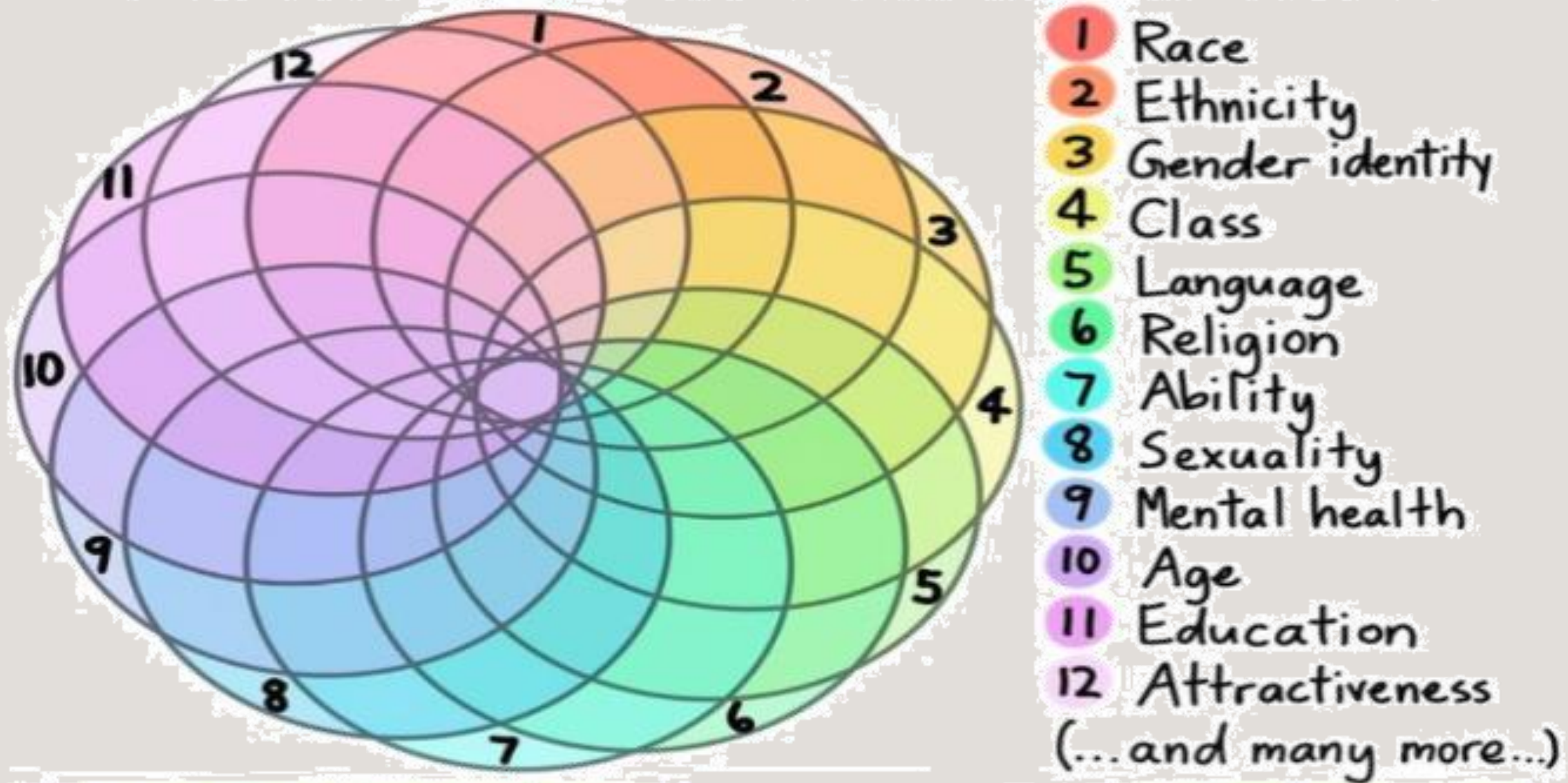
- Trauma occurs following exposure to experiences or events that are emotionally distressing, and that overwhelm a person's ability to cope.
- Traumatic events do not need to be directly experienced to affect people.
- We can experience trauma by witnessing traumatic events, by trauma being passed down through generations, or experienced within a community.

- Trauma – is an event or process which overwhelms the individual, family or community, and the ability to cope in mind, body, soul, spirit
- Inter-generational – Intergenerational trauma is passed down directly from one generation to the next
- Trans-generational trauma – is transmitted across a number of generations
- Racial Trauma or race-based traumatic stress, is the cumulative effects of racism on an individual's mental and physical health
https://en.wikipedia.org/wiki/Racial_trauma
- Oppression trauma

Judy Atkinson (2002) Trauma Trails Recreating Songlines



INTERSECTIONALITY



Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

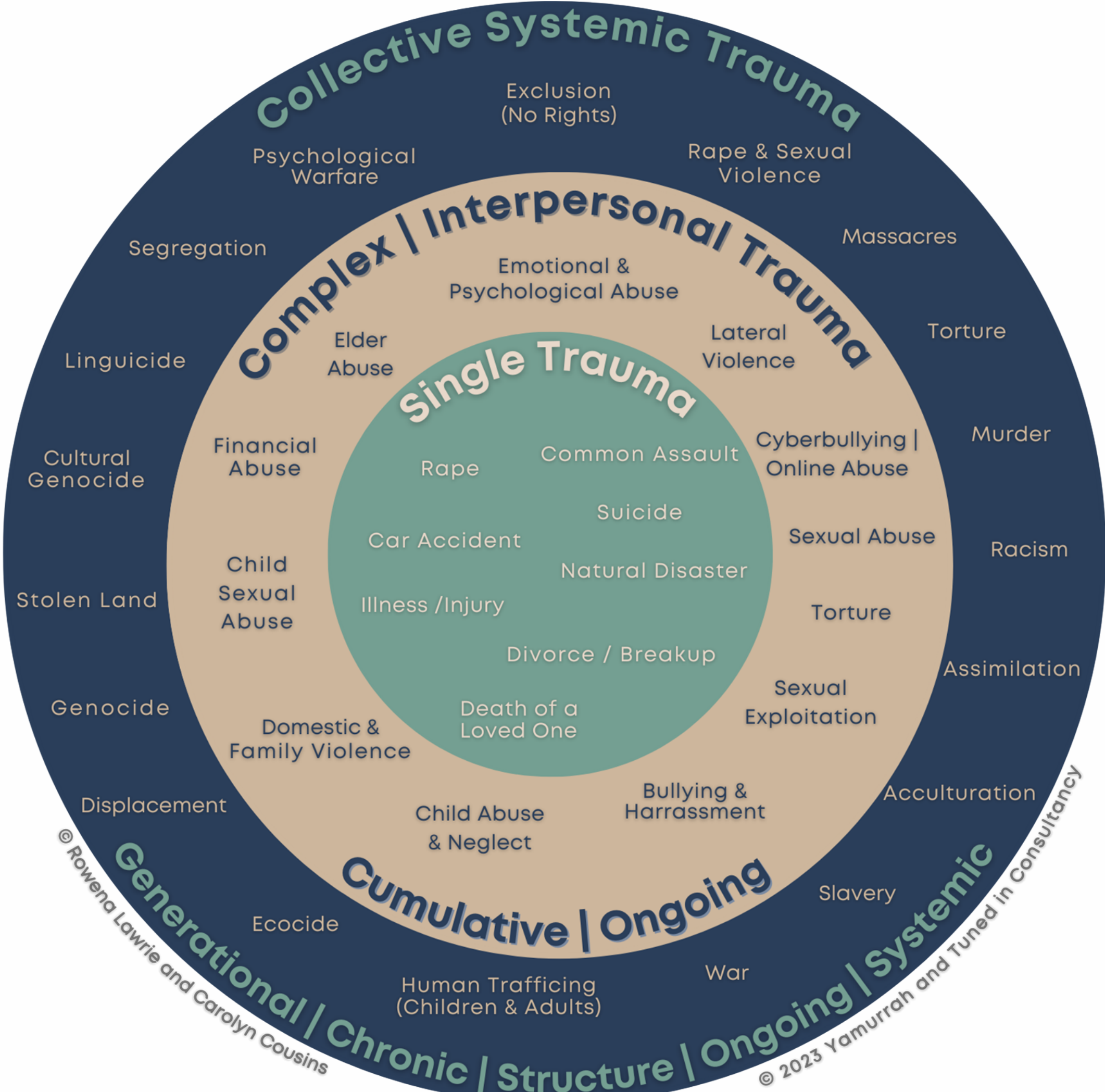
- Kimberlé Crenshaw -

@syrinduckworth

“Both intersectional discrimination and additive discrimination can be seen as different kinds of multiple discrimination”

Gauthier de Beco THE INTERNATIONAL JOURNAL OF HUMAN RIGHTS 2020, VOL. 24, NO. 5, 593-614

Compounding Trauma Model



Aboriginal and Torres Strait Islander people's experiences of violence, abuse and neglect



Data on Indigenous people's experiences of family violence is limited, and **must be understood with recognition of the impacts of colonisation, systemic disadvantage, forced removal of children, land dispossession, racism and discrimination**, and the **intergenerational trauma** that these factors have significantly contributed to.



Indigenous women are **32x more likely** than non-Indigenous women to be **hospitalised due to family violence injuries**¹



Up to **90%** of Aboriginal and Torres Strait Islander women in prisons are **survivors of domestic, family, and/or sexual violence**³

1 in 5

WOMEN killed by a **male partner*** identified as **Aboriginal** (22.3% or 27)



* of 121 female victims of intimate partner homicide in Australia between 2010-2014²

Indigenous children were ²⁵

7-times

more likely than non-Indigenous children to have **child protection reports substantiated** in 2016-17⁴



Infographic: Costello & Backhouse, 2019a.

Data sources: 1. [Productivity Commission, 2016](#); 2. National Minimum Dataset ([Australian Domestic and Family Violence Death Review Network, 2018](#)); 3. *Pathways to Justice* ([Australian Law Reform Commission, 2018](#)); 4. [AIHW, 2018](#)



Health

Aboriginal and Torres Strait Islander women's experiences of domestic and family violence



Most **Aboriginal and Torres Strait Islander women** trust their doctors and health workers have an **important role to play** in **prevention and early intervention** of domestic and family violence through collaborative and integrated service provision.

8 in 10



Aboriginal and Torres Strait Islander

WOMEN

agreed or strongly agreed that they could **trust their own doctor**

This includes:

- **77% Aboriginal and Torres Strait Islander women** who *had* experienced **domestic and family violence***
- **83% Aboriginal and Torres Strait Islander women** who *had not* experienced any physical violence

Compared to women who had not experienced physical violence, **Aboriginal and Torres Strait Islander women who had experienced domestic and family violence***, were:



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More likely to report **high or very high psychological stress**

(69% compared with 34%)

More likely to have a **mental health condition**

(53% compared with 31%)

More likely to have **experienced homelessness**

(55% compared with 26%)

Less likely to **trust local police**

(44% compared with 62%)

Economic impacts – violence against women

Victims

The most significant cost impact of violence to women and the economy is from pain, suffering and premature mortality, and is estimated at

\$10.4 billion

Health

The impact of violence on the private and public health systems is estimated to cost victims, their communities and government

\$1.4 billion

What do the costs include?

The 2015–16, Australian cost estimates were divided into seven categories (Table 6.2).

Table 6.2: Estimated costs to the Australian economy of violence against women and children, 2015–16

Categories	Cost (\$)
Pain, suffering and premature mortality of victims The pain and suffering experienced by the victim, which can lead to long-term effects on psychological and physical health, and premature mortality for victims	10.4 billion
Consumption Replacing damaged property, defaulting on bad debts, and the costs of moving	4.4 billion
Production Being absent from work, and employer administrative costs (for example, employee replacement)	1.9 billion
Administrative Police, incarceration, court system costs, counselling, and violence prevention programs	1.7 billion
Transfer payments Loss of income tax of victims/survivors, perpetrators and employers; additional social welfare payments; victim compensation payments and other government services	1.6 billion
Health system Public and private health system costs associated with treating the effects of violence against women	1.4 billion
Second generation The costs of children witnessing and living with violence, including child protection services and increased juvenile and adult crime	333 million
Total	21.7 billion

Source: KPMG 2016.

Racism and its impacts

- The majority of Aboriginal people in this study, racism was experienced regularly and perceived to have a negative impact on health, supporting a large literature that links racism to poorer health outcomes (Brondolo et al., 2003; Kessler et al., 1999; Krieger, 1999, 2000; Paradies, 2006a; Pascoe & Richman, 2009; Williams & Mohammed, 2009; Williams et al., 2003)
- The study demonstrated the effect of racism on the socio-emotional wellbeing of Aboriginal Australian children aged 6 to 12 years. Differences of this effect within subgroups based on age were observed, with important implications for identification of exposure to racism and management of specific symptomatology in children. Neglecting such signs could contribute to the perpetuation of the intergenerational effect of racism experiences. (D. M. Macedo , L. G. Smithers , R. M. Roberts , Y. Paradies and L. M. Jamieson 2019)
- A word on vicarious racism....



Secrecy

Where the offender uses deception and secrecy to conceal their actions and maintain control over the child, this creates a web of silence and entrapment around the child. They do this by employing tactics of tricks, lies or threats to prevent the child from disclosing the abuse or seeking help.

Responsibility

Perpetrators often shift the responsibility away from themselves and blame the child directly - 'I know you wanted this' - or blame their mother by planting the idea with the child that their mother knows about it. This encourages blame and shame and entrenches the secrecy further.

Protection / Loyalty

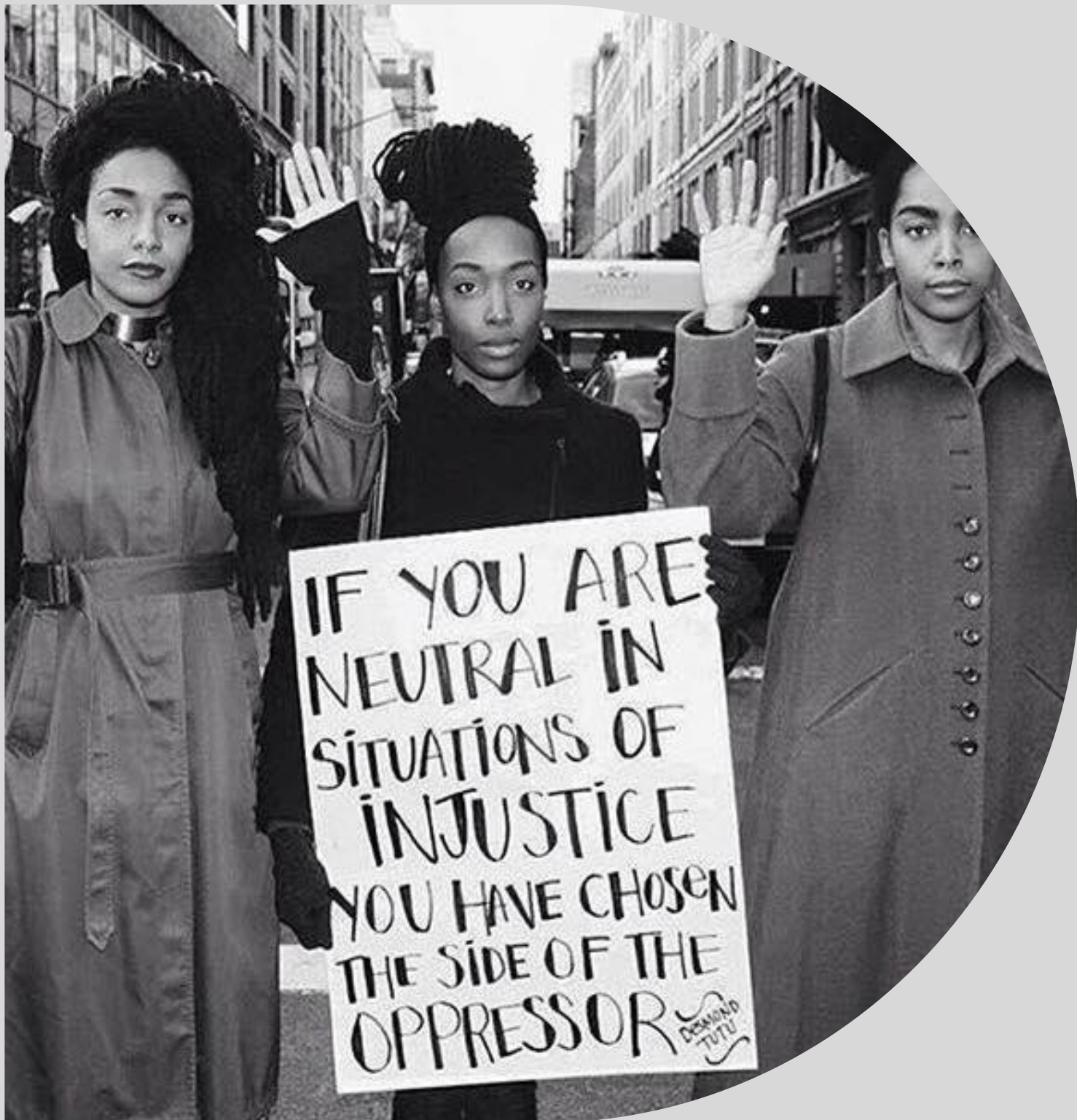
As a consequence of enforcing secrecy and shifting responsibility onto children, this burdens them with the responsibility for taking care of others and putting their loyalty to their family before their own safety and wellbeing. Often children believe it's their fault to put up with the abuse to protect their siblings.

Resistance

The perpetrators' use of secrecy, shifting the blame and exploiting a child's loyalty to their family can be viewed as their efforts to overcome and dismantle a child's resistance. Given the power imbalance between perpetrators and victims (adult-child) most forms of resistance are subtle and indirect but nonetheless brave acts that require close attention to help shift shame and self-blame and rebuild dignity and respect (White, 2007; Wade, 1997).

(Tolliday et al 2018)

Services and Power



- Understanding and supporting the process of survivors making disclosures of violence and abuse.
- Providing a physically, emotionally and culturally safe service:
- Creating safety through listening and being guided by the expertise of the survivor.
- Demonstrating professional flexibility and availability to survivors.
- Building a trusting and respectful relationship
- Developing safety plans if a survivor is still at risk of harm and involving supports identified by the survivor
- Developing emotional and cultural safety plans
- Ensuring survivors are aware of their rights and the limitations of confidentiality.
- Utilising a Strengths-based approach
- Educating the survivor and their supports about the effects of trauma and the range of possible therapeutic resources.
- Adopting a collaborative approach in working with the young person based on their goals, interests, values and culture(s).
- Supporting a survivor to seek justice



Lunch

Adverse Childhood Experiences (ACEs)

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Trauma-Informed Care (TIC)

It's about asking what's happened to a person, not what's wrong with them.

TIC is a strengths-based framework, which recognises the complex nature and effects of trauma and promotes resilience and healing.

5 KEY PRINCIPLES:

Safety

Creating areas that promote a sense of safety.

Trust

Providing clear and consistent information.

Choice

Providing options for treatment and care.

Collaboration

Maximising collaboration between health care staff, patients and their families.

Empowerment

Building upon a patient's strengths and experiences.

THE FOUR R'S OF TIC

REALISE

All people at all levels have a basic **realisation** about trauma, and how it can affect individuals, families, and communities

RESIST

RE-TRAUMATISATION

Organisational practices may **compound trauma** unintentionally; trauma-informed organisations avoid this.

RECOGNISE

People within organisations are able to **recognise** the signs and symptoms of trauma

RESPOND

Programmes, organisations and communities **respond** by practising a trauma-informed approach

UNIVERSAL SCREENING



Prevents misdiagnosis and inappropriate treatment planning

“ Trying to implement trauma-specific clinical practices without first implementing trauma-informed organisational culture change is like throwing seeds on dry land. ”

Sandra Bloom, Creator of the Sanctuary Model

www.70-30.org.uk
@7030Campaign



Infographics: [70/30 Campaign \(WAVE Trust, 2018\)](#)

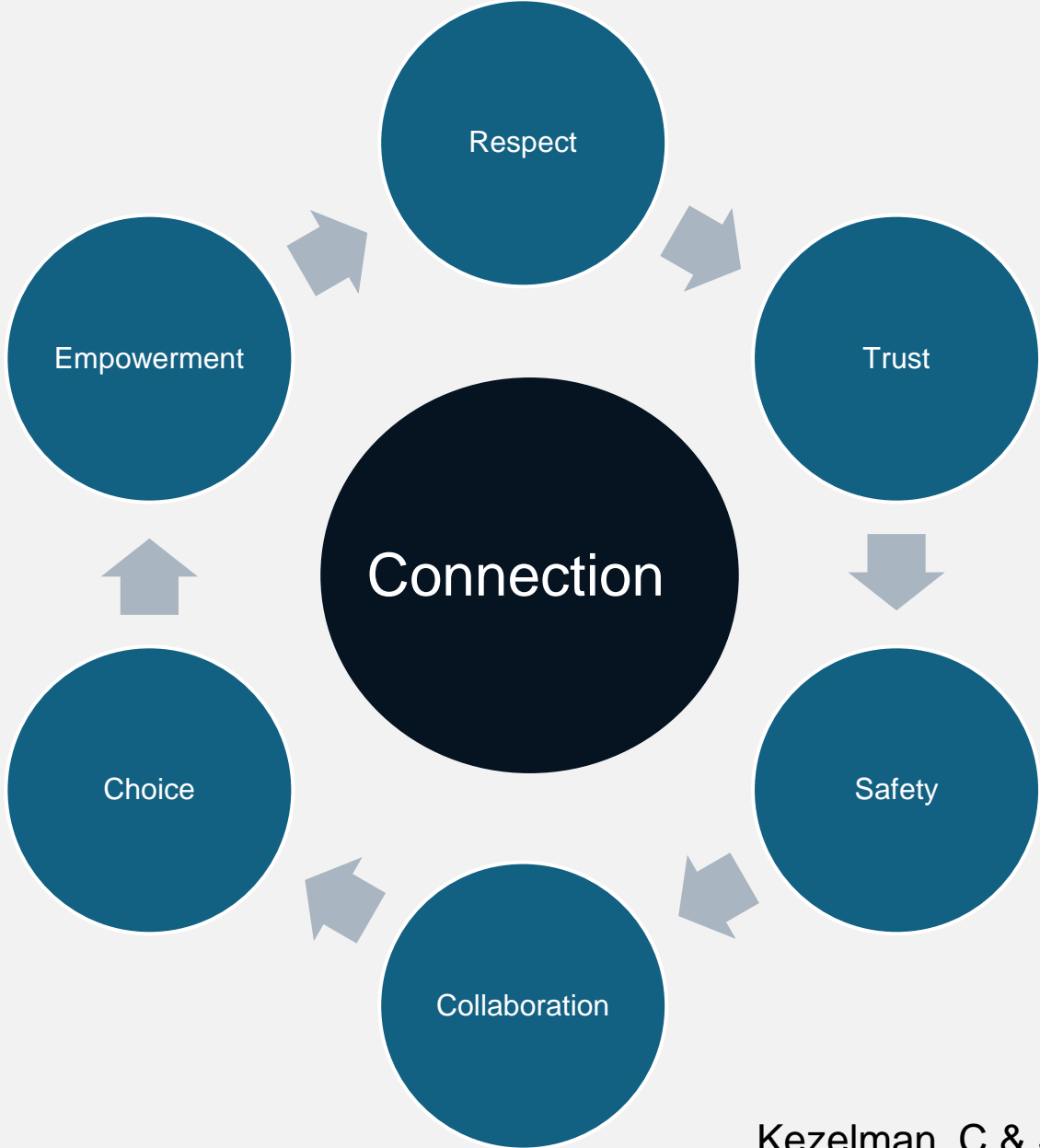
Trauma informed care

- Service design and delivery
- Leaderships, supervision and management
- Evaluation and review
- Worker well-being

A trauma-informed service is one which:

- Commits to and acts upon the core principles
- Considers and evaluates all components of the system – critiquing power
- Designs services to reduce re-traumatisation
- Collaborative relationships with service providers / stakeholders

Guiding principals



Kezelman, C & Stavropoulos,P (2012)



Cultural Approaches to Trauma Informed Care & Practice

Understand trauma & its impact on individuals, families & communal groups

Create environments in which people feel safe

Employ culturally competent staff & adopt practices that acknowledge & demonstrate respect for specific cultural backgrounds

Support victims/survivors to regain a sense of control over their lives: actively involve them in the healing journey

Share power: involve community members in design & evaluation of programs

Holistic and integrated care

Support safe relationship building as a means of promoting healing & recovery

Approaches / services informed by Indigenous culture

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Afternoon Tea





Everyday Acts of Resistance

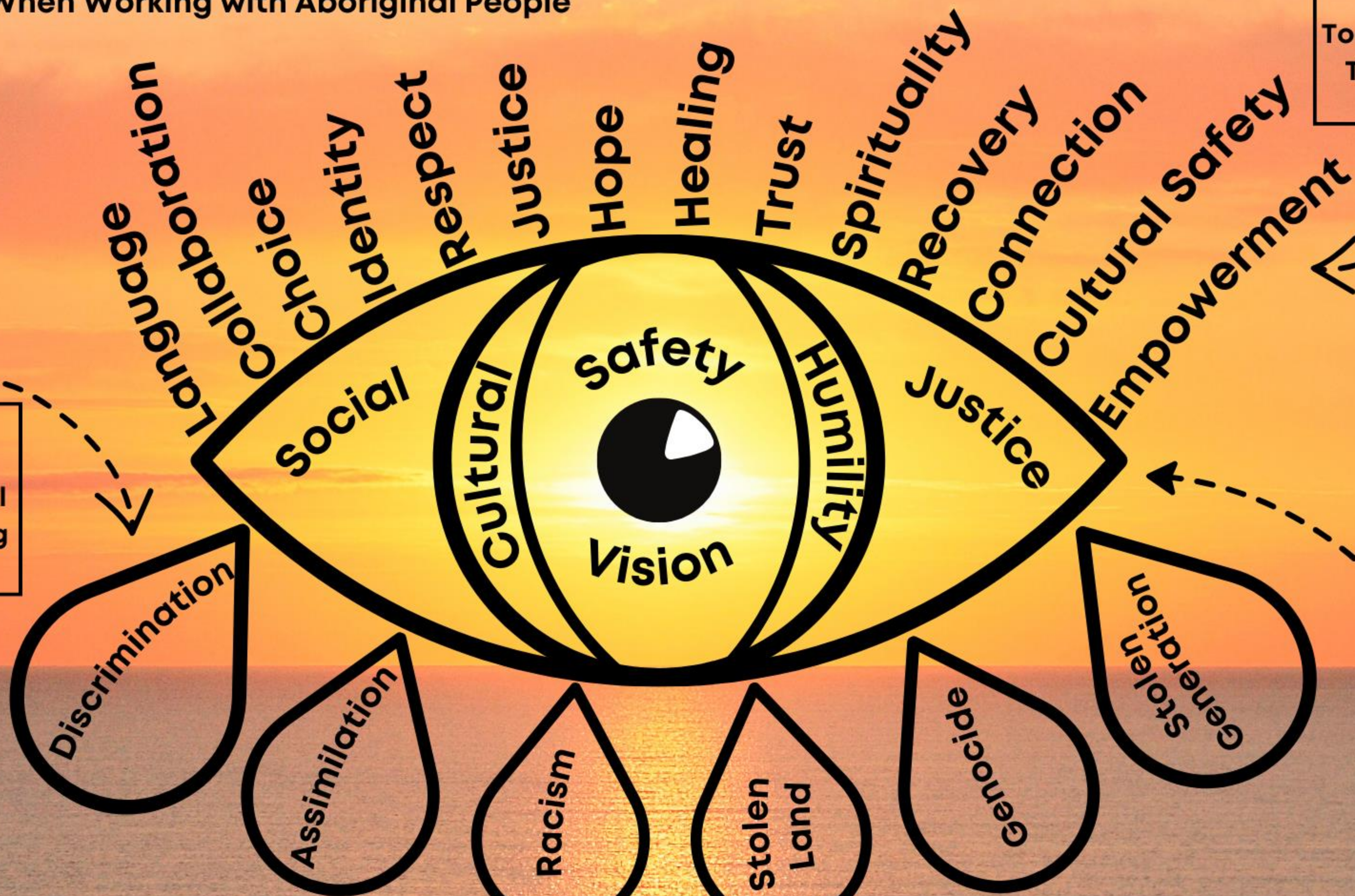
- Everyday people resist violence and oppression in clever and creative ways
- Resistance has many faces – and people can do this creatively, in the arts, in their lifestyle, the choices they make, the way they raise families, have relationships, the boundaries they make, the courses they study, protests, policy, law reform
- Standing in solidarity (against injustice)
- Upholding integrity, dignity and self-love

Trauma Informed Care Model

When Working with Aboriginal People

Lashes

To protect
To keep out harm
To keep clean
and clear



Tears

Acknowledge
Grief & Loss,
Intergenerational
Trauma, On Going
Suffering

Eye

Our Focus
Our Lense
Our Vision
Our View

A serene forest scene with sunlight filtering through tall trees onto a mossy forest floor. The sun is positioned in the upper right, creating a warm, golden glow and long shadows. The forest floor is covered in vibrant green moss, and the trees are tall and slender, with some showing signs of autumn. The overall atmosphere is peaceful and natural.

Day 1

Closing

Day 2

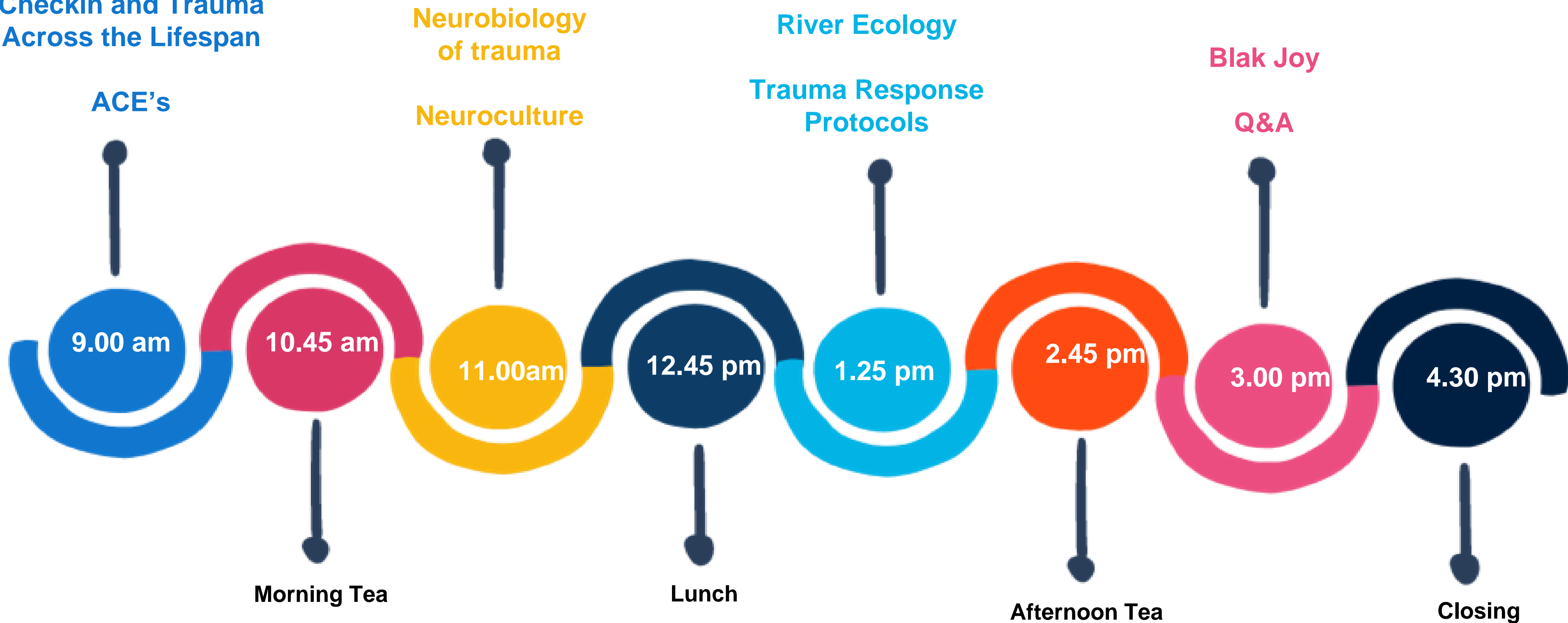
Culturally Responsive Trauma
Informed Practice Training



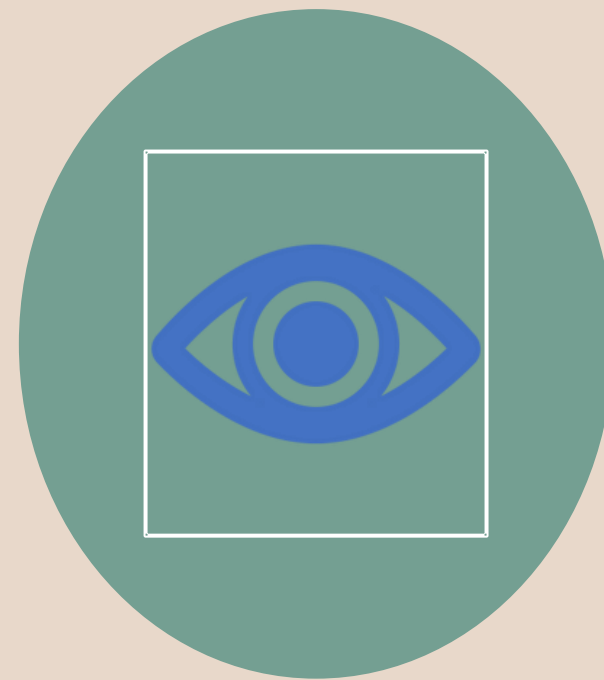
Training takeaways:

Knowing why and how to provide trauma informed care in a culturally responsive way | A good balance of theory, current context and frameworks to support your practice | Justice driven trauma informed practice tools and skills | An understanding of how to design your service and provide services in ways that don't re-traumatise people | Worker wellbeing strategies | New networks and connections

Checkin and Trauma Across the Lifespan



Key Takeaways – Day 2



1. NEUROSCIENCE &
CULTURE



2. PRACTICAL
APPLICATION
RIVER ECOLOGY



3. WORKER
WELLBEING &
BLAK JOY



When trauma occurs there is disconnection and dis-empowerment.

With recovery there should be a focus of on reconnection and re-empowerment

@Judith Herman

**“When people are harmed
- they are harmed on Country
- this is against the law of the land
- the harm happens on Country”
(as spoken by Aunty Oomera Edwards).**

**“Crimes that occur against children are crimes against Country,
because Aboriginal people are of, and related to, Country;
and as the harm happens on Country; it is violations of her laws
and a crime against Country”. If you hurt Country - you hurt me.
- and furthermore, the healing happens with and on Country.
(Lawrie, R 2024)**

**Country must be centred in trauma
recovery and healing frameworks
(Lawrie, R 2024)**



Adverse Childhood Experiences (ACEs)

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Childhood Trauma

An event that a child finds overwhelmingly distressing or emotionally painful, often resulting in lasting mental and physical effects.

2x

more likely to develop
DEPRESSION

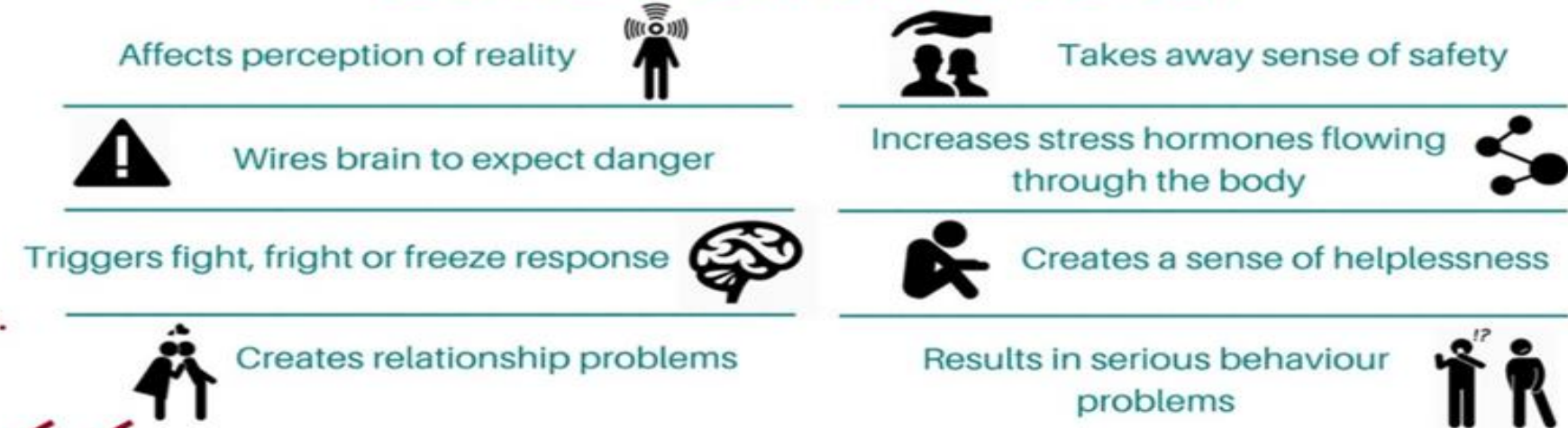
3x

more likely to develop
ANXIETY DISORDERS

Common causes:



LONG-TERM IMPACTS:



“The initial trauma of a young child may go underground but it will return to haunt us”
James Garbarino

PREFRONTAL CORTEX (PFC)

"Thinking Centre"

Underactivated

Difficulties concentrating & learning.

A traumatised brain is
"bottom heavy"

AMYGDALA
"Fear Centre"

Overactivated

Difficulty feeling safe, calming down, sleeping

ANTERIOR CINGULATE CORTEX (ACC)

"Emotion Regulation Centre"

Underactivated

Difficulties with managing emotions.

Complex Trauma: a result of repetitive, prolonged trauma

**Adverse
childhood
experiences
influence adult
health status**

**EARLY
DEATH**

Aboriginal health standards in Australia are now so low that almost half of Aboriginal men and over a third of women die before they turn 45.
Aboriginal life expectancy is between 10 and 17 years below that of the average non-Aboriginal Australian.

**DISEASE &
DISABILITY**

The five major underlying causes of Indigenous deaths between 2004-2008 were circulatory diseases, neoplasms (tumours), external causes (including injury), respiratory diseases and endocrine disorders. Suicide has become the 2nd leading cause of death for Aboriginal men in the Northern Territory.

**HEALTH RISK
BEHAVIOURS**

Aboriginal women are 35 and 22 times more likely to be hospitalised due to family violence-related assaults and nearly ten times more likely to die due to assault. The burden of disease associated with alcohol use by Indigenous Australians is almost double that of the general Australian population.

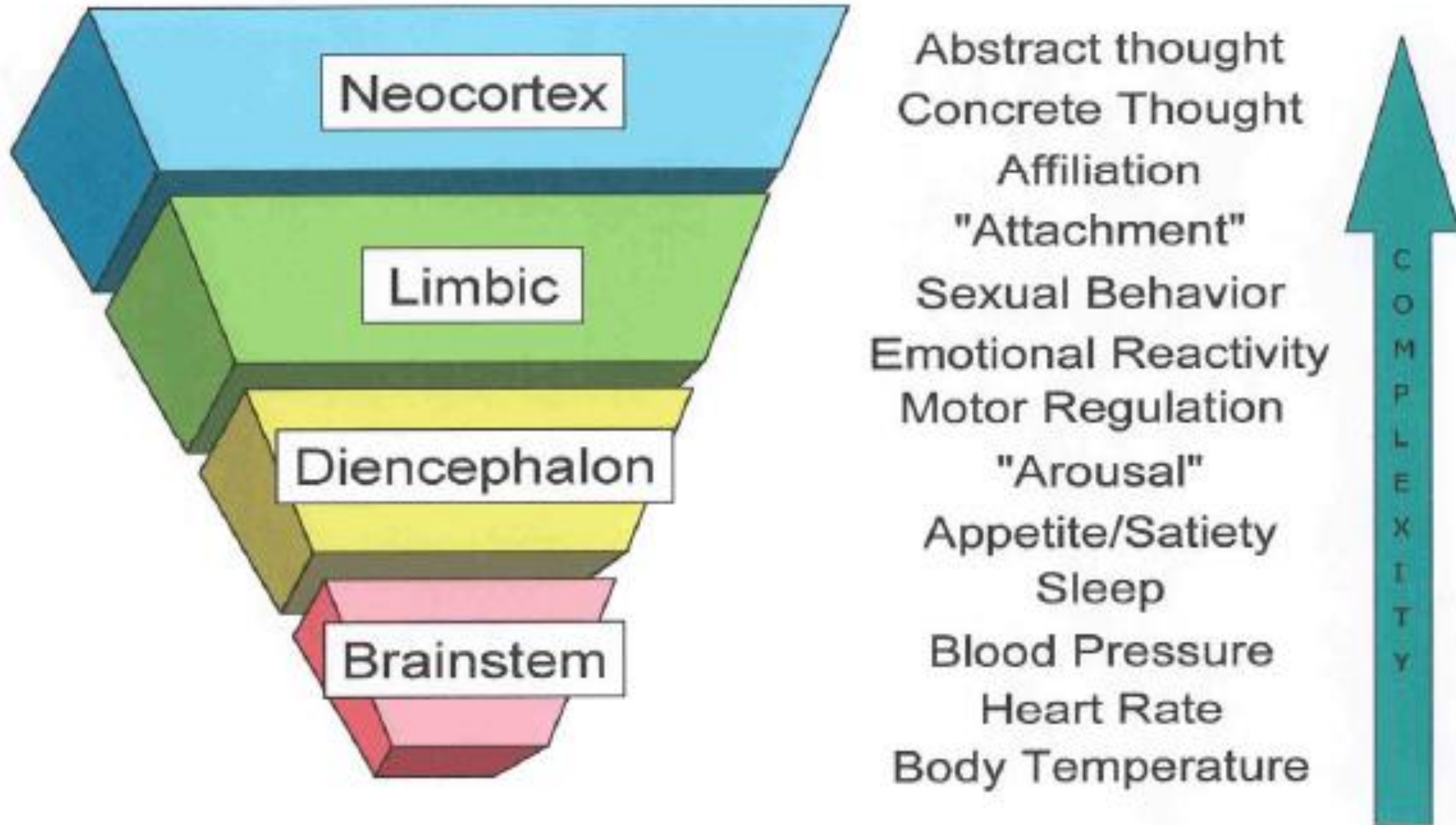
**SOCIAL, EMOTIONAL AND
COGNITIVE IMPAIRMENT**

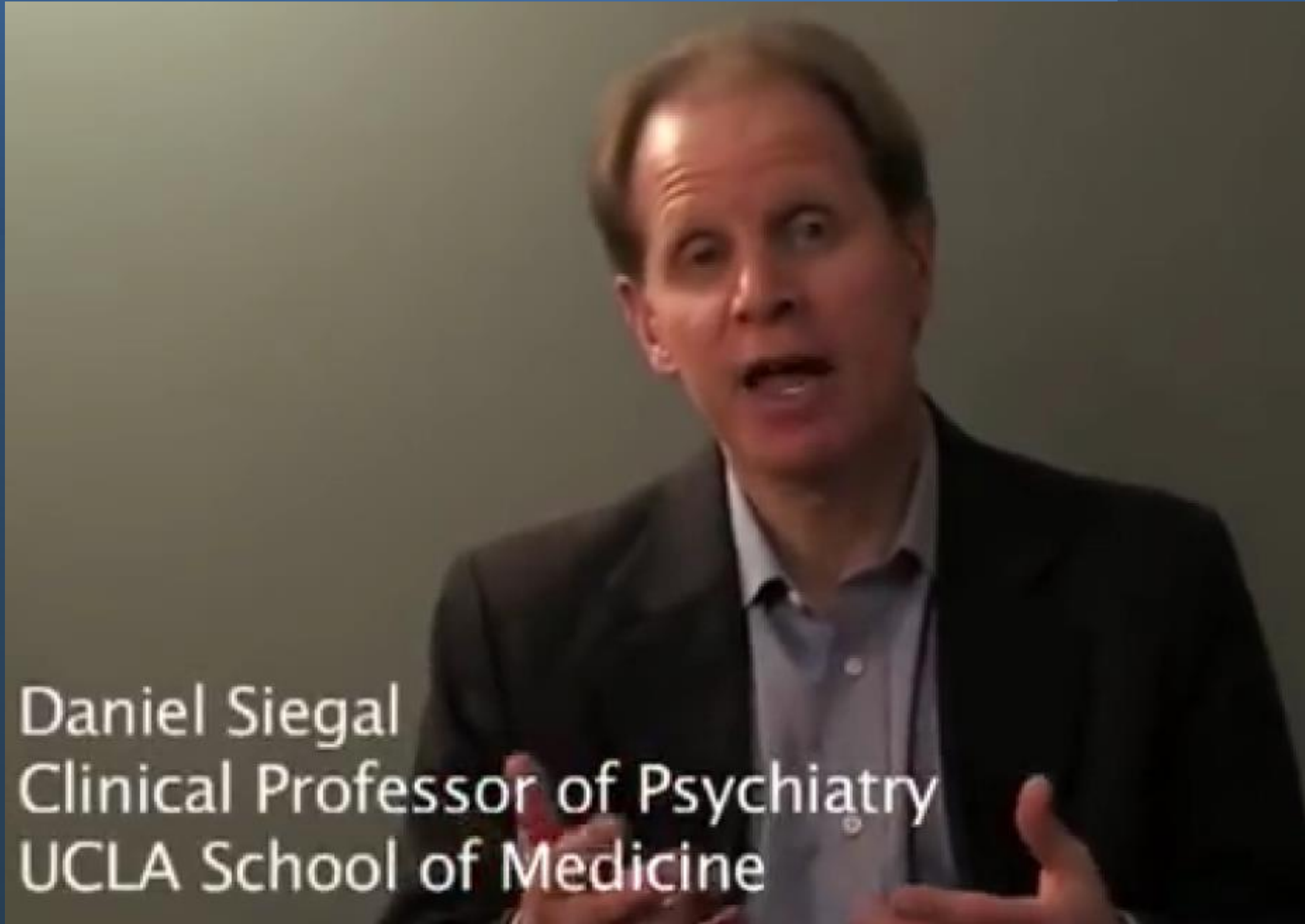
Aboriginal people are 3 times more likely to complete suicide than non-Aboriginal people. Aboriginal people higher prevalence of psychological distress (anxiety and depression symptoms).

**ADVERSE CHILDHOOD
EXPERIENCES**

Aboriginal and Torres Strait Children & young people are 6.6 times more likely to be victims of a sexual assault than non-Aboriginal children.

Brain Structure and Function



A video frame showing Daniel Siegal, a man with short brown hair, wearing a dark suit jacket over a light blue button-down shirt. He is speaking and gesturing with his hands. The background is a plain, light-colored wall.

Daniel Siegal
Clinical Professor of Psychiatry
UCLA School of Medicine



Morning Tea

”

Glimmers refer to small moments when our biology is in a place of connection or regulation, which cues our nervous system to feel safe or calm. We're not talking great, big, expansive experiences of joy or safety or connection, these are micro moments that begin to shape our system in very gentle ways.

Deb Dana

Trauma can significantly alter brain structure and function, impacting various cognitive and emotional processes. Here are the key brain structures affected by trauma and how their functions may be impacted:

Hippocampus - Function: Responsible for memory formation and spatial navigation. - Impact of Trauma: Trauma can lead to a reduction in hippocampal volume, which may impair the ability to form new memories and regulate emotional responses. This can contribute to difficulties in recalling the details of the traumatic event and affect overall memory function.

Amygdala - Function: Plays a central role in processing emotions, particularly fear and pleasure. - Impact of Trauma: Increased activity in the amygdala is common in trauma survivors, leading to heightened fear responses, anxiety, and emotional dysregulation. The individual may experience exaggerated startle responses or persistent fear, even in safe environments.

Prefrontal Cortex - Function: Involved in higher-order functions such as decision-making, impulse control, emotional regulation, and social behaviour. - Impact of Trauma: Trauma can impair the functioning of the prefrontal cortex, leading to difficulties in controlling emotions, making rational decisions, and managing impulses. This can result in increased irritability, difficulty focusing, and challenges in relationships.

Cingulate Cortex - Function: Important for emotional regulation, impulse control, and decision-making. - Impact of Trauma: Trauma may disrupt the functioning of the cingulate cortex, leading to increased emotional distress and difficulties in processing emotions. This can manifest as heightened anxiety or depression.

Insula - Function: Involved in emotional awareness and interoception (the sense of the physiological condition of the body). - Impact of Trauma: Trauma can lead to altered insular function, affecting the ability to recognize and process bodily signals related to emotions. This may result in dissociation or somatic symptoms, where individuals feel disconnected from their bodies.

Thalamus - Function: Acts as a relay station for sensory information and plays a role in consciousness and alertness. - Impact of Trauma: Trauma may affect the thalamus's ability to process sensory information, leading to hyperarousal or sensory overload. Individuals may become easily overwhelmed by sensory stimuli.

Corpus Callosum - Function: Connects the left and right hemispheres of the brain, facilitating communication between them. - Impact of Trauma: Trauma can affect the structure of the corpus callosum, which may hinder integration of emotional and rational processing. This can lead to fragmented thoughts and emotional experiences. The impacts of trauma on brain structure and function can lead to a range of cognitive, emotional, and behavioural challenges. Understanding these changes is essential for developing effective therapeutic strategies to support recovery and healing.

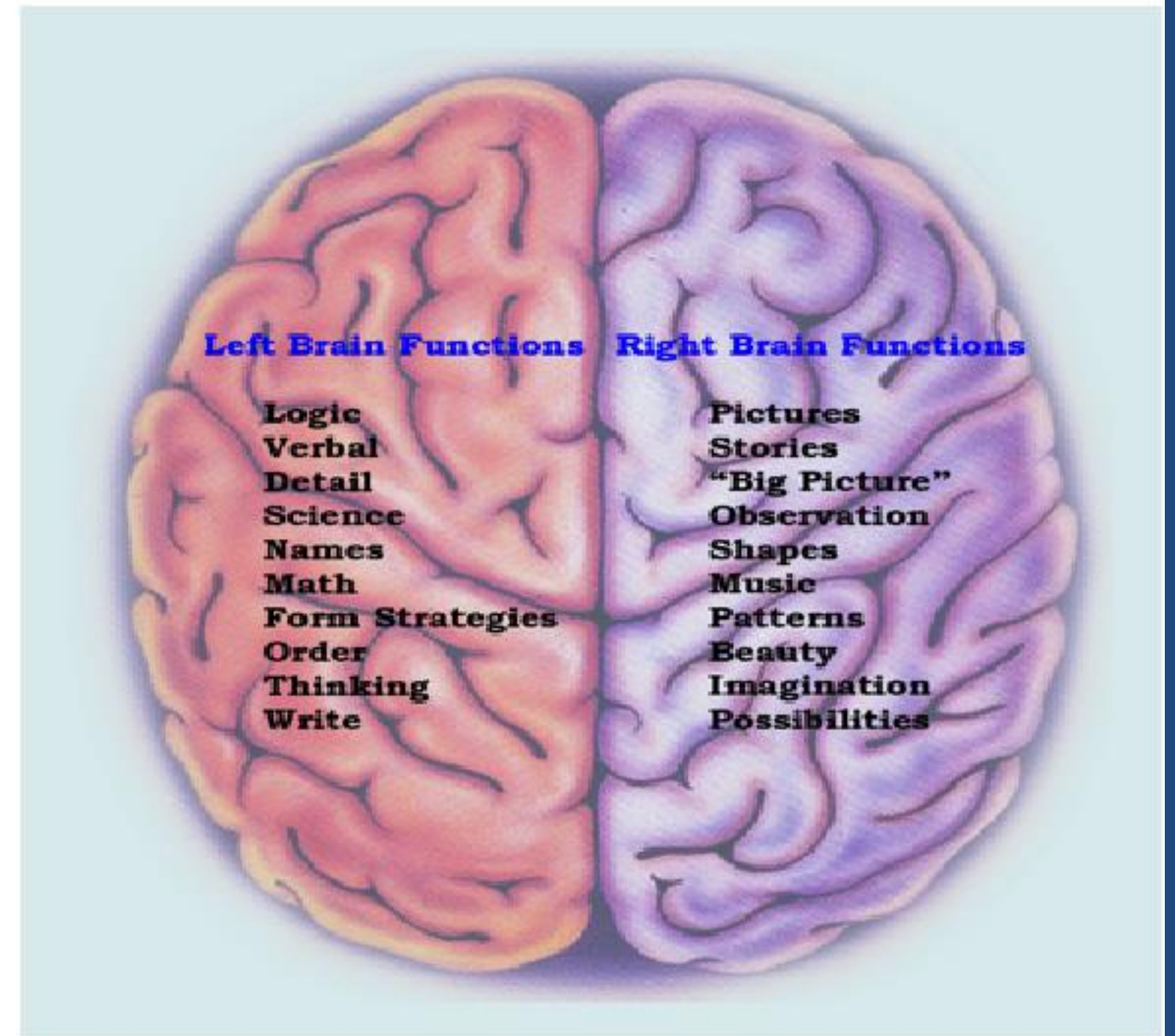
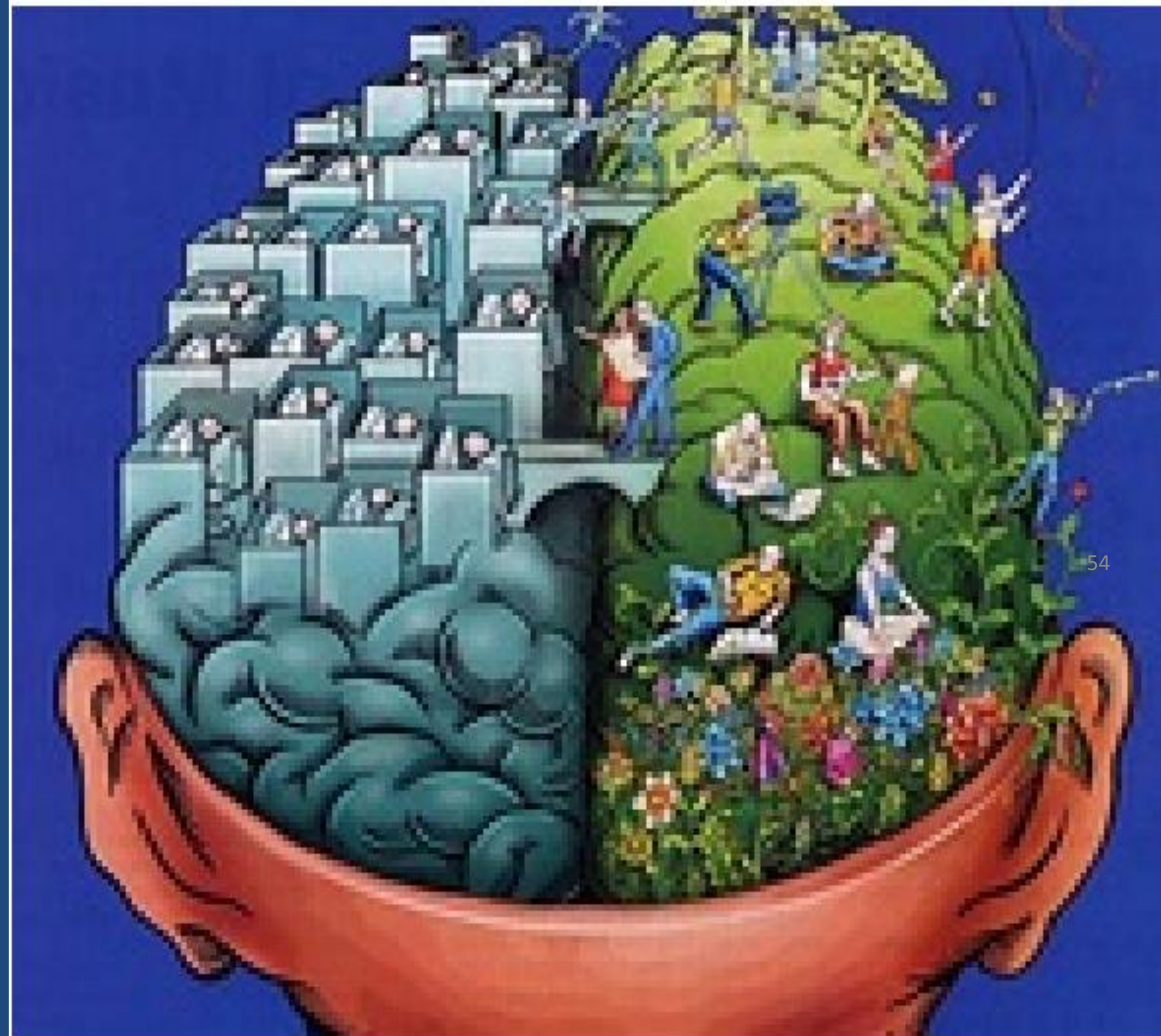
Trauma Responses

Flight	Fight	Freeze	Flop	Friend
<p>Workaholic</p> <p>Over-thinker</p> <p>Anxiety, panic, OCD</p> <p>Difficulty sitting still</p> <p>Avoidance</p> <p>Hyperactivity</p> <p>Sadness in loneliness</p>	<p>Anger</p> <p>Outburst</p> <p>Controlling</p> <p>“The bully”</p> <p>Explosive behaviour</p> <p>Judgement</p> <p>Slamming door</p> <p>Self harm</p>	<p>Difficulty making decisions</p> <p>Feeling stuck</p> <p>Dissociation</p> <p>Isolating</p> <p>⁵² Numb</p> <p>Shut down</p> <p>Exhaustion</p> <p>Indecision</p> <p>Sleeps a lot</p>	<p>Collapse</p> <p>People pleaser</p> <p>No boundaries</p> <p>Lack of identity</p> <p>Sad</p> <p>Depressed</p> <p>Hopeless</p> <p>Apathetic</p> <p>Hard time saying no</p>	<p>Befriending the person who is dangerous.</p> <p>Trauma bonding</p> <p>Stockholm syndrome</p> <p>Highly concerned with fitting in</p> <p>Avoids conflict</p>



Brain Development & Trauma

Left & Right Hemispheres



NEUROplasticity



Neuroplasticity refers to the brain's ability to reorganize itself by forming new neural connections throughout life. This adaptability is crucial for recovery from injury, learning new skills, and adapting to changes. Several factors can promote neuroplasticity:

- **Physical Exercise** - Regular physical activity increases blood flow to the brain and stimulates the release of neurotrophic factors (like BDNF - Brain-Derived Neurotrophic Factor) that promote the growth and survival of neurons.
- **Mental Stimulation**- Engaging in challenging cognitive activities, such as puzzles, learning a new language, or playing a musical instrument, encourages the formation of new neural connections.
- **Mindfulness and Meditation** - Mindfulness practices and meditation have been shown to increase gray matter density in areas of the brain associated with memory, emotion regulation, and self-awareness, promoting neuroplastic changes.
- **Healthy Diet** - A diet rich in omega-3 fatty acids, antioxidants, and other essential nutrients supports brain health. Foods like fatty fish, berries, nuts, and leafy greens can enhance neuroplasticity.
- **Quality Sleep** - Sleep is vital for memory consolidation and brain health. During sleep, the brain reorganizes and strengthens neural connections, which is crucial for learning and recovery.
- **Social Interactions** - Engaging in social activities and maintaining strong relationships can stimulate cognitive functions and promote emotional well-being, both of which support neuroplasticity.
- **Therapeutic Interventions** - Various forms of therapy, such as cognitive-behavioural therapy (CBT), occupational therapy, and physical rehabilitation, can help facilitate neuroplastic changes, especially after trauma or injury.
- **Challenging the Brain** - Activities that require problem-solving, creativity, and adaptability—like learning new skills or engaging in arts and crafts—encourage the brain to forge new pathways.
- **Reduction of Stress** - Chronic stress can hinder neuroplasticity. Techniques for stress reduction, such as yoga, deep breathing exercises, or spending time in nature, can foster a more conducive environment for brain change.

Promoting neuroplasticity involves a holistic approach that includes physical, mental, and emotional well-being. By incorporating these strategies into daily life, individuals can enhance their brain's adaptability and resilience, supporting overall cognitive and emotional health.

Theoretical framework for optimising child neurodevelopment

Source: Law 2000, from the work of Bruce Perry and Peter Levine.

Developmental age	Sensitive brain area	Critical functions	Primary goal of development	Optimising experiences	Enrichment Activities
0-1	Brainstem	Regulation of arousal	State Arousal Flexible stress response	Rhythmic and patterned sensory input Auditory or tactile	Massage Rhythm Touch
1-2	Midbrain	Integration of multiple sensory inputs Motor regulation	Sensory integration Motor control affiliation	More complex movement Simple narrative	Music Movement Touch
1-4	Midbrain	Integration of multiple sensory inputs Motor regulation	Sensory integration Motor control affiliation	More complex movement Simple narrative	Music Movement Touch
1-4	Limbic	Emotional states Social language Interpretation of social information	Emotional regulation Attachment Empathy	Complex movement Narrative Social experiences	Dance/play Art Nature discovery
2-6	Cortex	Abstract cognitive functions Social/emotional integration	Abstract reasoning Creativity	Complex conversation Social and emotional experiences	Story telling Drama Exposure to performing arts



“Indigenous people are very scientific
- it’s just that our science includes the
heart.”

Jonathan Ferrier, Indigenous Ethnobotanist

A moment to heal ourselves

Co-written by Rowena Lawrie, Dr Carmen Parter, Delephene Fraser,
and Jennifer Stephensen on Darkinjung Country

On behalf of Our Ways: Supervision Alliance @Yamurrah

Spoken by Delephene Fraser on Ngunnawal Country

Music: A Beautiful Sky by UNIVERSFIELD Source: Free Music Archive (CC BY-SA)



Lunch

The River Ecology™[®]



DISSOCIATION, NUMB, LOSS OF PLEASURE, OCCUPY THOUGHTS, AVOIDANCE, INDECISIVE, TEARFUL, DEPRESSED, EMPTY, HOPELESS, WORTHLESS, FATIGUE, AGGRESSION AND SUICIDE PLANS

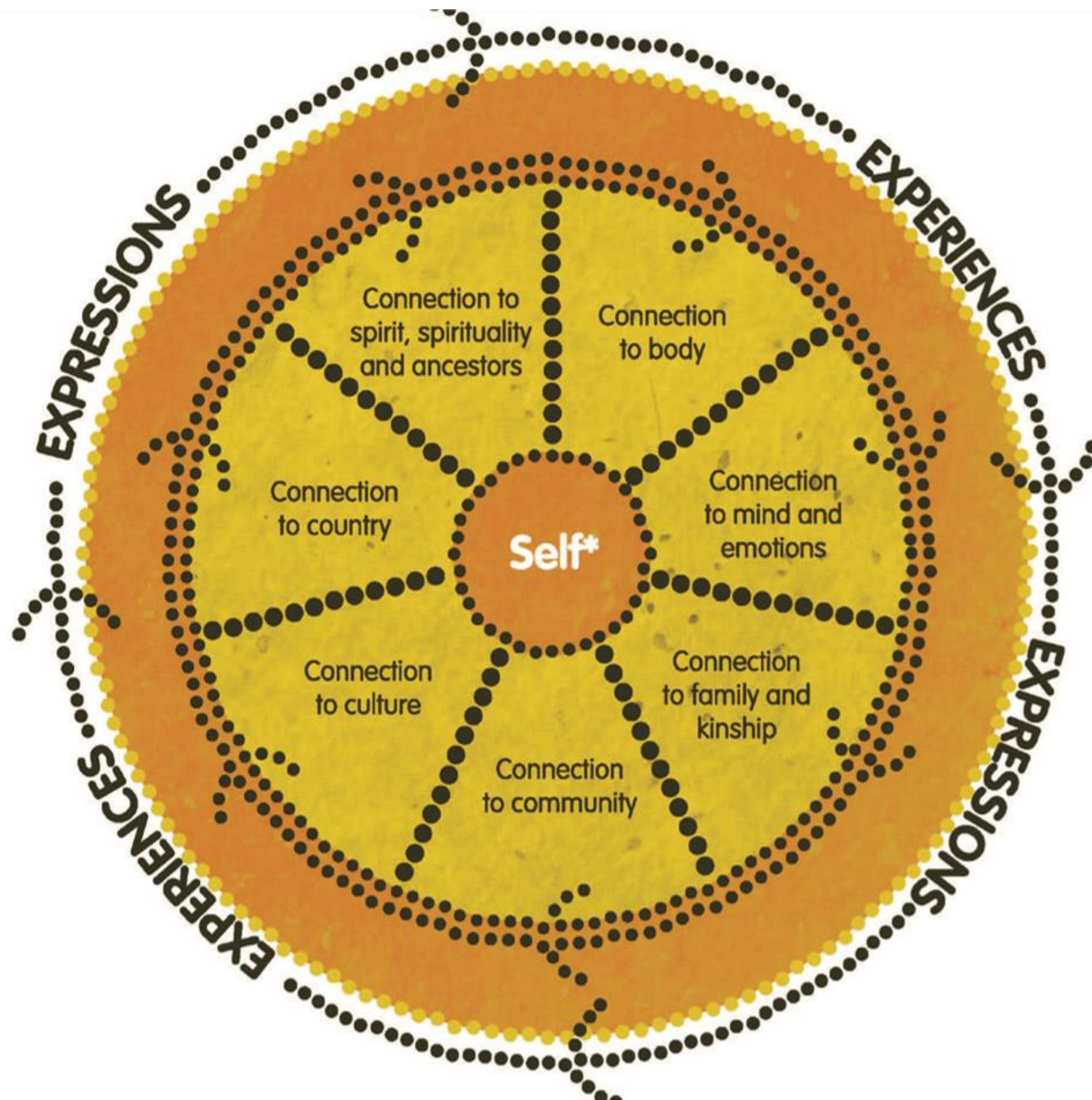
Fatigue
Underwhelm
Changes In Our Thoughts
Slack Ways/No Motivation
Depression,
Feeling Hopeless
Isolation And Avoidance

ALIVE, HOPEFUL, CONNECTED, HEALTH, MIND, BODY, SPIRIT, CALM, HAPPY, CONNECTED TO COUNTRY AND NATURE, EMPOWERED, RESTED, GOOD ENERGY, SELF ESTEEM AND FLOURISHING

Connected And Connecting
Feeling Hopeful
Grounded
Eating & Sleeping Well
Exercise
Making Good Decisions

FEARFUL, PANIC ATTACKS, DISTRESS, OVERWHELM, RACING THOUGHTS AND SPEECH, RESTLESSNESS, INDOMINIA, PHYSICAL SYMPTOMS (DIZZINESS, NUMBING / TINGLING, MEMBERS TREMORING / SHAKING)

Anxiety
Stress
Overwhelm
Cycling Thoughts
Can't Switch Off
Changes In Appetite
Changes In Social Connections



Shows some of the domains of wellbeing that typically characterise Aboriginal and Torres Strait Islander definitions of Social, Emotional Well-being

This conception of self is grounded within a collectivist perspective that views the self as inseparable from, and embedded within, family and community.

Trauma Response Protocols

Large Group Activity



The Value Add From Aboriginal and Torres Strait Workforces



- Excellence
- Integrity
- Professionalism
- Go above and beyond
- Specialist knowledge and intelligence
- Blak joy
- High Standards
- Values Driven
- Honour
- Generational Strengths
- Stories of survival and resistance

Context for Aboriginal workforces

Culturally unsafe working environments

Trauma – vicarious, single, complex, systemic and generational

Invisible and hidden racism and vicarious racism –both structurally and direct experiences

Culturally isolated

Additional loads as well as complex matters

Limited professional supports

Aboriginal representation of boards and senior executive positions

Expectations and “the Expert”

Lateral violence

Cultural responsibilities and community accountability

Acculturative stress

Westernised standard and measures and dominant worldviews



What are the implications of framing this as Cultural Load?

- Places responsibility on Aboriginal People
- Implies cultures as a deficit - rather than strength
- Focuses on "fixing the load or burden for Aboriginal people" rather than structural issues which creates and adds loading to Aboriginal people
- The burnout doesn't come from culture – it comes from systems that are not culturally responsive, safe or one that understands culture nor investigates colonial load
- Becomes an "Aboriginal" load
- Additional loading from the system is creates additional risk and increased likelihood of burnout for Aboriginal people
- Culture is strength
- Aboriginal people aren't responsible for structural or colonial load

Vicarious Trauma

“The transformation that occurs in the inner experience of the therapist (or worker) that comes about as a result of empathic engagement with clients’ trauma material”
Pearlman & Saakvitne 1995



Organisational Risk and Protective Factors

RISK	PROTECTIVE
Lack of role clarity for staff	Good staff support and supervision including the opportunity to reflect on the impact of the work with supervisors
High client demands	Staff training, induction and orientation processes for staff
Insufficient supervision	Support from co-workers/team
Little feedback on performance	Support from family and friends
Few opportunities to participate in decision making	Meaningful processes that are consistently applied for staff to feel a sense of ownership of decisions that impact themselves and/or the young people
High/excessive workloads (hours, complexity, number of demands)	Well-balanced and manageable workload with commitment to work-life balance
Lack of autonomy	Support to develop and grow in the role
Insufficient control over resources needed to accomplish role	Clear processes for decision making and strong channels for communication about the rationale for decisions
Lack of staff recognition	Reward and recognition for work contributions i.e. financial, social, intrinsic)
Disconnected staff, lacking in team environment	Strong team culture
Perceived lack of fairness (inequity of workload or salary, lack of openness and respect regarding decision making)	Inclusive workplace with strong communication processes and staff engagement in the culture of the organisation
Poorly aligned values, priorities and ethics between organisation and staff	High levels of organisational congruence and openness to regularly review systems and processes
Lack of access to external supports for staff where required	Provision of external supports such as Employee Assistance Programs, external supervision for staff
Low levels of interagency collaboration re clients	Strong culture of collaboration and joint working

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Vicarious Resilience

- Is the process of clinicians learning about overcoming adversity from the trauma survivors they work with.
- The resulting positive transformation and empowerment in those clinicians through their empathic engagement with the stories of trauma and resilience of their clients.



Justice Doing

“The problem of burnout is not in our heads or in our hearts, but in the real world where there is a lack of justice. The people I work alongside don't burn me out and they don't hurt me, they transform me, challenge me and inspire me”

“What harms me are the injustices and indignities suffered by clients and my frustrating inability to personally change the unjust structures of society they struggle with and live in” (Reynolds, 2009).

“bridge the worlds of activism with therapy and ⁷⁰ community work, and is informed by a spirit of social justice, practices of solidarity, and an ethic of resistance”

(Reynolds 2002, 2008, 2010a).



Holistic wellbeing in the workplace

Helen's Dance of Life

Professor Helen Milroy

<https://timhwb.org.au/wp-content/uploads/2023/10/TIMHWB-Fact-Sheet-The-Dance-Of-Life.pdf>



Within each dimension, there are many layers to be considered, these are:

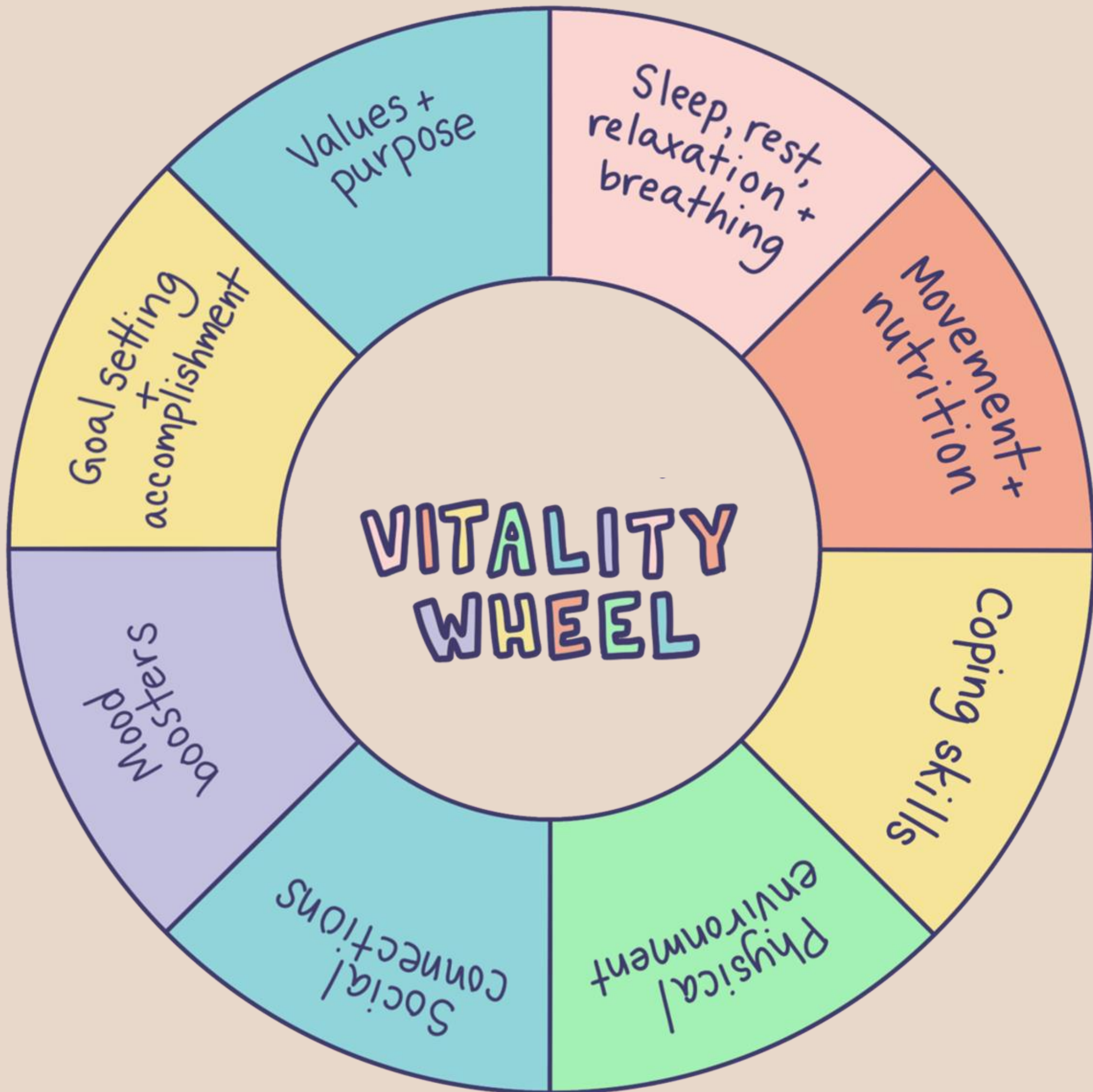


¹ The Dance of Life, Milroy, H. (2006). <https://www.ranzcp.org/practice-education/aboriginal-torres-strait-islander-mental-health/the-dance-of-life>

Individual

- Increase self observation
- Regularly review your work/life balance
- Take breaks at work
- Use your annual leave throughout the year
- Connect in with your body
- Exercise and eat healthy
- Let people know when you need extra support
- Spend time in nature/ outdoors / Country
- Engage in creativity
- Allow yourself to rest
- Set boundaries at work
- Reach out when you need support
- Stay connected with friends/ family
- Engage in social justice or advocacy
- Focus on what you can control and influence





“self care means giving the world the best of you instead of what's left of you”

– Katie Reed



Team

- Normalise providing support and regular check ins
- Use buddy systems
- Obtain peer supervision
- Engage in 'debriefing'
- Develop informal opportunities to connect
- Participate in training opportunities
- Name what you're noticing in others
- Provide feedback and critique
- Acknowledge work completed and small wins
- Create a safe and vibrant physical work space
- Access employee assistance programs
- Create spaces for reflection and growth
- Centre practice and team solidarity around collective ethics
- Engage in social justice or advocacy
- Make space for Blak Joy

Organisational

- Considerations in case load diversity
- Providing Employee assistance programs
- Promote wellbeing activities or benefits (such as fitness passport, Mental Health leave etc)
- Provide opportunities for staff to engage in service improvement or quality projects
- Supporting flexible workplace practices
- Minimise psychosocial hazards in the workplace
- Review organisational policies to incorporate trauma informed framework and practices
- Engage in social justice or advocacy
- Employer organised self care activities
- Set healthy boundaries around workplace culture



Communicating and Seeking Supports

Personally

- Professional supports (therapists, counsellors)
- Elders and community supports
- Self-care and rest
- Doing internal work (reflection, examination eg. use The River Ecology)

Professional Supports

- Seek EAP supports / supervision
- Speak to your manager
- Talk to team members

Yamurrah support link: <https://yamurrah.com.au/contact/>





Blak Joy as an Act of Resistance

- Celebration
- Expression
- Contributions
- Space
- Humour
- Pride
- Cultural connection

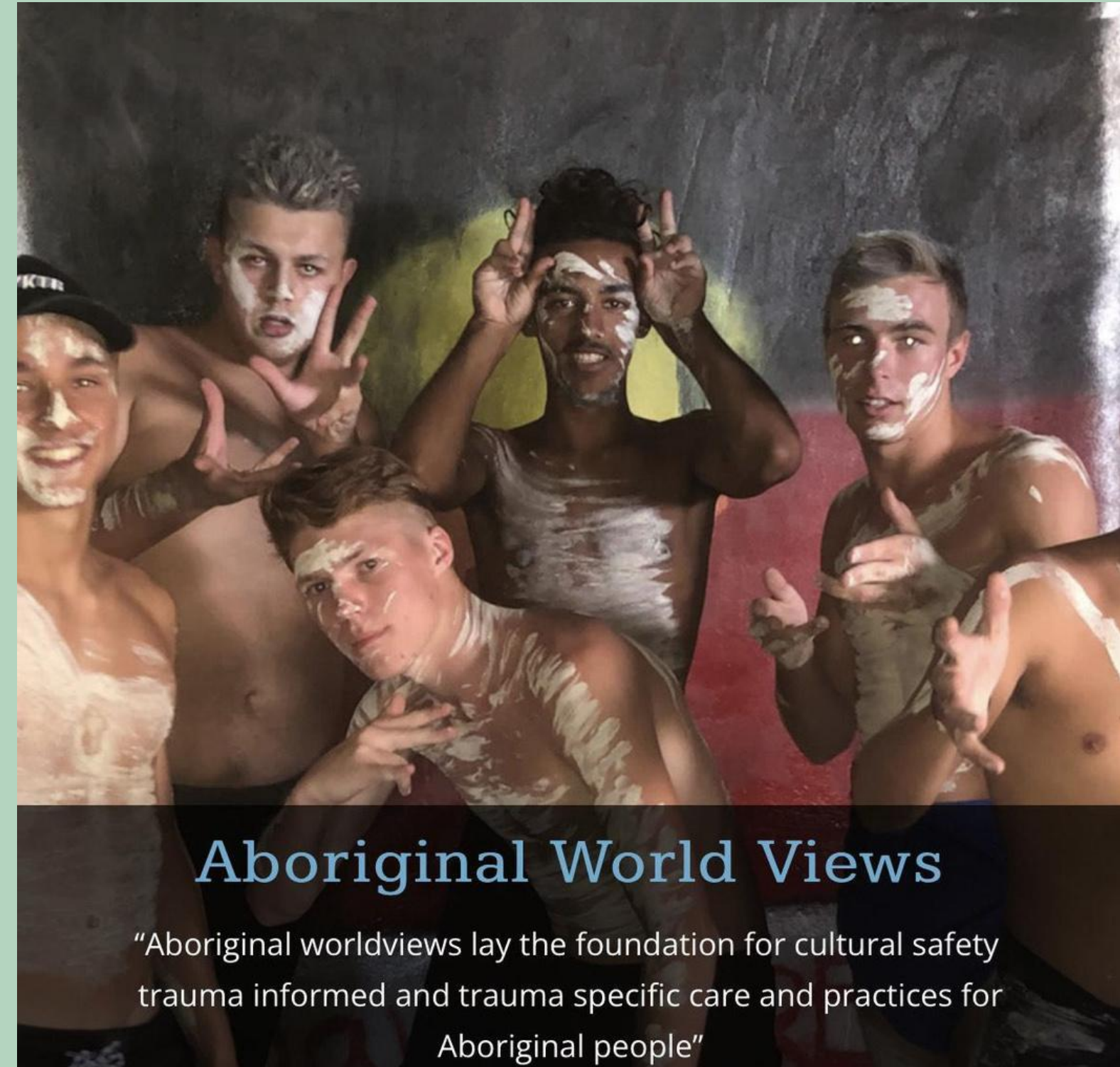
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“My resistance was to talk of strength, to refuse the logic that insisted Blackness and wellness were mutually exclusive and that our apparent illness was not a product of Black lack”.

(Chelsea Watego 2021)

Living Culture

- New York writer Kleaver Cruz started the Black Joy Project in 2015, a digital and real-world movement to centre Black joy — the message that “black joy is an act of resistance” is central to their coalition. “When we acknowledge that we exist in an anti-black world that is set up to ensure we do not live, to choose life and to choose to enjoy any aspect of that life is a radical act,”
- “Amplifying black joy is not about dismissing or creating an ‘alternative’ black narrative that ignores the realities of our collective pain; rather, it is about holding the pain and injustices we experience as black folks around the world in tension with the joy we experience in pain’s midst. It’s about using that joy as an entry into understanding the oppressive forces we navigate through as a means to imagine and create a world free of them.”





What are your experiences of blak joy?

Is it significant?

Where do you experience joy in your community?

Consider stories of Resistance that you know (last ten years)...

- Black Lives Matter/ Black Deaths in Custody
- Invasion Day Protests
- Raise the Age
- Family Matters Campaign
- GMAR

- What is behind these acts of resistance?
- What themes of oppression are still present today?

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Practice Frameworks

Our Voices

A framework of self-determination means not speaking on behalf of people – even as an advocate – but to create the environment and conditions for those who have been silenced to speak for themselves so their stories can change the world. (Behrendt 2019)

<https://www.abc.net.au/news/2022-01-27/nt-aboriginal-activist-rosalie-kunoth-monks-dies/100784500>



Dilly bag of tools



- Taking time to get to know people is critical and can influence the success of your partnership and collaboration.
- Receiving guidance and permission from Aboriginal and Torres Strait Islander people and Elders
- Ability to appreciate story telling or yarning
- Requires genuine approach
- Cultural humility
- Capacity to be creative
- Listening, Narrative, Yarning, Story telling, be still.
- Open to working with uncertainty.

Coolamon

- Creation, Connection Culture
- Holding (stories of identity, trauma, resilience, resistance)
- Gathering (practice ideas, frameworks, knowledge)
- Sharing (yarning, knowledge, culture)
- Support (being supported, accountability)





Afternoon Tea



First Nations Cycles of Healing and Resistance

Social Justice

Human Rights

Truth telling Truth Listening *
Rob Waters 2022

Listening

Co-creation

⁸⁶
Culture

Connection

Participation

A few inspirations.....

“The moment we choose to love we begin to move towards freedom, to act in ways that liberate ourselves and others”

Bell Hooks

“Don’t Get Angry, Get Creative” Rowena Lawrie

**“Don't get depressed, Get Angry” Dr Mareese Terare,
Bundjalung, Goeranpul woman**

”You can’t break my soul” Beyonce

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“Our love will always keep us strong” Archie Roach

“I am not the problem... I AM...” Aunty Rosalie Monuth

“Every living thing is family, and the proof of that is that you are alive” Uncle Bob Randle

SHINE
Bright



A woman with her hair in a ponytail, wearing a brown top and a vibrant, multi-colored patterned skirt, sits on a large rock. She is looking out over a wide, sandy river valley with lush green trees and hills in the background. The scene is captured in a cinematic style with soft lighting.

Dadirri

First Nations Worldviews

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A serene forest scene with sunlight filtering through tall, thin trees. The sun is positioned in the upper right, creating a bright glow and casting long, soft shadows. The forest floor is covered in a thick layer of vibrant green moss, with some fallen branches and small plants scattered throughout. The overall atmosphere is peaceful and natural.

Day 2

Closing

- <https://healingfoundation.org.au/timeline-trauma-healing-australia/>

- <https://healingfoundation.org.au/intergenerational-trauma/>

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- <https://healingfoundation.org.au/intergenerational-trauma/ourfuture>