TALKING ABOUT TRAUMA

GUIDE TO EVERYDAY CONVERSATIONS FOR THE GENERAL PUBLIC

Authors: Dr. Cathy Kezelman AM and Pam Stavropoulos PhD

blue knot foundation
empowering recovery from childhood trauma

Authors:

Dr. Cathy Kezelman AM, President Blue Knot Foundation

Pam Stavropoulos PhD, Head of Research Blue Knot Foundation

Kezelman C., Stavropoulos P. (2017) *Talking about Trauma: Guide to Everyday Conversations for the General Public:* Blue Knot Foundation

BLUE KNOT FOUNDATION

Formerly Adults Surviving Child Abuse (ASCA), Blue Knot Foundation is the leading national organisation supporting the complex needs of the five million Australian adults (1 in 4) who are survivors of childhood trauma (including abuse), their families and communities. Blue Knot Foundation empowers recovery for those affected.

Formed in 1995, Blue Knot Foundation provides a range of services including:

- specialist trauma counselling, information, support and referrals with trained and experienced complex trauma counsellors
- educational workshops for survivors and their family members, partners and loved ones
- professional development training for workers, professionals and organisations from diverse sectors
- group supervision
- consultancy
- resources including fact sheets, videos and website information at www.blueknot.org.au
- advocacy
- research

At the forefront of pioneering trauma-informed policy, practice, training and research, Blue Knot Foundation has been instrumental in supporting the work of the Royal Commission into Institutional Responses to Child Sexual Abuse and the people engaging with it. This includes the training of key workers and practitioners.

In 2012, Blue Knot Foundation released *Practice Guidelines for Treatment of Complex Trauma and Trauma-Informed Care and Service Delivery* www.blueknot.org.au/guidelines. These nationally and internationally acclaimed guidelines were a global first in setting the standards for clinical and organisational practice. In 2015, Blue Knot Foundation released an Economic Report, *The Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia* which leads the conversation around the economic case for providing appropriate trauma-informed services for adult survivors. This publication was followed in 2016 by *Trauma and the Law – Applying Trauma-informed Practice to Legal and Judicial Contexts*.

For more information, visit www.blueknot.org.au. If you need help, information, support or referral, call Blue Knot Helpline on 1300 657 380 or email helpline@blueknot.org.au between 9am-5pm Monday to Sunday AEST/ADST.

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EXECUTIVE SUMMARY

Members of the general public are becoming more aware of the prevalence of trauma and how it can affect people. However, many people feel poorly equipped to have everyday conversations with people they know or suspect have actually *experienced* trauma.

Talking about trauma: guide to everyday conversations for the general public has been researched and written by Blue Knot Foundation to help fill that gap. It provides a simple guide, in plain English, to support these critical conversations. Whether you are starting the conversation yourself (because you suspect a person is experiencing/has experienced trauma) or you are responding to a person telling you about their trauma. The following information, evidence and tips will help you manage the challenges and minimise the risks.

The material provided is based on research presented in Blue Knot Foundation's seminal document: *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Practice* (note that Blue Knot Foundation was previously known as ASCA). It presents the trauma-informed principles of *safety, trustworthiness, collaboration, choice* and *empowerment* and infuses them into all conversations about trauma, with a particular focus on trauma that is interpersonal.

These principles are highly relevant in any context in which a conversation takes place. In different ways and with minor modifications, they apply whether the conversation is held with a person we know (such as a family member or friend) or someone we don't know (such as a 'friend of a friend' or a stranger).

This guide is the first in a series on the topic of *Talking about trauma.* The various publications, and the series as a whole, are intended to build the knowledge and skills of everyone in our community. Whether in a personal or professional capacity, we all need to engage in conversations about trauma.

Dr. Cathy Kezelman AM and Pam Stavropoulos PhD
Blue Knot Foundation

Sydney, Australia, January 2017

PART 1: WHY WE ALL NEED TO BE TRAUMA-INFORMED

> *`It was once believed that [traumatic] events were uncommon.*
> *Traumatic events are extraordinary not because they occur rarely,*
> *but because they overwhelm the ordinary human adaptations to life'.*
> (Herman [1992] 1997:33)

> *`It is clear from many studies that interpersonal violence is more likely*
> *to have long-term consequences than natural disasters or accidents'.*
> (Bloom & Farragher, 2011:67)

We are all becoming more aware of trauma and how common it is. The twenty-four-hour news cycle, social media, and published research bring the reality of trauma to us on a daily basis. This includes war and civil unrest, domestic and family violence, and publicity around child sexual abuse perpetrated by `high profile' celebrities as well as in our mainstream institutions.

We are starting to appreciate that sexual abuse is only one sort of trauma. In fact, `trauma' can be defined as overwhelming stress, *which can be experienced in many forms*. Physical and emotional abuse, as well as neglect, are also common. So, too, is living with the impacts of community and family violence.

Many people live with the ongoing effects of past and present overwhelming stress. We know that people who have not received the support they need to recover are often left struggling with their health and well-being.

In Australia, millions of people of all ages are affected by trauma. They include our First Peoples, whose traumas often span generations. A credible estimate is that 1 in 4 Australian adults are living with the impacts of childhood trauma alone.[1] Yet despite the vast numbers of people affected, most of us *do not know how to 'talk about trauma'.*

[1] Blue Knot Foundation, www.blueknot.org.au To read research about childhood trauma and its effects, see the Adverse Childhood Experiences (`ACE') study in the United States http://www.americasangel.org/research/adverse-childhood-experiences-ace-study/

Trauma is not just `out there'. It is in our midst.

Despite what we've learnt about trauma, we still have a long way to go in building awareness and acting on it. The process of becoming `trauma-informed' will help us turn our growing awareness into acting on it.

While trauma is very common, not everyone experiences it. However, it is so common that even if we don't experience it directly, trauma can still affect us. A society in which large numbers of its population experience the effects of trauma cannot be healthy.[2]

The Australian Royal Commission into Institutional Responses to Child Sexual Abuse[3] found that abuse perpetrated by individuals is only part of the story. The Commission identified time and again that abuse took place within the full spectrum of 'mainstream' institutions. It demonstrated that when there were no safeguards to prevent abuse, or when existing safeguards were not effective, more children were abused.

Other forms of interpersonal (between people) trauma, can also occur within mainstream institutions and society generally. *Trauma is not just `individual'.* It involves key groups and institutions of our society, particularly when it is interpersonal. This includes the institution of the family.

This means that trauma needs to be `everyone's business'. It also means we all need to be informed about the nature and sources of trauma and how to minimise the likelihood that it will occur. We all also need to know how to respond appropriately when it affects those we care about and those with whom we interact.

Because trauma is so common and occurs in so many different forms, we cannot regard it as an issue that affects only a 'minority' of people. Nor can we see it as an 'individual' misfortune experienced by someone who has something `wrong' with them in the first place.

[2] Also note that `[t]he majority of people who seek treatment for trauma-related problems have histories of multiple traumas' (Bessel van der Kolk, `Posttraumatic Stress Disorder and the Nature of Trauma', ch.4 in Marion Solomon & Dan Siegel, ed. *Healing Trauma* (New York: Norton, 2003, p.172).

[3] See Warwick Middleton, Martin Dorahy et al `The Australian Royal Commission into Institutional Responses to Child Sexual Abuse', *Australian and New Zealand Journal of Psychiatry* Vol.48 (1) 2014, pp.17-21, and Middleton et al. `Institutional Abuse and Societal Silence: An Emerging Global Problem', *Australian and New Zealand Journal of Psychiatry,* ibid, pp.22-25.

Rather, we need to position trauma as *a society-wide public health challenge*. Childhood trauma is of particular concern,[4] as its costs are enormous in all respects.[5] We all need to understand this and work together to respond effectively.

What is trauma?

> `*Trauma shocks the brain, stuns the mind, and freezes the body'* (Levine, 2015: xxi).
> `*There is more to trauma than PTSD'* (Shapiro, 2010: 11).

Trauma can be defined as the experience and effects of overwhelming stress. Trauma overwhelms a person's ability to cope when faced with threat, or when they believe there is a serious threat confronting them.

It is important to differentiate the two main types of trauma: `complex' and `single incident' (PTSD)

`*Single-incident'* trauma, or post-traumatic stress disorder (PTSD) relates to `one-off' events of various types. These include experiencing or witnessing single incidents of assault, natural disasters and accidents.

`*Complex'* trauma, by contrast, is *cumulative, underlying,* and often *interpersonally generated* (Courtois & Ford, 2009). It causes more far-reaching impacts on emotional and physical health (Courtois & Ford, ibid; van der Kolk & McFarlane, 1996).

While life-threatening events are clearly traumatic, overwhelming stress can also occur in the absence of direct threats to survival.[6]

Many events can cause trauma. The overwhelming stress which then occurs can disrupt the connections that normally help the various systems of the body to work together. The high level of arousal which is experienced limits connection (known as `integration') across a wide range of functioning.[7] It can also damage physical and psychological health in many ways.

There are many differences between `complex' and `single-incident' trauma.

[4] Research shows that if childhood trauma is not addressed and recovered from, it also has negative psychological AND physical health impacts in ADULT life. See the Adverse Childhood Experiences (`ACE') study in the United States http://www.americasangel.org/research/adverse-childhood-experiences-ace-study/
[5] See, for example, *The Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia* (Blue Knot Foundation, previously Adults Surviving Child Abuse and Pegasus Economics, 2015).
[6] `*Trauma is not limited to surviving life-threatening experiences'* (Louis Cozolino, *The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain,* New York: Norton, 2002, p.259).
[7] Louis Cozolino, *The Neuroscience of Psychotherapy* (New York: Norton, 2002), p.270.

Complex trauma is more extensive in its effects.[8] *It is also more prevalent*.[9]

As a society, we generally don't know how to respond adequately to the issue of trauma. As members of the public, we are not well-informed about how to talk about trauma with people we know or meet. This happens despite, and perhaps also because, interpersonal trauma is so 'close to home'.

This publication seeks to help the wider public to know 'how to talk about trauma' in everyday conversations with friends, family, colleagues, and anyone else they might meet, where it is appropriate to do so. A separate publication will be produced for health professionals and other service providers.

Talking about trauma is not the same as treating it, which requires specialised training, qualifications and experience. Recovery from trauma also requires different sorts of support from a range of services.

Yet *it is not only the support of services and clinicians that helps people recover from trauma*. The importance of social support should not be underestimated.

Becoming `trauma-informed' does not require clinical training or specialist skills. It is simple and requires basic knowledge only. When put into practice, this knowledge makes stressful interactions less likely and helps reduce the effects of prior traumas. Relating to one another in a trauma-informed way 'does no harm' and focusses on the way in which we treat one another as human beings.

All of us rely on social support to some extent. It is particularly crucial in helping people affected by trauma to regain their health, wellbeing and a quality of life they may not have experienced previously. In order to provide sensitive social support to people who are affected by trauma, we need to become trauma-informed, both as individuals and as a society.

Everyone needs to have a basic understanding of how stress can affect us all. We also all need to learn how not to feed into another person's stress levels.

[8] `Despite efforts to capture the essence of people's responses to trauma, the PTSD diagnosis does not begin to describe the complexity of ways in which people react to overwhelming experiences…Focusing solely on PTSD to describe what victims suffer from does not do justice to the complexity of what actually ails them' (van der Kolk & McFarlane, 1996: 15-16; in Paul Frewen & Ruth Lanius, ed. *Healing the Traumatized Self*: *Consciousness, Neuroscience,Treatment,* New York: Norton, 2015, p.239).For a detailed discussion of both the shared and contrasting features of PTSD and `complex' trauma, see ch.1 in Christine Courtois & Julian Ford, *Treating Complex Traumatic Stress Disorders* (New York: The Guilford Press, 2009), pp.13-30.

[9] van der Kolk, `Posttraumatic Stress Disorder and the Nature of Trauma', ibid.

This means paying attention to the way we engage with other people, as well as to 'what' we do. It also means thinking about what may have *happened to* someone, rather than judging what is 'wrong' with them.

Research shows that it is absolutely possible to recover from trauma. This is true even if the trauma was severe and occurred early in life.[10] There have been big advances in our understanding about the brain and its ability to change itself and repair. The brain is neuroplastic, and not 'hard wired' or fixed as previously believed. It can change in structure and function with new input and experiences.[11]

Importantly, changes to both the structure and function of the brain depend on how we interact with one another.[12]

The nature of interpersonal interaction is also especially important for people who experience the impacts of trauma.

Interacting in trauma-informed ways makes our interactions more likely to be positive. Research shows that positive interactions in all of our relationships not only improve our *well-being but also help us to recover from trauma* (Siegel, 2003; Cozolino, 2002).

We all benefit from becoming trauma-informed.

Trauma interrupts the connections between different systems of functioning in the brain. So it follows that we recover from trauma when disruptions between different levels of functioning – physical, emotional and cognitive (thinking) – become connected or 'integrated' again.

Positive experiences of relationships are central to the process of trauma recovery. They are also important to general well-being.

The role of support is crucial to this process, as recovery does not occur in isolation:

[10] Clinical and neuroscientific research now substantiates that `[h]istory is not destiny - if you've come to make sense of your life…Moreover, the experience in later relationships can actually change the future development of the mind' (Daniel J. Siegel, `An Interpersonal Neurobiology of Psychotherapy: The Developing Mind and the Resolution of Trauma', ch. 1 in Solomon & Siegel, ed. *Healing Trauma,* ibid, p. 16. As others also point out, the fact `[t]hat even those whose sense of self has been most brutally shattered can learn to reunite the broken parts of themselves, and thereby heal, is a lesson that gives hope and wisdom to us all' (Marlene Steinberg & Maxine Schnall, *The Stranger in the Mirror,* New York, Harper, 2001, p.128).

[11] Norman Doidge, *The Brain that Changes Itself* (New York: Viking, 2007).

[12] `[T]he structure and function of the mind and brain are shaped by experiences, especially those involving emotional relationships' (Siegel, *Healing Trauma,* ibid); `Interactions with loved ones are our major stress-modulating mechanism' (Bruce Perry, MD, PhD & Maia Szalavitz, *The Boy Who Was Raised as a Dog: What Traumatized Children Can Teach Us About Loss, Love, and Healing* (New York: Basic Books, 2006, pp.89-90).

- Positive experiences in our relationships can help us heal, while negative experiences make our emotional and psychological problems worse.
- We should not underestimate the capacity of positive interactions, even in routine interactions, to be soothing and validating. This applies to all of us, and especially to people with trauma histories.

Basic knowledge will help us all 'talk about trauma'. It will optimise our own well-being, as well as that of others.

In this respect it doesn't matter whether or not we have qualifications or special skills. Whether we are parents, relatives, friends, neighbours, work colleagues or responsible citizens, we can all acquire this basic knowledge.

Trauma is 'everyone's business'. When we are all able to acknowledge trauma and respond appropriately, we will no longer have a society that silences trauma survivors, ignores their trauma, fails to respond and makes the effects of trauma so much worse. By employing trauma-informed principles, we can build a 'trauma-informed' society. This will pave the way for levels of psychological and physical healing on a scale not previously possible.[13]

To do this, we need to build our capacity to 'talk about trauma' across the board, which will improve our health both as individuals and as a society. This will also limit any regret related to 'not knowing' and not doing everything we could to help our fellow citizens receive the support they need to recover.

While 'talking about trauma' can be confronting, it becomes easier when we have a foundation of basic knowledge. We want to build a society where the whole of society is able to interact and relate in a trauma-informed manner. The following pages will show us how to become trauma-informed and be able to 'talk about trauma'.

[13] `Our understanding of the neurobiology of attachment and trauma is increasing all the time. Now, our understanding of the neurobiology of healing has to catch up…' (Diana Fosha in Solomon & Siegel, *Healing Trauma,* 276; `Today we have the clinical tools to repair deeply embedded and disrupted neural networks. We are living in an age in which interpersonal neurobiology is becoming a reality. It's an exciting time…' (Robert J, Neborsky, in Solomon & Siegel, ibid, p.319).

PART 2: BUILDING THE FOUNDATIONS WE NEED

Core principles for starting or responding to conversations

CORE PRINCIPLES FOR STARTING OR RESPONDING TO CONVERSATIONS WITH PEOPLE WHO HAVE EXPERIENCED INTERPERSONAL TRAUMA

`Safety first' – all aspects of the circumstances in which the conversation takes place should be safe.

- Choose the time and place for the conversation if you can
  Try to minimise the possibility of any distraction and of anything taking attention away from the main issue. Find a space which is 'private' and ensure that the conversation will be kept confidential.

- Engage in quality listening
  Listen carefully to what the person is saying, and connect to their words while you keep monitoring how comfortable they are with the conversation.

- Avoid going into too much detail
  Too much detail may cause the person to become overwhelmed.

- Recognise the signs of a person becoming distressed or stressed. Learn how you can help them and do help them if they want or need you to (See Stress response and Tips to reduce distress. *These can vary from hyper-arousal: i.e. the person is visibly agitated, to hypo-arousal: i.e. the person is 'spacing out' or 'shutting down').*

- Validate what the person is saying
  Be a supportive witness to what the person is telling you. This is not necessarily the same as knowing 'exactly what happened'.

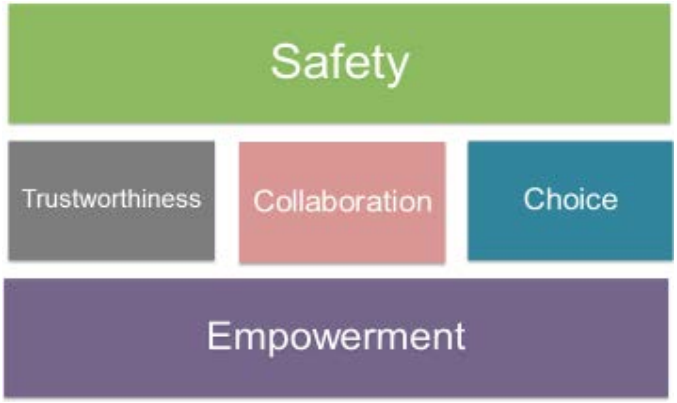
- Provide the person with follow up support
  Help the person take the next step by identifying trustworthy people or recommending professional support if they want or need you to e.g. Blue Knot Helpline 1300 657 380.

Introducing the trauma-informed principles

Safety *Trustworthiness* *Choice* *Collaboration* *Empowerment*

[Fallot & Harris, 2009]

These principles form the basis for every interaction we have. They are important to us all, and if we're lucky, we take them for granted. People who experience interpersonal trauma – whether single incident or complex – do *not* take these principles for granted. Another person/s has violated their basic sense of safety, right to be respected, or right to make choices.



We need to base every conversation we have on these principles. This is especially if the person with whom we are speaking has experienced interpersonal trauma. Doing so is not only supportive, but will make any conversation less upsetting and distressing. In addition, as far as possible we need to be aware of the person's background, life choices, cultural, religious and gender orientations as well.

The safer a person feels, the more likely they are to fully or partially reveal their interpersonal trauma and make us aware of their need for support.

If we incorporate these principles as much as we can, and are sensitive to a person's life path, experience and background, this will make 'difficult conversations' easier. We will be less likely to subject the person to additional trauma (re-traumatise), which can occur if we do not incorporate trauma-informed principles.

Applying the trauma-informed principles is important whether we are starting the conversation or responding to one in which we know or suspect a person may be experiencing interpersonal trauma. *'Talking about trauma' is easier if we use trauma-informed principles at all times*.

*Look for ways to bring **SAFETY, TRUST, CHOICE, COLLABORATION** and **EMPOWERMENT** into all interactions and conversations.*

Planning the conversation

Helping a person to feel safe in 'the conversations we need to have' with people we know or suspect may experience interpersonal trauma.

You may not need a planning stage if a person starts the conversation about trauma themselves. However, people do not often reveal their own trauma in our society because they have been discouraged from disclosing, either as children or adults. Some fear they will be blamed, not believed or will even be punished for speaking out. It is more likely that you will start the conversation yourself.

We need to know how to engage with and support people who are experiencing interpersonal trauma or struggling with its impacts. If we 'don't know what to do' we will continue to ignore the issue or miss signs of distress.

If you are starting such a conversation you need to plan it. Considerations include how you can help the person feel safe and how you will use trauma-informed principles. Regardless of whether you start the conversation or the person discloses without warning, basic knowledge of how to engage in such a conversation is needed.

Interpersonal trauma is very common. If we don't realise when we need to have these conversations or how to have them, we miss the opportunity to have potentially life-changing conversations.

Learning how to have trauma-informed conversations also builds health more broadly. This is because the positive social interactions that help people to recover from trauma also assist general well-being.

> *Trauma-informed principles can and should be applied whenever we communicate or interact with others, not only when we are 'talking about trauma'.*

Being able to engage in trauma-informed conversations is a 'win-win', not only for people directly and indirectly affected by interpersonal trauma, but for society as a whole.

Having the conversations using trauma-informed principles

Knowing the core trauma-informed principles is one thing. Applying them in conversations, and particularly challenging conversations, initially takes effort.

Many of us believe that we always communicate respectfully and that we honour the needs of others as well as our own. How do trauma-informed conversations differ from the 'norms' of conversational etiquette? Aren't many of us doing this already?

Because trauma-informed principles seem so basic they are often taken for granted. The assumptions we make around applying them put them at risk of being compromised frequently. We need to actively safeguard the principles to avoid potentially disastrous consequences for traumatised people.

The reality is that even when we believe we are communicating respectfully, and are concerned about the dignity and well-being of others, the pressures of daily life can lead us to undercut and compromise such principles.

The trauma-informed principles of *safety, trustworthiness, choice, collaboration* and *empowerment* are the hallmarks of respectful communication. They are also critical when relating to people who are traumatised.

Everyday life is fast-paced. Basic courtesies and care can be compromised both intentionally and unintentionally. This is especially damaging for trauma survivors who have already been violated.

When we are more familiar with trauma-informed principles, we can apply them in our everyday interactions and conversations, including with people who experience the impacts of interpersonal trauma.

As basic as trauma-informed principles seem and are, applying them in conversations may at first seem challenging.

Application of trauma-informed principles and tips

The following definitions of the five trauma-informed principles will help you understand their application. We have also provided some questions to help you apply them in conversations.

The recommendations and tips are particularly important for all conversations with traumatised people. They also apply to conversations with people who are distressed.

Sometimes trauma and other forms of distress are not obvious. The signs can be subtle. Some people 'over function'. While appearing to enjoy a certain quality of life, they never allow themselves to slow down and rest.

This is another reason why we need to communicate using the five trauma-informed principles at all times.

GUIDING PRINCIPLE: Safety first, second and third!

PRINCIPLE 1 - SAFETY

We all need to feel safe and secure. If a person who has an experience of interpersonal trauma doesn't feel safe, they are unlikely to have a conversation about their situation.

Both emotional and physical safety are important.

We need to pay attention to the physical space – location, building/room – in which we have a conversation. We also need to consider a person's emotional space, much of which is non-verbal (i.e. not communicated in words). Anything you can do to help a person feel more comfortable is useful.

You need to find a safe context in which to speak. This includes both the *physical* (Is there any risk of being overheard?) and *emotional space* (Does the context for this conversation build feelings of comfort?)

We need to consider various aspects of the possible interaction, many of which we normally take for granted.

If you are not the one who has started the conversation (e.g. a work colleague suddenly reveals their experience of family violence) you

will not be able to create and ensure the safest environment possible. If we can, we all try to 'choose our moment' to reveal a painful experience. Sometimes, however, we may be so distressed we are oblivious to our surroundings. The conversation may be started, for example, in a crowded lunch room or the staff carpark.

It is important to establish a person's basic physical safety (*i.e. distance from immediate physical harm)* and emotional safety (i.e. *let the person know you are willing to be with them and hear what they have to say)*.

If someone does reveal their experience to you, take immediate steps to ensure their basic physical safety (e.g. make sure you are not standing on a busy road) and emotional safety (which might overlap with physical safety, e.g. 'how about we sit and talk quietly in that park for a few minutes?')

Clearly more attention can be paid to safety if you have not been 'taken by surprise'. But *even if you have been approached unexpectedly, it is important to meet minimal conditions of basic physical and emotional safety.*

Being sensitive to what isn't said (non-verbal aspects) in any interaction helps the person feel safe and makes for trauma-informed conversations

The word 'conversation' implies that only spoken language is significant. But in 'talking about trauma' *the non-verbal aspects of communication are critical.*

What you convey through non-verbal communication is as important as your words. If your non-verbal communication is effective, you will help people who experience interpersonal trauma feel safer.

You can show people you are focused on them and on what they are telling you when you listen and tune into them. Not looking away or interrupting helps a person feel it is safe to speak with you.

'Not knowing what to say' can be a positive. Sometimes words don't help when responding to deep distress. It's okay to say 'I don't know what to say'.

When you listen compassionately, tune in, are present and express your support through your non-verbal communication, you will help the person feel safe. Having `trauma-informed' conversations can be easier than we think.

The most reassuring support you can offer is to simply be with the person. Don't try to 'fill the space with words', as doing so often 'falls flat'. Words imply that you know what the person is experiencing when you don't. This can make them feel less safe.

Of course words can also be important. Total silence can invalidate the person and make them feel less safe.

If a person tells you they are still experiencing abuse or a violent relationship, it is important to do what you can to help them find good support (see `What if…?' Questions which arise).

It is important to understand the stress response to apply the trauma-informed principle of safety. This puts you in touch with the person's level of stress, and helps you support them to lower their level of arousal if this becomes necessary.

To be able to help others, you also need to be in touch with, and manage your own stress levels. ('First fasten your own oxygen mask') See the tips below to help you manage your own stress levels and to help you help others.

People who have experienced interpersonal trauma are often more sensitive to events which can trigger stress, and which can seem minor to others. They are also more likely to experience further trauma (i.e. retraumatisation) in interactions which are not trauma-informed.

Tips to help a person who has experienced interpersonal trauma feel safe when you are having a conversation with them:

1 (a) PHYSICAL SAFETY

- Is the physical/geographical space in which you are having the conversation safe?
  Is it away from busy roads if outside or in a room in which you are unlikely to be interrupted if you are inside?

- Have you asked the person if there is anything you can do to make the conversation space more comfortable?
  Many factors, some which we might not know about, can lead to stress reactions. For example, some people might be triggered by a particular visual cue.

- Will the person be physically safe after, as well as during, the conversation?
  This applies not only to the situation to which they are returning but to their general levels of arousal. You may need to help them with a basic Grounding Exercise, see page 56.

1 (b) EMOTIONAL SAFETY

* ‘Choose your time’: if you are initiating the conversation, have you selected a time at which the person is likely to be receptive?

- Does your non-verbal communication show that you are supportive, focused and listening in a way which is tuned into the person?

  Maintaining eye contact, which is *consistent but not fixed,* is important. *Take care not to look distracted.*

- Are you alert to possible signs of stress in the person’s body?

  This can include dilated pupils or changes in skin colour. The person may be twisting a tissue or take long pauses.

- Do you encourage the person to take their time and take short breaks if they need to?

  If the conversation is long you could return to it after a short break.

- Will the person be emotionally safe after, as well as during the conversation? Are you able to help them to lower their level of arousal if necessary?

PRINCIPLE 2 - TRUSTWORTHINESS

Sharing personal information can feel risky. This is especially when the information has to do with trauma that occurs in relationships.

`[T]he social context in which people disclose affects the process itself…a process that is highly dependent on the reactions of others’
(Freyd & Birrell, 2013:126)

Being betrayed, or what we call `betrayal trauma,’[14] can make it much harder for a person to speak about their trauma to anyone else. It is important to make the contexts in which disclosure take place seem as reliable to the person as possible.

[14] Jennifer Freyd & Pamela Birrell, *Blind to Betrayal: Why We Fool Ourselves We Aren’t Being Fooled* (NJ: John Wiley & Sons, 2013).

Because interpersonal trauma violates trust, we cannot expect people who have experienced it to trust other people easily. Even in therapy and counselling, trust can sometimes take years to develop.

You can foster trustworthiness by applying the other trauma-informed values of safety, choice, collaboration and empowerment.

When you are starting a conversation with someone you know or suspect is experiencing interpersonal trauma, take a gentle low-key approach which does not seem to have 'an agenda'. This does not mean, however, that you should 'pussyfoot around', or that you can't directly communicate your concern.

When a person who has experienced trauma feels physically and emotionally safe, and realises that nothing will be done 'to' them or imposed 'on' them, they are more likely to begin to trust people again.

If a person feels helpless and can't remove themselves from a debilitating, abusive, or otherwise distressing relationship, they may welcome you starting the conversation. On the other hand, the person may also reject your overtures (see `What if…?' Questions which arise).

We recommend a 'softly, softly' approach which incorporates all of the trauma-informed principles. This is important when you are speaking with a person whose capacity – and not just their desire – to trust may have been massively disrupted by interpersonal trauma.

If the person has 'reached out' themselves, they might be particularly receptive, making for an easier interaction. Even so, we still advise a 'softly softly' approach.

Tips to build trust in conversations with a person who has experienced interpersonal trauma:

YOU CAN BUILD TRUST IF YOU:

- Are always attentive to physical and emotional safety
- Always tune in to the person's level of comfort and ask them whether/how you might improve it
- Pay ongoing attention to your and their non-verbal communication
  Is the person showing signs of stress? Are you encouraging them and being supportive?
- Take a gentle approach that does not convey 'an agenda'
- Listen in the right way; do not interrupt the person unless there is an issue with their level of arousal; i.e. if the window of tolerance is exceeded
- Ask the person how they are feeling after (as well as during) the conversation. Be ready to help them with 'grounding' if/as necessary (see page 56).

PRINCIPLE 3 - CHOICE

How many of us actively exercise choice in our lives? Even in the absence of trauma, the many pressures of everyday life can leave many of us feeling as if we are simply 'doing what we have to do'. So just imagine how trauma accentuates this!

Actively inviting people to give their preferences around when and where you should meet, and how they would like to make contact, can make a big difference if making choices has not been an option previously.

When we think about it, however, most of us make small choices (such as whether to catch up with friends this month or next). Because they are small, they may not seem like 'a big deal'. But small choices do assist us to feel better.

The more you `build in' small choices around these conversations the more supportive and effective the conversation is likely to be.

Trauma removes a person's ability to exercise choice. Thus it is critical to provide choices, however small, to people who experience interpersonal trauma.

As people who experience interpersonal trauma are often not used to having choices, we need to be careful not to overwhelm the person with the *number* of choices. When we 'build in choice', however small, to interactions with people who experience interpersonal trauma, we help empower them.

Tips to increase options and choices in a conversation with a person who has experienced interpersonal trauma (questions for consideration)

ENABLING CHOICE

When you are starting a conversation with a person you know or suspect may be experiencing interpersonal trauma, give them choice/s around the conversation.

- Has the person chosen the logistical details of the proposed conversation, including the date, time and venue? If not, have you discussed your decisions with them?
- How can you give the person greater choice about the way the conversation is held and develops?
- In what other way/s can you give the person other choices, even if they are small?
- How can responding to, rather than starting, the conversation affect the extent to which you can foster choices for the person?

PRINCIPLE 4 - COLLABORATION

Everyone wants a say in things that affect them. This is a basic human desire which is reflected in the fourth trauma-informed principle of *collaboration*. This principle underlines the difference between 'doing something *with*' someone rather than doing something 'to' or 'for' them.

It is important to collaborate with people who experience interpersonal trauma, and to offer them as much opportunity for input as possible. This key point can sometimes be overlooked as it might not seem logical.

Because interpersonal trauma is debilitating and disabling, we might assume those affected might want us to make decisions, do things for them, and take things 'out of their hands'. But while this may at times be welcome and even necessary, we need to ensure that we provide support, rather than 'taking over' altogether.

People do not lose all their abilities because they experience interpersonal trauma. The sheer fact of their survival may attest to their strengths and capabilities.

As mental health worker and client Tamara Stillwell states, 'more often than not the [person] will rise to fill that adult role'.[15]

Just because a person has experienced deep distress as a child or adult, we should not assume that they cannot collaborate or should be treated like a child.

The exception is if the person is at risk to their own safety or the safety of someone else. At such a time, it may be important to intervene and engage more active forms of assistance (see `What if…?' Questions which arise). In all other circumstances, we recommend a collaborative approach to all conversations and interactions with people who experience interpersonal trauma. It is likely to be both welcomed and accepted.

[15] `Foreword by Tamara Stillwell', *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, 2012, p.viii.

COLLABORATION MEANS:

- 'Doing something *with*' a person rather than doing something '*for*' or '*to*' a person
- Not assuming that the person can't act on their behalf or engage in decisions and actions which affect them
- Recognising when additional assistance may be necessary
- Recognising we engage more effectively with people when we cooperate with them
- Acting in a spirit of cooperation whenever and as much as we can

PRINCIPLE 5 - EMPOWERMENT

Interpersonal trauma often occurs in situations of a *power imbalance* in relationships. Interpersonal trauma is also enabled by power imbalance. People who experience interpersonal trauma often have little or no power over a long period of time. *Acquiring or restoring a sense of personal power is key to the process of healing.*

It is important not to assume that a person who has been disempowered is incompetent or unable to take steps towards being empowered.

Tamara Stillwell's testimony is relevant:

> `*People with complex trauma will often respond better… when they are empowered in ways that are unique to them, and [we] should not underestimate [their] ability to be very useful and active in their own treatment'* (Stillwell, ibid).

We recommend an optimistic approach with people who experience interpersonal trauma that will foster their ability and capacity to act.

Even in situations in which there is an urgent and immediate need for support (such as for direct intervention in fleeing a violent partner), it is more effective to empower the person's abilities rather than to assume their passivity.

Tips to maximise empowerment in conversations with people who experience interpersonal trauma

TOWARDS EMPOWERMENT:

- Understand that interpersonal trauma often stems from and fosters *dis*empowerment, and that taking steps to feeling more empowered is essential to healing.
- Recognise that *the way in which* a conversation is arranged and conducted can contribute to a sense of empowerment.
- Recognise that trauma which occurs in relationships erodes self-esteem and a person's sense of their own abilities. It is important to identify ways to make your interactions respectful, democratic and inclusive.
- As far as possible, seek the person's preferences around the logistics of your conversation and try to meet them in a collaborative way.

`What if...?' Questions which arise

The following questions are common when thinking about how to engage in a conversation with someone you know or suspect may experience interpersonal trauma. While *knowing* and *suspecting* are two different things, the information below will be helpful in both circumstances. Your relationship to the person is also important. (e.g. whether contact is prior or ongoing, whether you are starting or responding to the conversation, and whether you know the person at all).

The specifics of different contexts and of applying trauma-informed principles in particular situations are explored in the next section.

The questions below address initial 'off-the-cuff' concerns you may have about holding these 'difficult' conversations. As the responses indicate, applying trauma-informed principles can make potentially hard conversations easier than we might expect.

(1) Is it really a good idea to express my concerns to a person I know or suspect may experience interpersonal trauma? If I don't know them well, might it be awkward or intrusive?

It ***is*** a good idea to discuss your concerns with a person you believe may experience interpersonal trauma. If you are concerned about a child and there is a threat of harm and abuse, you may also need to report it. (See Contact and Referral List at the end of this document)

Having a foundation of trauma-informed principles can make the conversation relatively straightforward and affirming for you both. In fact, the way in which you engage in any significant conversation can be reassuring and foster confidence. This applies for you as well as for the person to whom you speak.

It is normal to feel apprehensive about raising and/or responding to such a challenging topic. Sensitivity to *the way in which* you approach and conduct the conversation (i.e. rather than fixating only on its content) increases the likelihood that it will proceed and go well. When you are coming from a trauma-informed perspective, the person is likely to respond positively.

Trauma-informed principles simply need to be put into practice. They do not require special expertise and are an extension of how you already communicate.

(2) If I can't help someone myself, should I just leave it?

No. If you suspect a person is experiencing trauma and are concerned they may not have enough support; you should share your concerns. This can be either directly with them or with someone who can speak to them. If we do nothing, we become bystanders and pass up an important opportunity to make a real difference.

It is normal to not want to become personally involved in another person's issue. It is also normal to feel inadequate to the task. Yet *talking about trauma does not require you to 'do' a lot, much less to 'solve' the situation*. Not wanting to 'become involved' means losing important opportunities to help.

It is often sufficient simply to express a concern about a person's well-being (which could be of great assistance in itself). Depending on the person's response, additional action may or may not be necessary and should only be undertaken if and as required.

If you are still reluctant to speak directly with a person you know or suspect is experiencing interpersonal trauma, and you believe they are isolated and don't have enough support, please share your concerns with someone who can speak with them. Letting a trustworthy other know of your concerns is both trauma-informed and the right thing to do.

(3) What if a person tells me they are experiencing family violence?

Your basic conversation will not change with the type of interpersonal trauma or whether you are approaching someone or they are approaching you. If the person knows that you are listening to what they say, you are providing a major form of support.

Good listening, without distraction or interruption, can really validate a person's experience. Our culture undervalues listening because it is often wrongly viewed as the opposite of 'action'. Perhaps we should reverse the familiar advice of 'don't just stand there – do something!' to 'don't just do something – stand there!' (i.e. and *listen*).

Often we don't want advice, and especially not action that has not been properly considered (and which often makes things worse). Often we simply want to *be heard*. This also applies whether trauma is present or not. It is important to focus on the person, on what they are telling you, and to listen

carefully. It is also important not to jump to any conclusion or action other than to provide a supportive and validating presence.

Sometimes action may be required (i.e. when supportive listening and validation are not enough in the circumstances). Depending on the nature of the conversation or disclosure, urgent action may also be necessary. But it is important to inquire about existing supports, and about the type and level of support the person can access on a regular basis.

Sometimes you may sense that support is lacking or non-existent. The person may also not know of any relevant services, or may ask you to direct them to help. There are specialist support services for particular varieties of interpersonal trauma (e.g. sexual assault, family violence, adult survivors of childhood trauma). See the end of this document for a list of support services which may be able to help and feel free to provide the contact details as needed.

(4) What if I can't cope with what the person is telling me?

A trauma-informed approach is protective *for all parties*. This includes both the person who experiences the impacts of trauma and those with whom they speak.

Applying the principles of *safety, trustworthiness, choice, collaboration* and *empowerment* radically reduces the possibility that any party will be overwhelmed. When we are alert to the signs of overwhelm in ourselves, as well as in others, we can steer the interaction in ways to avoid it in the first place (i.e. 'safety first').

As noted in Core principles for starting or responding to conversations, all you may need to do is focus on the person without being distracted, gently ask whether they are okay, and listen in a supportive way. Not being able to cope with what you hear will hopefully not be an issue at all.

It is possible, however, that the person will reveal details which may be disturbing, as the topic of interpersonal trauma is unsettling by itself. This is why it was hard to talk about in the first place. If we want people who have experienced trauma to receive the right help, we need ways to engage in potentially difficult conversations.

To ensure the necessary conversations are as safe as possible for all parties, we need to implement the following additional recommendations:

- ***Avoid and discourage any focus on distressing detail*** i.e. re the specifics of interpersonal violence and abuse.

  When we express our concern for another person's well-being (regardless of whether they or we started the conversation) it does not mean 'let's talk about everything terrible that's happened to you'. The person usually doesn't want to or is unable to do so anyway. If they do begin to relate distressing details of their experience, you need to gently steer them away from doing so. This trauma-informed response serves their interests as well as yours.

  You are not providing a counselling session. Discussing distressing detail does not help anyone's well-being. If the person seems determined to reveal distressing and potentially overwhelming details of their experience (i.e. distressing either to you or to them) we suggest the following replies:

  `*I'm so sorry this has happened/is happening to you. It seems as though you need a place where you can discuss your experience. The safest place to do that would be with an experienced counsellor or therapist. Can I help you find who you could talk to?'*

  If the person you are speaking with conveys the gist of their experience (i.e. the general nature of it without 'drilling down') you won't need to say anything like this. You don't want to seem as if you are 'fobbing them off', particularly as they have probably been silenced before and being silenced is painful.

  If the person starts to provide details that are distressing for either of you, gently stop them before they continue and present them with other options. For example, you could suggest that they call the Blue Knot Helpline on 1300 657 380 to speak with a trauma therapist who can also provide contact details of trauma-informed therapists and services for ongoing support.

It is also important to be aware of the impacts of stress, as some stress may arise during the conversation. Tuning in to signs of stress, and knowing how to assist someone to lower their arousal level (i.e. so they don't become overwhelmed) is essential to being trauma-informed.

See Effects of stress on the brain, Stress response, Tips to reduce distress, Hand model of the brain and The window of tolerance, which will help you.

Keeping the level of stress manageable helps everyone. *If you become aware that you or the person with whom you are speaking is becoming distressed, gently intervene to allow the person to return to a tolerable level of arousal.* The state in which people can tolerate stress without becoming anxious is called The window of tolerance. See this section for a further explanation and some tips.

It doesn't help anyone to stay distressed. The distress of one person can also have a negative impact on those around them. You will need to understand the stress response so you can monitor that everyone's stress levels remain at a tolerable level (e.g. see Hand model of the brain).

A person's high arousal levels are not always obvious. People who are hy*per*aroused are visibly agitated. They may speak faster, have a red face, dilated pupils, and a raised voice. The signs of hy*po*arousal are less obvious. They may include a glazed expression, 'spacing out', and being 'shutdown'.

When you are focused on what is being said (i.e. the content of a conversation) it is easy to miss the more subtle signs of distress, which often relate to the way the interaction occurs.

Being able to `tune in' to your own feeling states and body responses – and those of the person with whom you are speaking – and also to 'step in' to help everyone feel safe if it becomes necessary, is a vital trauma-informed safeguard for both of you. Also see Stress response and Tips to reduce distress.

(5) What if the person rejects my concern/s outright?

The person may dismiss your concerns even if you are expressing them in a fully trauma-informed manner. *This does not necessarily mean that your concern is misplaced* (although it might be). The person may be feeling set upon and overwhelmed and may struggle to respond to even a gentle inquiry. They may even be hostile to you.

Being trauma-informed means being aware of the impacts of stress on the body and brain. It also means that you understand that people with experiences of interpersonal trauma have had their trust violated and may treat even your well-meant conversation with suspicion.

A defensive reaction may ‘make sense’ in light of the person’s prior experience. That doesn’t mean you won’t feel uncomfortable. It can leave you feeling unsettled, and is different from a person calmly letting you know that there is no cause for concern.

If the person rejects your concerns – even, and especially, if they do so abruptly and are agitated – it is advisable to apologise to them. If you still believe there is a basis for your concern despite what they’ve said, you may decide to try a second time.

Obviously, ‘asking a second time’ if you were rebuffed the first, makes *the way in which you ask* critical. If your concern was flatly rejected, and especially if you are told to ‘butt out’, it is important not to ignore the person’s prior objections by simply repeating yourself. This would not only be rude, but likely to inflame an already tense situation.

The following would be a trauma-informed response in this circumstance:

`*I’m really sorry if I’ve upset you. I know you didn’t ask for this conversation. If everything really is fine, that’s great and I can leave and not bother you again.*

But I know that sometimes if things aren’t good it can be hard to open up about them. And that sometimes our first response doesn’t actually reflect how things really are for us.

So I hope you don’t mind if I just ask you again, because I’d hate to leave you like this if you’re dealing with some heavy duty stuff in your life.’

Offering to follow up at a time that is convenient for the person (which would also allow them time to reflect and avoid being ‘taken by surprise’) could also be advisable if you feel able to do this.

If you have expressed your concern in a trauma-informed manner, and the person has become annoyed or ‘shut down’, it is possible that their dismissal of your concern is indeed trauma-related and that there are grounds for your continuing concern.

For this reason, *respectfully 'asking a second time' is trauma-informed*. But if your concern is dismissed a second time, you should not persevere. If you are still concerned about their well-being, however, it would be good to advise a third party who is trusted by the person.

(6) What if I suspect someone may be experiencing interpersonal trauma, I approach them with my concerns, and it turns out I'm mistaken?

If, on speaking with the person, you feel reassured that your concern has been misplaced, that's a good outcome! And if you have engaged in a trauma-informed conversation you probably haven't offended them.

Bear in mind, though, that the longstanding 'risks of telling' can make people appear okay when they're not. This is even if they insist that they are. So 'check in with yourself', to see if you really do feel you were mistaken. If something doesn't 'ring true', you may want to consider the situation further as in above pt. (5) What if the person rejects my concern outright?

(7) What if the person I am speaking to becomes angry or upset?

Interpersonal trauma causes people to feel and be distressed. The very idea of it upsets many people. So it is not surprising that a conversation about the possibility of trauma can trigger strong emotions. It is time to end an era in which we 'don't know how to talk about' trauma, so people can feel less isolated and are able to access support.

Being trauma-informed helps us to know what to do if the person to whom we are speaking becomes angry or upset. In such situations, we need to know how to help a person lower their level of arousal (i.e. to return to The window of tolerance).

People can be upset for a whole range of reasons. See Tips to reduce distress for some tips and suggestions around lowering arousal when anyone (including yourself) becomes stressed.

Anger can be more challenging. Yet even though many of us are uncomfortable in the presence of anger, we can learn appropriate ways to deal with it. Unless we do so, we will avoid having the conversations we need to have.

The following tips for understanding and responding to anger will help:

If a person you know or suspect is experiencing interpersonal trauma becomes angry:

- It should not surprise you in light of what their experiences may have been.
- It does not mean you made a mistake to raise your concerns when you did. If your conversation was trauma-informed, their anger is unlikely to be about you.
- It does not mean you should immediately terminate the conversation.

Responding to anger in a conversation with a person who may experience interpersonal trauma:

- Acknowledge their anger and express your concern for their distress. Do not tell them to 'calm down'. This has the opposite effect for many people!
- Tell them you are sorry they are upset. This is not the same as accepting responsibility for `causing' their upset.
- Tell them it was not your intention to annoy them. This does not mean that you are taking responsibility for their anger.
- Don't take their anger personally. If you are interacting in a trauma-informed manner, it is probably not about you.
- Apologise if you believe you should e.g. `I'm sorry if I came across as intrusive'.
- Assist the person to return to The window of tolerance if possible.
- Suggest that you take a short break (e.g. 'How about we pause for a bit?')
- Provide them with some reassurance that it is 'okay to be angry'. Let them know that you're 'still there', and 'not going anywhere' unless they tell you they would prefer to end the conversation.
- If this is their immediate response, 'ask a second time' because their first response may be a reactive one. Do not, however, ask a third time if they decline the second. You might phrase the second time question as '*Are you sure? Because I know when I'm angry my first response is just to pull up stumps'*.

If it's not possible for the conversation to proceed:

- Ensure the person is safe. Avoid leaving them in an angry state if you can. Also try to ascertain what they plan to do next, as it may not be advisable for them to be alone. Ask them if there is anyone they would like you to call.
- Ask them if there's anything you can do to help them feel better (this does not include complying with unreasonable requests).

- Repeat that you are upset they are distressed. Let them know you hope you will be able to speak with them at another time (only say this if you are comfortable to do this).

Look after your own well-being at all times. Ideally you will be able to 'weather' an expression of anger because you are trauma-informed.

It is important to acknowledge and validate a person's right to be angry. If you feel able to do so, tell them you are 'still there' despite it. *This will likely be a different response than they are used to from prior painful experiences.* In previous relationships, they may have had people cut-off from them or leave them feeling abandoned.

You will be able to do this if you can move from feeling intimidated and use the 'thinking' part of your brain (see below Hand model of the brain).

Some people may become momentarily angry in any conversations which feed into prior negative interactions. *Normalising these reactions* – and validating that people with experiences of trauma have every right to feel angry – *can be very valuable.* It can also help soothe discomfort for you both. *Remember that it is always important to look after safety including your own*.

(8) What if the person insists there's nothing wrong but I don't buy it?

If you still feel concerned despite being reassured that there is `nothing wrong', trust your intuition. If you don't feel the person is okay despite them saying otherwise, you may well be right.

It is difficult for people who experience interpersonal trauma to access help, and trust that it is safe to do so. The trauma-informed response is to 'ask a second time' (as per pt. (5) What if the person rejects my concern outright? above) and to indicate your availability and willingness (if you are) 'if [they] ever want to talk'. Also see previous points.

(9) What if I fear the person is returning to an unsafe situation?

You need to distinguish between your general concern for the person's safety and any immediate risk. In situations of immediate risk, you need to act urgently to address any safety concerns as needed (see pt. (10) What if I feel the person is at immediate risk of harm? below).

The foundational principle of 'safety first' also means you need to do what you can to ensure the person is safe immediately after the conversation (as well as during it).

This applies even if the person did not show any distress. Any reference to interpersonal trauma, however well received, can unsettle a person. Do not assume that the person is fine to return to 'business as usual' even if it seems there was no real concern or if they appear to be fine. In this case, the simple query 'are you okay?' may be all that is necessary.

If, however, the person is returning to an untenable living space (either one they have told you about or one you suspect) you do need to follow up with trustworthy support people and/or any services which may be necessary. See the Contact and Referral List at the end of this document.

(10) What if I feel the person is at immediate risk of harm?

Many people who experience interpersonal trauma function highly in some ways. Many have also developed coping strategies (even if some of these are problematic) to protect them from what challenges them. While a person may need to escape or move on from a situation which seems unbearable to an outsider, they may not be in imminent danger.

You need to find the right time to have a conversation to try to see if they are at any risk. You may have heard the term 'crisis team', which refers to a service that can be called if people are in serious distress and/or at high immediate risk of harm (see the Contact and Referral List). It is reassuring to know this service exists. Mostly, it may not be necessary for you to contact the crisis team, although sometimes it might be. Contacting 'the crisis team' prematurely may be unwise, potentially traumatising, and 'overkill' in the situation.

If you are aware of how to assist a distressed person to lower their arousal level (see Stress response and Tips to reduce distress) this may be all that is necessary.

What may seem to be a crisis can often be appropriately managed when responses are trauma-informed.

In circumstances of distress, also try to ensure the person has other supports, and that they know who to contact if they need help. The conversation with you might help the person begin to identify the supports that they need.

If, on the other hand, you believe the person to be at immediate risk, you need to do whatever you can to help them stay alive. When you can negotiate with the person directly, the trauma-informed principle of collaboration suggests you should work with them to identify what steps you should take.

If you can't negotiate with the person, are unable to assist them to lower their arousal, believe them to be at immediate risk and don't know who to call, contact a crisis team, hospital, or dial 000 even if the person does not wish you to do so. Collaboration is not always possible and you should always act upon a serious risk of immediate harm.

(11) What if the person tells me about their interpersonal trauma but wants me to promise that I won't tell anyone?

A person who acknowledges their experiences of interpersonal trauma may try to swear you to secrecy. They may have all sorts of reasons for doing so. This is regardless of whether you know them or whether you are a 'concerned stranger'.

If you are the first person they have told, they may panic that their 'secret is out'. They may feel high anxiety after disclosing their trauma, even if they are also glad and relieved that someone knows. Research confirms that a person's responses to their own disclosure can be mixed.[16]

Generally, it is unwise to agree 'not to tell anyone else'. But you need to take care in communicating this to the person (who may regard it as a betrayal). You should also take care when and to whom you convey the information, even when it is appropriate to do so. In some cases, there may be dire

[16] See Freyd & Birrell, *Blind to Betrayal,* ibid, pp.122-129.

repercussions of disclosure, and fears of the 'secret being out' may be realistic. If this is the case, you will need to take extreme caution around sharing the information you have obtained.

Trauma in relationships flourishes under conditions of secrecy. It is not healthy for your own well-being to 'hold their secret' yourself (regardless of any ongoing relationship with the person or not). When others learn what is happening, and appropriate supports are in place, the person may feel less trapped. We advise a gentle conversation around the need for trustworthy supports, which enlists the person's preferences around who and what these should be.

In some cases, the person will be able to collaborate on ideas about form/s of support. But this will not always be the case. In some cases, they may be willing and able to call support services themselves if this is necessary. In others cases, they may not be, or may not be informed about such services (see the Contact and Referral List).

If the person knows you are aware they are distressed, part of them will welcome your support around their distress even though another part of them may not.

A trauma-informed perspective allows you to understand such ambivalence, because it makes perfect sense under the circumstances. It also helps you to *gently but clearly let the person know that someone other than you should be informed*. You may advise the person to call Blue Knot Helpline (1300 657 380). You can also call this number yourself if you need help in safely handling the aftermath of the conversation.

Essential knowledge to becoming trauma-informed

(1) UNDERSTAND THE IMPACTS OF STRESS ON THE BRAIN

Under stress, we can lose our ability to be calm, reflect and respond flexibly. (see Effects of stress on the brain)

(2) SIGNS OF TRAUMA CAN TAKE DIFFERENT FORMS

Trauma responses include both:

Hy*per*arousal (obvious agitation; e.g. shaking, sweating, raised voice)

AND

Hy*po*arousal (e.g. glazed eyes; 'zoning out'; 'shut down'; can be harder to detect)

(3) SIMPLE WAYS TO LOWER AROUSAL CAN RESTORE SAFETY

We can learn to do this for ourselves and others.

This allows the person to return to a place where they can tolerate their feelings (See The window of tolerance). It also avoids being overwhelmed from both hyper- and hypo-arousal.

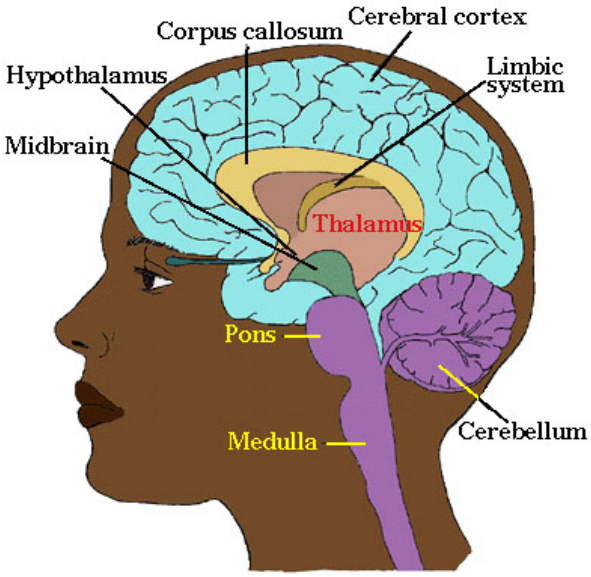
(4) CHALLENGING RESPONSES AND BEHAVIOURS CAN BE DEFENCES AGAINST STRESS

Traumatised people develop coping strategies to protect them from being overwhelmed. When we understand this, we can consider what may have 'happened to' a person rather than what is 'wrong' with a person.

(5) THE 'WAY IN WHICH' WE INTERACT WITH A TRAUMATISED PERSON (NOT JUST 'WHAT' WE SAY AND DO) IS IMPORTANT

It can also either increase or decrease a person's stress levels. (This shows the importance of knowing how to interact in a trauma-informed way, not make things worse, and 'do no harm'.)

EFFECTS OF STRESS ON THE BRAIN



Brain Stem: Basic survival response, states of arousal; automatic

Limbic: Emotion (fear), evaluation, unconscious

Cerebral Cortex: thinking, concepts, reflection, conscious

Under conditions of stress, our 'lower' brain stem responses become dominant *('bottom up')* and we are less able to be calm, reflect and respond flexibly.

Trauma activates the 'lower' brain stem region (the area below the cortex).

Conditions of stress affect our 'higher' brain functioning (*cortical; our ability to think)*. This happens especially during times of overwhelming stress such as trauma.

***'When we are calm it is easy to live in our cortex**, using the highest capacities of our brains [to reflect] **But if something...intrudes on our thoughts**…we become more vigilant and concrete, shifting the balance of our brain activity to subcortical areas… '*(Perry, 2006:49)

'As we move up the arousal continuum towards fear... we necessarily rely on lower and faster brain regions. In complete panic...our responses are reflexive and under virtually no conscious control.' (ibid)

STRESS RESPONSE

HYP*ER*AROUSAL

- Increased heart rate
- Increased rate of breathing
- Blood flows from the arms and legs to organs and major muscle groups
- Tension in the person's muscles
- Hypervigilance i.e. being on guard (for threat)
- Problems with the digestive system
- Disturbance of sleep and energy levels

HY*PO*AROUSAL

- Having feeling of being 'shut down' or 'cut off'
- Avoidant – avoiding places, events, feelings
- Withdrawn
- Loss of humour, motivation, pleasure and connection with others
- Disturbance of sleep and energy levels

TIPS TO REDUCE DISTRESS

HYP*ER*AROUSAL

- Recognise being hyper-aroused is a distress/fear response
- Validate their response *('I can see you are…')*
- Support the person to feel safe
- Turn the person's focus to their current task/need
- Support gentle ways for the person to release some energy
- Help the person to feel grounded, and feel settled in their body (e.g. feet firmly on the ground; some stretches)

HY*PO*AROUSAL

- Recognise being hypo-aroused is a distress/fear response
- Support the person to feel safe
- Provide an opportunity for the person to express their current needs without pressuring them to do so
- Pay attention to the physical space *(more or less* proximity to others?)
- Help the person to become aware of their current surroundings and to tune into their senses
- Encourage the person to move a little, change their posture/position or practice a familiar ritual or rhythm

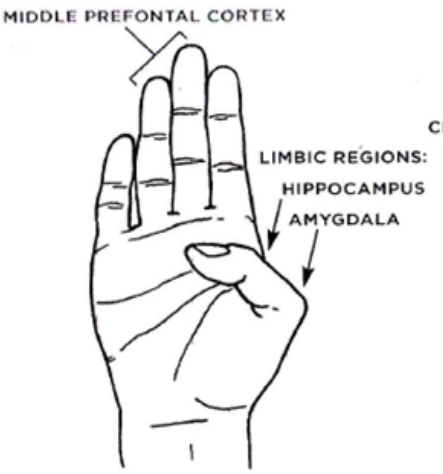
HAND MODEL OF THE BRAIN

(Daniel J. Siegel, 2009) You can watch a demonstration of the hand model on YouTube. https://www.youtube.com/watch?v=gm9CIJ74Oxw

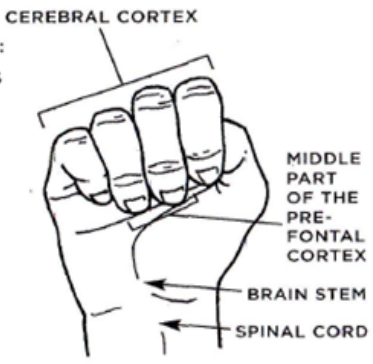
The `hand model' of the brain is a simple and effective way of introducing the three basic areas of the brain (i.e. brain stem, limbic system and prefrontal cortex) and what happens in and to the brain when a person is under stress. In the `hand model', the different parts of a person's hand represent each of these three regions. Everyone's brain develops with the bottom region forming first and the top region, last.

Hold your hand upright with palm facing outward. The wrist represents the brain stem (the part which controls a person's level of arousal and which developed first). The palm with thumb folded over it represents the limbic system (the `emotional' part of the brain which developed next). The fingers (folded down to cover the thumb and palm) represent the cortex or cognitive ('thinking/reflective') part of the brain which evolved last.

The simple shift of moving your fingers upright and away from your palm (so that your thumb and palm are exposed) represents how severe stress can cause us to 'flip our lid'. Stress activates our arousal ('survival') responses – represented by the upright wrist – and 'knocks out' our capacity to think and reflect:



Place your thumb in the middle of your palm as in this figure.



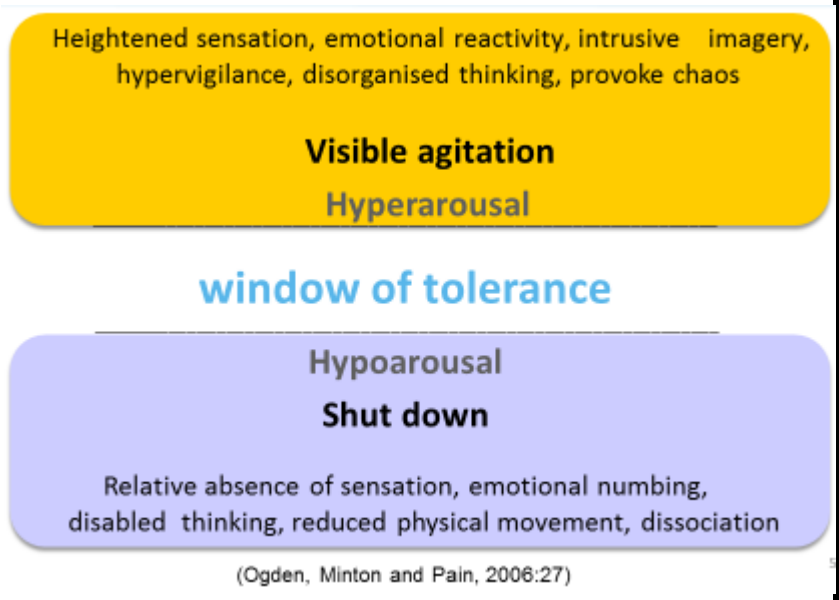
Now fold your fingers over your thumb as the cortex is folded over the limbic areas of the brain.

THE WINDOW OF TOLERANCE

(Siegel, 1999; Ogden et al, 2006)

The `window of tolerance' is the state in which we can tolerate our feelings without becoming stressed, distressed, and overwhelmed.

We need to be in this state (also called the `optimal arousal zone') to maintain our well-being. If we stray outside of this zone and become hyper- or hypo-aroused, we have exceeded our level of tolerance and need to return to the `window of tolerance' state.



(Ogden, Minton and Pain, 2006:27)

We can monitor our own stress levels if we consider 'what part of the brain' we are in at any particular time**.**

If we are distressed and/or fearful, we will be in the 'lower' (subcortical, represented by the wrist) part of the brain. We need to return to the 'higher' functioning part (cortical, represented by the folded fingers) to be calm and be able to respond flexibly. *****See Tips to reduce distress

People who experience the impacts of interpersonal trauma can be easily `triggered' by stress and can find themselves outside of the 'window of tolerance'.

By interacting in a trauma-informed way we can assist them – and ourselves - to stay within `the window of tolerance'.

We also need to know how to assist people to **RETURN** to the 'window of tolerance' if they stray outside it (i.e. if they become either hy*per*- or hy*po*-aroused).

*****See Tips to reduce distress and Hand model of the brain)

DIFFERENT CONTEXTS OF SAFETY

People who experience the impacts of interpersonal trauma can feel unsafe:

- In their bodies *(unable to control/ predict their thoughts and* emotions) …….. INTRAPERSONAL safety
- In their interactions with others…. IN*TER*PERSONAL safety
- In their surroundings *(the present can trigger the past) …* …….. ENVIRONMENTAL safety
- In systems and institutions……... SYSTEMIC safety

SUPPORTING PERSONAL SAFETY

Positive interactions help people who are traumatised AND increase a person's general well-being.

- *What do you do to feel safe within yourself?*
- *Is there anything I can do to help you feel safer right now?*

SUPPORTING ENVIRONMENTAL SAFETY

- Where would you like to sit/stand/walk?
  Is there anywhere here that you think might feel safer?
- Is there anything about this place/room that concerns you?
  Is there somewhere else you'd like to be right now?

SUPPORTING *INTER*PERSONAL SAFETY

Safe interactions have 'boundaries' which are:

- Negotiated by agreement with both parties where possible *(if you are initiating a conversation with someone you know or suspect experiences interpersonal trauma, seek and honour their preference for the time and location of the conversation if possible)*
- Reliable and predictable (but not rigid) where possible

QUESTIONS WHICH CAN INCREASE SENSE OF SAFETY:

- Do you feel I'm understanding what you're saying?
  Can I check that I've understood you?
- Is there something particular you need from me right now?
  How can I best support you right now?
- Is there anyone you would like me to contact or would like to be here right now?

PART 3: HAVING THE CONVERSATION/S

Applying the principles in different situations

You are now aware of:

- trauma-informed principles
- the effects of stress on the brain and body
- basic ways to reduce stress
- the importance of the way in which interactions take place
- tips for addressing common questions around interactions with people who may experience trauma

This means you are ready for conversations with people you know or suspect may experience the impacts of interpersonal trauma.

The context of any conversation is also important. So, too, is the nature of your relationship, or lack thereof, to the person with whom you are speaking. These variables affect the nature of the conversation, and how to make it most effective and productive.

The following information addresses particular contexts and audiences. It provides recommendations for each of the member groups within the general public. In considering 'all of us' it gives tips for conversations with a family member, friend and/or colleague respectively. The second section addresses the situation of talking to people we know indirectly or not at all but encounter and are concerned about.

IMPORTANT NOTE

The following recommendations apply to conversations in which you know or suspect* a person may experience** interpersonal trauma.

**While 'knowing' and 'suspecting' are different, the challenge of 'knowing' (i.e. because of the dynamics of trauma in relationships e.g. secrecy, power imbalances, what counts as evidence, and the dynamics of memory) means that these questions are relevant in all situations.*

***'May experience' applies to both prior and ongoing interpersonal trauma, both of which can cause concern. The following questions relate to both contexts.*

(1) TALKING WITH PEOPLE WE KNOW

In general, it can seem easier to talk with a person we know – especially if we are close to them – rather than with a stranger or someone we don't know well. If the topic is difficult or challenging – as with interpersonal trauma – knowing the person well may seem to be of major benefit.

Yet knowing the person to whom we are talking about trauma, especially if we know them well, can also be double-edged. While familiarity can bring some advantages and be the basis for safety, it can also complicate things. This is especially if the topic of conversation is challenging and precisely because the topic is so loaded. This also applies to intimate relationships, and in some ways especially so.

The following comments illustrate that it is not necessarily easier to speak about the experience of interpersonal trauma with people we know and care about:

'I love Mum so much I would never want to upset her by telling her I was raped.'

'If my partner had known what happened to me before I met them, s/he would have probably rejected me and ended the relationship.'

'As far as I know Dad didn't abuse my sister. I don't want to jeopardise our relationship by disclosing something that would change the way she sees him.'

'Sometimes I would like to tell my closest friend what happened, but she might be upset I didn't tell her at the time.'

'Disclosing to people I know just feels too hard. Even if they believed me, they'd probably feel obliged to help and that would bring a whole lot of new challenges. Besides, they've got their own lives and worries. Why would they really want to know about mine?'

'I feel like I'm in a 'catch 22' situation. The people I would most like to tell actually treat me as if I'm a normal person. That's really important to me. I can't risk telling them as their view of me would change.'

`I've always been the rock of the family. What would it do to my siblings if they knew how much I struggle to cope?'

As counsellors know, it can be easier to share our distress with people we don't know. Staying anonymous can protect us (as telephone and online counsellors know).

Nevertheless, 'knowing the person' can also be a key advantage when we broach or respond to the possibility of interpersonal trauma. Here are some suggestions and recommendations around particular types of relationships.

Please read the following section along with Tips for Conversations (Summary) which follows.

- *When the person is a family member*

There are many types of families and family relationships. They range from our 'immediate' family of origin and first degree relatives, to 'created' families, which include partners, in-laws, step-relationships and people who are not 'technically' family but who we include in this category.

We can't address every category of family relationship, nor do we need to. The following questions can help you prepare for a conversation with a member of your family who you know or suspect experiences the effects of interpersonal trauma.

Families are complicated. Any experience of interpersonal trauma for a member of the family – particularly if the trauma relates to any sort of abuse within the family – may have major implications and produce ripple effects for other members of the family and for the family system as a whole.

This does not mean that you should be silent if you suspect or become aware of a family member's interpersonal trauma. This would continue the secrecy which enabled the trauma in the first place. It means that if you are initiating a conversation to express your concern and support (i.e. as distinct from being approached by the person or by another family member), it is a good idea to have considered the implications beforehand. This includes the need for possible follow up.

CONSIDER THESE QUESTIONS FOR CONVERSATIONS WITH A FAMILY MEMBER YOU KNOW OR SUSPECT MAY EXPERIENCE INTERPERSONAL TRAUMA

- What is my 'role' relationship to the person? (i.e. mother, partner, sibling etc.) Are there any power dynamics that I need to consider?

- How do our personalities and roles affect our relationship? How close do I feel to this person and how might it affect our conversation*? This includes the sense of safety and level of comfort.*

- How frequently am I in contact with this person? How does that affect having this conversation, including if I need to follow up? *A situation in which you are in regular contact with a family member to whom you generally relate well is different to one in which you have a significant conversation 'out of the blue' with a family member with whom you don't have a good personal connection. In this case the 'role' aspect may dominate.*

- Might I need 'support to offer support'? Can I enlist this support from inside the family? If not, who might I consult?
  Note that safety, both physical and emotional, is paramount.

When engaging in conversations with family members:

- Recognise that 'role' as well as personality factors may have an effect.
  Examples include a mother speaking to a daughter or a younger family member to an older family member.

- Consider any possible support both inside and outside the family.
  Who can you rely on to help if and when support is needed? If your views are different to those of the family member in question, how might you address/manage this? Are there any family members who could provide appropriate sources of support, if needed? If not, who could?

- Consider the implications, for them and you, of a family member revealing their trauma if it was experienced within the family. This includes physical and emotional safety considerations. Also

consider the possible ripple effects this disclosure may have for/on other family members.
Who knows and who doesn't? What supports may be necessary for others, including for you?

- What kind of follow up do you think will be needed? To what extent, given the nature of your relationship with the family member (including role, personality, and the general frequency and circumstances of contact) can I plan in advance?

Having the conversation: tips for talking with a family member you know or suspect may experience interpersonal trauma

- 'Choose your moment' if you are starting the conversation.

- If possible, avoid a time when either of you is stressed. Ensure basic conditions of physical and emotional safety.

- Respect the family member's preference in setting the location, time etc. and be sensitive to their level of comfort.

- Approach the person with empathy and concern (avoid any suggestion that you are judging them). A key trauma-informed principle is focusing on *what happened to* the person, and not what's 'wrong' with the person.

- Consider any implications for family roles within these relationships, as well as personality style (e.g. a mother speaking to a daughter; siblings to one another). If these roles carry any particular load, try to minimise any possible fallout.

- Try to adopt a manner and tone that is informal rather than 'heavy'; express concern sensitively but directly. For example, *'I want to ask if you're okay, because sometimes I sense that you're very stressed'.*

- Be aware of your nonverbal communications (including facial expressions, body posture etc.) and be sensitive to theirs.

- Listen carefully, reassure the person, and allow them plenty of opportunity to speak. Don't 'talk over' them, and don't underestimate the validation your presence and concern can bring.

- Take it slowly and steer the conversation away from any distressing detail that could overwhelm the person (as distinct from discussing the broad issue/s). Suggest taking breaks if either of you need to.

- Avoid 'being a counsellor' while listening in a supportive way. Explore what they and you both need, including the need for follow up support.

- *When the person is a friend*

Many people believe that if you are friends, particularly close friends, you would see the signs of interpersonal trauma and/or their friend would confide in them. This is not necessarily true. In fact, friends and people in intimate relationships may not pick up signs of even deep distress.

People can seem to be 'high functioning' even when they are struggling with various forms of trauma. *The social and internal pressure we feel to look as if we are coping can stop us telling other people about our trauma if we are not asked directly,* and sometimes not even then.

The combination of the longstanding silence regarding 'private' issues and not knowing how to engage in potentially 'difficult' conversations, can be a recipe for disaster.

Potentially difficult conversations become easier when we approach them in a trauma-informed manner. Even if our concern is mistaken, our friend probably won't criticise us if we take a trauma-informed approach. While we can easily 'miss' the signs of interpersonal trauma, we can also ignore them if we don't know whether we should say something and don't know what to say.

The following suggestions, some of which overlap with those for speaking with family members, can help our conversations with friends about whom we are concerned. They also contain tips for conversations started by friends who want to let us know about the effects of interpersonal trauma.

TIPS FOR TALKING WITH A FRIEND WHO MAY EXPERIENCE INTERPERSONAL TRAUMA

- Depending on the nature and level of your friendship, you can have this conversation quite naturally if you approach it as an extension of the '*are you ok?*' (i.e. general mental health) question.
- If your concern is brushed aside or dismissed, and you are still concerned, 'ask a second time'. At this point you may need to be more direct, while staying empathic and diplomatic*. 'Are you sure? I'm not wanting to fish for details. But I'm concerned that sometimes you may not be okay and I know it's easy to brush these sorts of questions aside. But you're my friend and I feel a bit worried about you.'*
- Avoid making it seem like an 'intervention' if you can. It could throw the person off balance and make them retreat rather than feel comfortable to confide in you. If, on the other hand, you feel concerned about rejection of your less formal approach, an intervention may be needed. Depending on the circumstances, you may need to involve others.
- 'Choose your moment' where possible
- Respect your friend's preferences re time, location and setting
- Both physical & emotional safety are central
- Engage in 'quality listening' and be sensitive to non-verbal communication
- Take a non-judgmental attitude; validate the person
- Avoid shaming around any 'problematic' behaviours which the person has adopted to protect themselves

- *When the person is a colleague*

Raising concerns with a colleague who may be experiencing interpersonal trauma can be tricky. This is because you may not know the person well, and you also share a workplace which may be contributing to, if not directly causing, their trauma. This may make the context in which you speak feel unsafe.

'Workplace stress' – as distinct from work-related stress, which may stem from particular projects and be short term – is unfortunately common. So, too, is workplace bullying. Workplace bullying is a particularly insidious form of work stress to acknowledge.

Workplace bullying is often trivialised when it is misunderstood and considered as a form of normal work stress (or even as 'part of the job'). Sometimes workplace cultures are conducive to bullying, i.e. the problem is more pervasive than that of 'individual instances'. In this case the 'individualist' approach, which is not uncommon, becomes inadequate.

A toxic workplace culture in which bullying is rife, or in which particular instances are not appropriately addressed by management, makes it more difficult for you to let a colleague know you are concerned about their well-being. This applies even if the workplace isn't causing their stress. Indeed, you may be concerned about your own well-being.

The sheer existence of workplace bullying demonstrates the importance of trauma-informed practice in organisations and services. We cannot achieve a trauma-informed society when a significant proportion of our workplaces are emotionally, and in some cases physically, unsafe for employees.

When you express your concern to a colleague who may be experiencing interpersonal trauma, you need to be very sensitive to the nature of your workplace culture. It might not be advisable to express any concerns while you are at work. For this reason, you may choose to speak to the person outside the workplace. Doing so is not an easy option, however, if you don't know the person particularly well.

On the other hand, the workplace may not be contributing to your colleague's trauma. Not only does it provide an income but it may provide a distraction from the person's experience outside of work (e.g. if the person is experiencing family violence). Nevertheless, it may not be sufficiently safe to express your concerns at work for other reasons (such as confidentiality issues re the possibility of colleagues overhearing).

The following are considerations and tips for 'talking with a colleague' about the possibility of interpersonal trauma:

TIPS FOR TALKING WITH A COLLEAGUE WHO MAY EXPERIENCE INTERPERSONAL TRAUMA

- Ensure the safety of the context in which you speak
  The workplace itself may be a source of overwhelming stress

- Depending on how well you know your colleague, consider speaking in a venue other than the workplace
  If it's 'the workplace or not at all', take particular care to ensure confidentiality; that you cannot easily be overheard, etc.

- Begin from an extension of the 'Are you okay?' question
  Note that the less well you know the person, the greater the likelihood they will brush your question aside and that you may need to 'ask a second time'. This scenario is more likely to apply with colleagues than with friends.

- If the interpersonal trauma relates to a context which is outside the workplace (such as family violence), let the person know that support is available. Let them know the contact details of support services or how to find them if/as appropriate

- If their trauma relates to workplace incidents or culture (try to consider this possibility beforehand) reflect on the most appropriate way to engage with your colleague
  An expression of solidarity may be welcome but also problematic; consider prior `brainstorming' with someone you know and trust.

(2) TALKING WITH PEOPLE WE DON'T KNOW

- *'Friends of friends'*

The category of 'friends of friends' is unique, in that we may have direct contact – which may be minimal – with people in this group through people we might know fairly well. This creates an interesting dynamic of 'knowing the person without knowing them'. Because we are 'connected' by separate relationships with a mutual friend, there is scope and opportunity to engage in an initial atmosphere of goodwill.

The 'friend of a friend' category can provide a good basis from which to express concern for a person's wellbeing in a warm but non-intrusive way.

For example, your mutual friend – who may have introduced you – may have shared their own concerns about the person with you, as well as their unease about whether and how to act on them. In a situation like this, engaging with the person who might have experienced interpersonal trauma could be a low-key way of following up without involving your ambivalent friend.

If the person about whom you are concerned is 'in your circle' (meaning that your paths cross) it will likely be easier to find an opportunity for a conversation with them. If, on the other hand, you rarely see the person, it might be problematic to contact them 'out of the blue' on the basis of your mutual third party friendship. In this situation, and applying trauma-informed principles, helping your friend gain the confidence to approach the person themselves might be a better option.

Many people struggle with the impacts of interpersonal trauma but don't directly tell the people they know. While large numbers of people may suspect that people they know are distressed, they do not have the foundational 'trauma-informed' knowledge and confidence to communicate their concerns. *This situation urgently needs to change.*

The 'friend of a friend' category can provide an important avenue in turning this situation around. Whether you approach a person on the basis of a mutual friendship, or speak directly to your friend and encourage them to express their concern (which would usually be preferable), we can all contribute to our society becoming trauma-informed.

TIPS FOR TALKING WITH `A FRIEND OF A FRIEND'

- 'Not knowing someone well' can serve to rationalise not having much-needed conversations.
- The `friend of a friend' category can help us start conversations on the basis of our mutual friendship with someone else.
- If we approach the person in a trauma-informed way, we are unlikely to offend them, especially if we are a 'friend of a friend'
- Engaging with your mutual friend around concerns about the well-being of a third person – especially if your friend alerted your concerns – may be a preferable alternative

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- *Engaging with strangers who may be experiencing interpersonal trauma*

Why would we engage with someone who may be experiencing the impacts of interpersonal trauma if we don't know them? It may be someone we encounter in a gym, on public transport, or even on the street. Would this be advisable, might it backfire, and would it even be safe?

The trauma-informed principle of 'safety first' means that we should never approach a stranger in the presence of a threat or fear of a threat. The cliché 'fools rush in' is valid. *If we are going to approach a person we don't know – for any reason – we need to know that it is safe to do so.*

We may want to express our concern to and for a stranger because they are a fellow human being. This shows that we are a concerned person who cares about another citizen's wellbeing. Many people are disenfranchised in our society (e.g. refugees and asylum-seekers) and are not treated or regarded as 'citizens' at all. We need to foster empathy and concern to combat any stigmatisation and dehumanisation.

News reports and studies show people ignoring and literally 'walking past' others who need help even when it is safe to help them. Checking that a person 'is okay' – when it is safe to do so - doesn't need to substantially impact our time, energy and convenience.

If we come across a stranger who is obviously struggling, it would be appropriate to express our concern for their wellbeing. For example, if we're on a train and see a woman quietly crying by herself, or if we regularly share a lift with a 'spaced out' looking fellow employee. When we show our concern we are letting the person know that they are not invisible.as they may often feel to be.

When you engage briefly in a safe way with a stranger you suspect is distressed, you are not taking them into your life. Your conversation with them doesn't need to be long. A simple 'are you okay?' may be enough. If the person lets you know that they are not okay, ask them about their network of support and direct them to where they might find help (see the Contact and Referral List).

At the very least, you will have affirmed their existence and validated that they deserve support. *As we move towards a trauma-informed society, we should not pass up safe opportunities to engage in small acts of concern*. These may be significant for many and life-saving for some.

TIPS FOR ENGAGING WITH A DISTRESSED STRANGER WHEN IT IS SAFE TO DO SO

- Ask a simple direct question 'Are you okay?'
- If the person indicates they are okay in a dismissive way, gently 'ask a second time'. *Their first response may be automatic and may not reflect their true state.*
- If the first or second response indicates they are not okay, ask them to think about who or what could support them
- If they don't know how to access support, offer them the contact details of appropriate support services or let them know where to find their details (see the Contact and Referral List at the end of this document)
- Reassure the person that many people engage with support services at different points in their lives

Tips for Conversations (Summary)

GUIDING PRINCIPLES:

Safety *Trustworthiness* *Choice* *Collaboration* *Empowerment*

- **'Safety first'** This is the most important point to remember and follow, and also the foundational principle of being trauma-informed

- **'Safety' applies to: physical, geographical space** (e.g. the building and room; the 'place' in which you are speaking)

  AND

  emotional space i.e. atmosphere and comfort levels, your own and those of the person to whom you are speaking.

- Consider the nature of your relationship to the person you are concerned about and its possible implications for your conversation.

  How might the nature of your relationship affect:

  a) *their perceived and actual physical and emotional safety?*

  b) *your sense of safety in speaking with them?*

  c) *your and their comfort levels?*

- Ask yourself 'How, in light of my relationship, or lack of relationship, with this person can I apply the core trauma-informed principles? What steps can I take to help the conversation go well?'

  NB: An effective conversation depends on both the physical and emotional safety of the way in which it is conducted and the context in which it takes place.

- 'Choose your moment' if you are initiating the contact

- Honour the person's preferences regarding the time, location for the conversation etc. if you can

- Your approach and style should be empathic at all times
- Tune into their verbal and non-verbal communication
- Consider what may *have happened to* the person rather than what is 'wrong' with them
- Recognise that a person's 'problematic' behaviours and responses may be their attempts to protect themselves and to cope with stress
- Listen to and validate the person (don't 'talk over' them or contradict them)
- Recognise the signs of stress (which may take the form of visible agitation, such as accelerated pace, raised voice OR silence, glazed expression and 'shut down'). Gently help them return to The window of tolerance if their stress levels become high
- If the person initially says they are 'okay' but you are still concerned, you can gently ask a second time as the first response may be automatic. Do not persist if the person is reluctant/insistent.
- Don't give advice unless you are asked for it (e.g. avoid saying *'Have you tried…?*')
- Inquire about who the person might contact for support. Provide them with the contact numbers for any relevant services or where to find them if necessary (See the Contact and Referral List)
- Ensure the person does not leave the conversation in a distressed state

Remember that *the way in which* you interact with the person (and not just *what* you say/do) is important for their safety. Being able to recognize the signs of stress and being able to help them with lowering their arousal if you need to (see Stress response and Tips to reduce distress) builds confidence and is mutually protective.

CORE PRINCIPLES FOR CONVERSATIONS WITH PEOPLE WHO HAVE EXPERIENCED INTERPERSONAL TRAUMA (SUMMARY)

CORE PRINCIPLES FOR STARTING OR RESPONDING TO CONVERSATIONS WITH PEOPLE WHO HAVE EXPERIENCED INTERPERSONAL TRAUMA

`Safety first' – all aspects of the circumstances in which the conversation takes place should be safe.

- Choose the time and place for the conversation if you can
  Try to minimise the possibility of any distraction or of anything taking attention away from the main issue. Find a space which is 'private' and assure that the conversation will be kept confidential.

- Engage in quality listening
  Listen carefully to what the person is saying, and connect to their words while you keep monitoring how comfortable they are with the conversation.

- Avoid going into too much detail
  Too much detail may cause the person to become overwhelmed.

- Recognise the signs of a person becoming distressed or stressed. Learn how you can help them and do help them if they want or need you to. (See Stress response and Tips to reduce distress) *These can vary from hy**per**-arousal (i.e. the person is visibly agitated) to hy**po**-arousal (i.e. the person is 'spacing out' or 'shutting down').*

- Validate what the person is saying
  Be a supportive witness to what the person is telling you. This is not necessarily the same as knowing 'exactly what happened'.

- Provide the person with follow up support
  Help the person take the next step by identifying trustworthy people or recommending professional support if they want or need you to e.g. Blue Knot Helpline 1300 657 380.

TIPS FOR APPLYING TRAUMA-INFORMED PRINCIPLES (SUMMARY)

SAFETY ***Tips to help a person who has experienced interpersonal trauma feel safe when you are having a conversation with them:***

1 (b) EMOTIONAL SAFETY

***** 'Choose your time': if you are initiating the conversation, have you selected a time at which the person is likely to be receptive?

- Does your non-verbal communication show that you are supportive, focused and listening in a way which is tuned into the person?
  Maintaining eye contact, *consistent but not fixed,* is important. *Take care not to look distracted.*
- Are you alert to possible signs of stress in the person's body?
  This can include dilated pupils or changes in skin colour. The person may be twisting a tissue or take long pauses.
- Do you encourage the person to take their time and take short breaks if they need to?
  If the conversation is long you could return to it after a short break.
- Will the person be emotionally safe after, as well as during the conversation? Are you able to help them to lower their level of arousal if necessary?

1 (a) PHYSICAL SAFETY

- Is the physical/geographical space in which you are having the conversation safe?
  Is it away from busy roads if outside or in a room in which you are unlikely to be interrupted if you are inside?
- Have you asked the person if there is anything you can do to make the conversation space more comfortable?
  Many factors, some which we are unable to predict, can lead to stress reactions. For example, some people might be triggered by a particular visual cue.
- Will the person be physically safe after – as well as during – the conversation?
  This applies not only to the situation to which they are returning but to their general levels of arousal. You may need to help them with a basic Grounding Exercise.

TRUSTWORTHINESS ***Tips to build trust in a conversation with a person who has experienced interpersonal trauma:***

YOU CAN BUILD TRUST IF YOU:

- Are always attentive to physical and emotional safety
- Always tune in to the person's level of comfort and ask them whether/how you might improve it
- Pay ongoing attention to your and their non-verbal communication
  Is the person showing signs of stress? Are you being sufficiently supportive?
- Take a gentle approach which does not convey `an agenda'
- Listen in the right way; do not interrupt the person unless there is an issue with their level of arousal; i.e. if The window of tolerance is exceeded
- Ask the person how they are feeling after (as well as during) the conversation. Be ready to help them with 'grounding' if/as necessary (see Grounding Exercises).

CHOICE ***Tips to increase options and choices in a conversation with a person who has experienced interpersonal trauma (questions for consideration)***

ENABLING CHOICE

- When you are starting a conversation with a person you know or suspect may be experiencing interpersonal trauma, provide choice/s around the conversation
- Has the person chosen the logistical details of the proposed conversation, including the date, time and venue? Or have you discussed your decisions with them?
- How can you give the person greater choice about the way the conversation is held and develops?
- In what other way/s can you give the person other choices, even if they are small?
- How can responding to, rather than starting, the conversation affect the extent to which you can foster choices for the person?

COLLABORATION ***Tips to help us collaborate in conversations with people who experience interpersonal trauma***

COLLABORATION MEANS:

- 'Doing something *with*' a person rather than doing something '*for*' or '*to*' a person
- Not assuming that the person can't act on their behalf or engage in decisions and actions which affect them
- Recognising when additional assistance may be necessary
- Recognising we engage more effectively with people when we cooperate with them
- Acting in a spirit of cooperation whenever and as much as we can

EMPOWERMENT ***Tips to maximise empowerment in conversations with people who experience interpersonal trauma***

TOWARDS EMPOWERMENT:

- Understand that interpersonal trauma often stems from and fosters *dis*empowerment, and that taking steps to feeling more empowered is essential to healing.
- Recognise that *the way in which a conversation is arranged and conducted* can contribute to a sense of empowerment.
- Recognise that trauma which occurs in relationships erodes self-esteem and a person's sense of their own abilities. It is important to identify ways to make your interactions respectful, democratic and inclusive.
- As far as possible, seek the person's preferences around the logistics of your conversation and try to meet them in a collaborative way.

HAVING THE CONVERSATIONS: TIPS FOR SPEAKING WITH DIFFERENT CATEGORIES OF PEOPLE (SUMMARY)

FAMILY MEMBERS

CONSIDER THESE QUESTIONS FOR CONVERSATIONS WITH A FAMILY MEMBER YOU KNOW OR SUSPECT MAY EXPERIENCE INTERPERSONAL TRAUMA

- What is my 'role' relationship to the person? (i.e. mother, partner, sibling etc.) Are there any power dynamics that I need to consider?

- How do our personalities and roles affect our relationship? How close do I feel to this person and how might it affect our conversation?
  This includes the sense of safety and level of comfort.

- How frequently am I in contact with this person? How does this affect having this conversation including if I need to follow up?
  A situation in which you are in regular contact with a family member to whom you generally relate well, is different to one in which you have a significant conversation 'out of the blue' with a family member with whom you don't have a good personal connection. In this case the 'role' aspect may dominate.

- Might I need 'support to offer support'? Can I enlist this support from inside the family? If not, who might I consult?
  Note that safety, both physical and emotional, is paramount.

TIPS FOR TALKING WITH A FRIEND WHO MAY EXPERIENCE INTERPERSONAL TRAUMA

- Depending on the nature and level of your friendship, you can have this conversation quite naturally if you approach it as an extension of the '*are you ok?*' (i.e. general mental health) question.
- If your concern is brushed aside or dismissed, and you are still concerned, 'ask a second time'. At this point you may need to be more direct, while staying empathic and diplomatic. *'Are you sure? I'm not wanting to fish for details but I'm concerned that sometimes you may not be okay and I know it's easy to brush these sorts of questions aside. But you're my friend and I feel a bit worried about you'.*
- Avoid making it seem like an 'intervention' if you can. It could throw the person off balance and make them retreat rather than feel comfortable to confide in you. If, on the other hand, you do feel very concerned around the rejection of your less formal approach, an intervention may be needed. Depending on the circumstances, you may need to involve others.
- 'Choose your moment' where possible.
- Respect your friend's preferences re time, location and setting.
- Both physical & emotional safety are central.
- Engage in 'quality listening' and be sensitive to non-verbal communication.
- Take a non-judgmental attitude; validate the person.
- Avoid shaming around any 'problematic' behaviours which the person has adopted to protect themselves.

TIPS FOR TALKING WITH A COLLEAGUE WHO MAY EXPERIENCE INTERPERSONAL TRAUMA

- Ensure the safety of the context in which you speak.
  The workplace itself may be a source of overwhelming stress.

- Depending on how well you know your colleague, consider speaking in a venue other than the workplace.
  If it's 'the workplace or not at all', take particular care to ensure confidentiality, that you cannot easily be overheard, etc.

- Begin from an extension of the 'Are you okay?' question.
  Note that the less well you know the person, the greater the likelihood that they will brush your question aside and that you may need to 'ask a second time'. This scenario is more likely to apply with colleagues than with friends.

- If the interpersonal trauma relates to a context which is outside the workplace (such as family violence) let the person know that support is available. Let them know the contact details of support services or how to find them if/as appropriate.

- If their trauma relates to workplace incidents or culture (try to consider this possibility beforehand) reflect on the most appropriate way to engage with your colleague.
  An expression of solidarity may be welcome but also problematic; consider prior `brainstorming' with someone you know and trust.

FRIENDS OF FRIENDS

TIPS FOR TALKING WITH `A FRIEND OF A FRIEND'

- 'Not knowing someone well' can serve to rationalise passing up opportunities to have much-needed conversations.
- The 'friend of a friend' category can help us start conversations on the basis of our mutual friendship with someone else.
- If we approach the person in a trauma-informed way, we are unlikely to offend them, especially if we are a 'friend of a friend'.
- Engaging with your mutual friend around concerns about the well-being of a third person – especially if your friend alerted your concerns – may be a preferable alternative.

STRANGERS

TIPS FOR ENGAGING WITH A DISTRESSED STRANGER WHEN IT IS SAFE TO DO SO

- Ask a simple direct question `Are you okay?'
- If the person indicates they are okay in a dismissive way, gently 'ask a second time'. *Their first response may be automatic and may not reflect their true state.*
- If the first or second response indicates they are not okay, ask them to think about who could support them.
- If they don't know how to access support, offer them the contact details of appropriate support services or let them know where to find their details (see the Contact and Referral List at the end of this document).
- Reassure the person that many people engage with support services at different points in their lives.

GROUNDING EXERCISES

Part of being trauma-informed is knowing how to help a person who becomes overwhelmed by stress (i.e. assisting them back to The window of tolerance). A simple 'grounding' exercise can help them do this.

There is no 'one size fits all' exercise that will work for everyone. You may find the following suggestions useful:

- Suggest that the person takes a 'rest' break in which they stretch or walk around for a minute or two
- Encourage the person to gently stamp their feet on the ground/floor
- Suggest that the person takes some long, slow breaths *(if doing this makes them more agitated rather than soothing them, you can suggest they try one of the physical movements above)*

IF A PERSON BECOMES VISIBLY AGITATED *(hyperaroused; e.g. sweats, face changes colour, pupils dilate, voice is raised, pace of speech accelerates):*

- Make the above suggestions *(i.e. rest break; movement; focus on breathing more slowly)*
- Suggest the person focuses on a calming image (i.e. this needs to be a relaxing image *for them;* some people do not like waterfalls!)
- Ask what you can do to help

IF A PERSON 'ZONES OUT' *(hypoaroused; eyes glaze, on automatic pilot, `shut down'):*

- Suggest that the person takes a short break *(if their attention has wandered and doesn't quickly return, don't keep going as if nothing has happened)*
- Voices can help people regulate: speak calmly and slowly to help bring the person back to an awareness of where they are *('I am xx; it's Tuesday morning; we're sitting in a café...')*
- Assure the person they are safe *(taking care to ensure that they are)*
- Suggest a simple stretch *(the focus should be on an external movement rather than on an inner sensation)*
- Ask if the person can name 3 objects that they can see in the room *(this engages the person and helps them focus their attention on something outside of them)*
- If the person is sitting down, suggest that they stand up for a moment *(and stand up with them)*
- Engage one or more of the person's `5 senses' *(i.e. sight, smell, sound, touch, taste; the feel of a velvet cushion; the smell of coffee beans, the taste of a peppermint lolly)*

CONTACT AND REFERRAL LIST

Emergency Service	Service Name	Phone	24 x7	Website
EMERGENCY	**Emergency Services** Australia's primary national emergency number. For life threatening or time critical emergencies only	**000**	✓	
CRISIS SUPPORT	**Lifeline** Telephone crisis support; crisis support chat	**13 11 14**	✓	www.lifeline.org.au
SUICIDE	**Suicide Call Back Service** Counselling for people 15 years and over who are suicidal, caring for someone who is suicidal, bereaved by suicide, or a health professional providing suicide-related support	**1300 659 467**	✓	www.suicidecallbackservice.org.au
MENTAL HEALTH CRISIS SUPPORT	All major public hospitals (and some private hospitals) have an emergency department, where people can receive emergency help for mental health conditions. If you or someone you know are feeling suicidal, have thoughts of harming others or are acutely unwell you can visit your local emergency department and get help from a doctor or health professional who is specially trained in mental health.		✓	www.mindhealthconnect.org.au/australian-mental-health-services

Service Type	Service Name	Phone	24 x7	Website
AGED CARE	**myagedcare** Information and referrals for elderly people seeking home and community care (HACC) services at home; residential aged care; respite for carers	**1800 200 422**		www.myagedcare.gov.au

CHILDHOOD TRAUMA	**Blue Knot Foundation** Telephone counselling support for adult survivors of childhood trauma and abuse, their partners, family and friends, health professionals and anyone in the workplace working with people who have experienced childhood trauma	**1300 657 380**		www.blueknot.org.au
CHILD ABUSE PREVENTION	**Child Abuse Prevention Service** Family Support and prevention of abuse to children and young people	**1800 688 009**		www.childabuseprevention.com.au
DEPRESSION & ANXIETY	**beyondblue** Depression and anxiety support and referrals Also have a widely used online forum with thousands of supportive posts as well as chat services	**1300 224 636**	✓	www.beyondblue.org.au
DEPRESSION & ANXIETY	**Mindspot** Telephone counselling and online service for people experiencing depression and anxiety. Offer online and over the phone screening assessments to help educate about symptoms	**1800 614 434**		www.mindspot.org.au
DRUG & ALCOHOL ABUSE	VICTORIA ONLY: **DirectLine** Confidential alcohol & drug counselling and referral in Victoria	**1800 888 236**		www.directline.org.au
EATING DISORDERS	**Butterfly Foundation** Supporting Australians in the prevention and treatment of eating disorders and body image issues	**1800 334 673**		www.thebutterflyfoundation.org.au
FORGOTTEN AUSTRALIANS	**Find & Connect Support Services** Provide referrals to counselling and other relevant services; obtaining records; tracing family members	**1800 161 109**		www.findandconnect.gov.au

GAMBLING	**Gamblers Helpline** Support for anyone affected by gambling	**1800 858 858**		www.gamblinghelponline.org.au
LGBTI	**QLife** Nationally-oriented counselling and referral service for people who are lesbian, gay, bisexual, trans, and/or intersex (LGBTI)	**1800 184 527**		www.qlife.org.au
MEDICATIONS	**Medicines Line** Information about prescription, over-the-counter and complementary medicines	**1300 633 424**		www.nps.org.au/contact-us/medicines-line
MEN	**MensLine Australia** Telephone and online support and information service for Australian men.	**1300 789 978**	✓	www.mensline.org.au
MENTAL HEALTH INFORMATION	**SANE Helpline** Information about symptoms and treatments related to mental illness, where to go for support, help for carers, and how to look after yourself	**1800 187 263**		www.sane.org/helpline
	NSW ONLY **Mental Health Line** Puts you in touch with your local mental health service	**1800 011 511**	✓	www.health.nsw.gov.au/mentalhealth
	QLD ONLY **13 HEALTH** assessment, referral, advice, and hospital and community health centre contact details	**13 43 25 84**	✓	www.qld.gov.au/health/contacts/advice/13health
	WA ONLY **Mental Health Emergency Response Line** Provide assessment and specialist intervention for people experiencing a mental health emergency	Metro callers **1300 555 788** Peel callers **1800 676 822**	✓	www.mentalhealth.wa.gov.au/getting_help/Emergency_help/emergency_mherl
	SA ONLY **Mental Health Triage** Provide advice and information in a mental health emergency	**13 14 65**	✓	www.sahealth.sa.gov.au/wps/wcm/connect/public+content/SA+Health+Internet/Health+services/Mental+health+services/

	TAS ONLY **Mental Health Services Helpline** Mental health assessment and intervention for persons in need ACT ONLY **Mental Health Triage Service** Assessment and treatment of mentally ill people in crisis situations NT ONLY **Mental Health Line** Emergency help or support for anyone experiencing a mental health crisis or for those concerned about another person's mental health	**1800 332 388** **1800 629 354** **1800 682 288**	✓ ✓ ✓	www.dhhs.tas.gov.au/mentalhealth www.health.act.gov.au/our-services/mental-health http://health.nt.gov.au/Mental_Health/NT_Mental_Health_Access_Team
MISCARRIAGE STILLBIRTH & NEWBORN DEATH	**SANDS** Provide support, information and education to anyone affected by the death of a baby before, during or shortly after birth	**1300 072 637**	✓	www.sands.org.au
OVERDOSE or SUSPECTED POISONING	**Poisons Information Centre** Information about overdose and medication errors	**13 11 26**		www.poisonsinfo.nsw.gov.au
PARENTING	**Parentline NSW** Information and support for parents and carers of children aged 0 to 18 years **Parentline ACT** Information and support for parents and carers of children aged 0 to 18 years **Parentline VIC** Parentline provides a statewide telephone counselling service to parents and carers of children aged from birth to eighteen years **Parentline QLD & NT**	**1300 1300 52** **(02) 6287 3833** **13 22 89** **1300 30 1300**	 ✓	www.parentline.org.au www.parentlineact.org.au www.education.vic.gov.au/about/contact/Pages/parentline www.parentline.com.au

	For parents or carers in Queensland and the Northern Territory looking for support **Parentline SA** The Parent Helpline is a telephone information service for parents in South Australia. **Parentline WA** The Parenting WA Line provides telephone information, support and referrals to parents, carers, grandparents, foster carers and families who are taking care of a child or children aged from pre-birth to 18 years. **Parentline TAS** The Parent Line is available at any time to assist parents, of children 0-5 years, with stressful parenting issues or concerns.	**1300 364 100** **1800 654 432** **1300 808 178**		www.parenting.sa.gov.au/helpline.htm www.dlgc.wa.gov.au/AdviceSupport/Pages/Parenting-WA-Line www.dhhs.tas.gov.au/service_information/children_and_families/parentline
PERINATAL SUPPORT (PRE AND POST BIRTH)	**PANDA (Perinatal Anxiety & Depression Australia)** Specialist national perinatal mental health telephone counselling service	**1300 726 306**		www.panda.org.au
ROYAL COMMISSION	**Royal Commission into Institutional Responses to Child Sexual Abuse** Information about the Royal Commission, register interest to tell your story, telephone counselling and legal support	**1800 099 340**		www.childabuseroyalcommission.gov.au
ROYAL COMMISSION LEGAL ADVICE	**knowmore** For survivors of institutional sexual abuse seeking information or guidance on possibly submitting to the Royal Commission into Institutional Responses to Child Sexual Abuse	**1800 605 762**		www.knowmore.org.au

SAFETY PLANNING	**beyondblue safety planning app** Can download the app or create this online. Supportive way to help someone with risk management helping focus on what works for them		✓	www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning
SEXUAL ASSAULT – CRISIS COUNSELLING (sexual assault)	**Rape & Domestic Violence Services Australia** Counselling for anyone in Australia who has experienced rape or sexual assault and their non-offending supporters	**1800 424 017**	✓	www.rape-dvservices.org.au
SEXUAL ASSAULT (young people and children)	**Bravehearts** Information support and therapeutic services for children and young people, and adults and non-offending family members affected by child sexual assault	**1800 272 831**		www.bravehearts.org.au
SEXUAL ASSAULT, DOMESTIC & FAMILY VIOLENCE	**1800 RESPECT** National counselling helpline, information and support for people experiencing sexual assault or domestic and family violence	**1800 737 732**	✓	www.1800respect.org.au
TORTURE & TRAUMA	**Forum of Australian Services for Survival of Torture and Trauma (FASSTT**) Survivors of torture and trauma: refugees and "refugee-like backgrounds"	**07 3391 6677**		www.fasstt.org.au
YOUNG PEOPLE & CHILDREN	**Kids Helpline** Support for people aged 5-25 years. Web services for 5-12, 13-25 as well as parents and carers.	**1800 55 1800**	✓	www.kidshelp.com.au
YOUNG PEOPLE & CHILDREN AFFECTED BY ABUSE; PARENTS	**Australian Childhood Foundation** Trauma counselling community education & training. Trauma recovery teams work throughout Australia including regional and remote areas	**1800 176 453**		www.childhood.org.au

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Contact Blue Knot Foundation:

General enquiries admin@blueknot.org.au

Training enquiries training@blueknot.org.au

Website: blueknot.org.au

Phone: (02) 8920 3611

Office Hours: Mon-Fri, 9am-5pm AEST/ADST

Blue Knot Helpline: 1300 657 380

Line Hours: Mon-Sun, 9am-5pm AEST/ADST

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empowering recovery from childhood trauma