



Trauma-transformative Practice with Children

Mimik-ga Centre
Monday 6th of October 2025
Presenter – Sharon Duthie



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Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong. We recognise and accept it is the oldest continuous living culture in the world and that their sovereignty has never been ceded.



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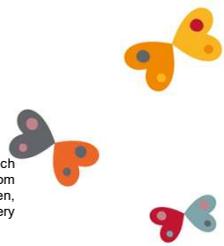
Our Purpose



Love has the power to prevent and heal abuse.

At Australian Childhood Foundation love is an action, a daily effort to build positive relationships that keep children safe and help them heal.

We provide counselling to children and carers. We teach adults to understand how they can help children to heal from the trauma of abuse and violence. We stand up for children, and young people's rights to safety. We act to ensure every child gets the love they need.



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Safety 

The content of this training can evoke strong emotions and may stir up personal experiences of trauma.

Please be mindful of your own wellbeing during this training and if you need support please ask the facilitator.



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Learning outcomes 

- Review understanding of neurobiology and the impacts of trauma
- Consider a trauma-transformative approach to providing relational support to children in educational contexts
- Explore some of the Core Dimensions of trauma-transformative practice that are foundational to supporting children who have experienced trauma - including relational safety, neurobiology and meaning making
- Be supported to translate theory to practice by contextualising practice strategies for children in the education context



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We acknowledge you....and what you bring.... 

- Knowledge
- Practice skills
- Experience
- Passion
- Compassion
- A desire to bring about change



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Warm up reflection 

What aspects of your work matter most to you?

Please share in pairs, then together



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ACF Knowledge Areas 



- ❖ Embedding evidence-informed approaches, from neuroscience and current research
- ❖ Valuing and incorporating victim/survivors lived, and living, experience
- ❖ Including and honouring Cultural knowledge
- ❖ Incorporating and amplifying the practice wisdom of practitioners

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 **The Importance of Culture**



How did you become who you are?

- Safety:** Belonging
- Relationships:** Connection
- Meaning making:** Identity

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Neurobiology



- The knowledge base of neurobiology has become a primary explanatory framework for understanding normative development
- The framework informs how we respond to the needs of children affected by relational trauma and abuse
- It outlines the emotional, psychological and physiological residue from threat, fear and a lack of safety
- It explains the reduced capacity of children's brains and bodies to shape the way they react to their environment
- As a result of the work of many researchers and clinicians such as Stephen Porges, Alan Shore, Ed Tronick, Lou Cozolini, Dan Hughes, Jonathon Baylin and Deb Dana - we understand the physiological processes that give rise to states of both safety and threat

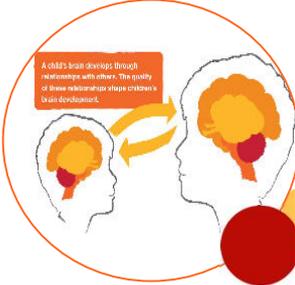


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Interpersonal Neurobiology



- Is primarily a theory, and practical working model, which describes human development and functioning as being a product of the relationship between the body, mind and relationships - "relational neuroscience."
- Importantly it tells us about how our brains and bodies connect to form internal working models of relationships
- We are meant to connect, our brains are set up for survival and to attach to caregivers. A child's brain develops in relationship with others
- The quality of relational right brain to right brain interactions in childhood influence our development in all areas of life



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Relationships shape our sense of self and safety

- Relationships are the most important factor in our development and in healing from experiences of trauma
- **Secure relationships are central to how children experience themselves and others**



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Making SPACE for Learning



This model is training program developed by ACF for educators and school staff. This program aims to support schools to better understand and meet the needs of children who had experienced trauma, significant disruption or disadvantage.

MSFL translates neurobiological evidence related to trauma and considers principles and strategies to support students social/emotional wellbeing and relationships at school.

Please see the Making SPACE For Learning Resources for this session

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Making SPACE for Learning




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Opening Exploration




The invitation today is to sit with new ideas and new ways of thinking about our practice with children

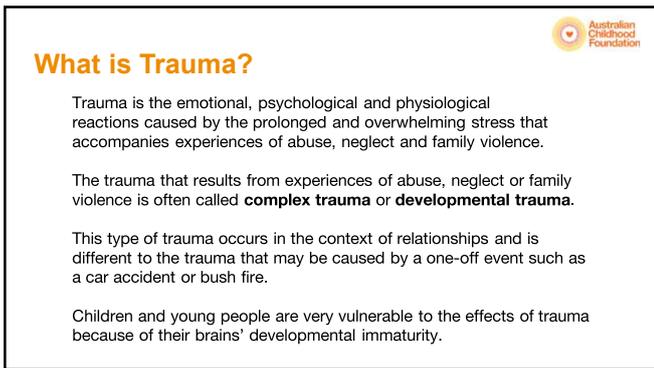
“What trauma-informed principles or frameworks currently shape your everyday practice with children and families?”

**Brainstorm in small groups
Share together**

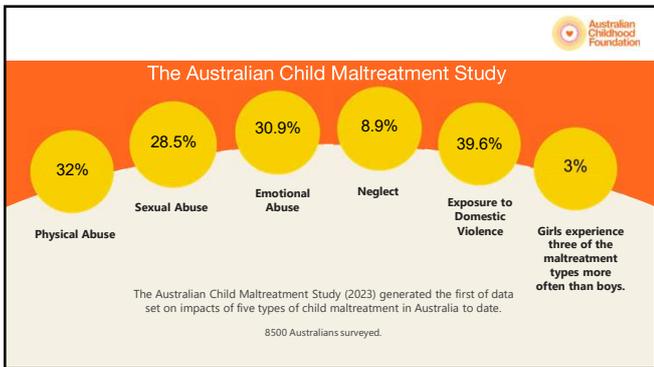
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Why broaden the definition of trauma?

To offer insight into the ongoing impact of trauma when it arises from the violation by another person or by a group of people

As a salient reminder of how naming the effects of violations can bring the needs of victims and survivors into a much sharper focus for practitioners and organisations

There are dynamics associated with interpersonal violence which in, and of themselves, cause pain, fear and hurt

The betrayal of trust and care, the use of power, and the historical reverberations of colonising violence are all elements which can compel the use of trauma



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Defining a trauma taxonomy

Type 1	Impersonal trauma
Type 2	Trauma experienced as a result of interpersonal violation and abuse
Type 2A	Trauma from interpersonal violence perpetrated by strangers
Type 2B	Trauma from interpersonal violence perpetrated by related or familiar individuals
Type 3	Individual and group identity-based trauma experienced as a result of discrimination and oppression
Type 4	Group identity-based trauma experienced as a result of persecution, war, genocide
Type 5	Group identity-based trauma experienced as a result of colonisation and enslavement
Type 6	Cumulative, continuous, and insidious trauma that encompasses multiple forms across all the different types

This taxonomy recognises that complex trauma occurs in all societies impacted by power differentials that exert broad influence.

Courtois and Ford (2024)

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Trauma Transformative Practice

"An inclusive set of co-ordinating constructs that aim to transform the ways that practitioners, organisations and systems function collectively with therapeutic intent to address the complex and reverberating effects of trauma so that it becomes less influential in the lives of victims and survivors of interpersonal violence which will reduce the pain and suffering they experience over time."

(Mitchell and Tucci, 2024)

Transformative = purpose and intent



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Trauma Transformative Practice 

Trauma transformative practice is a move away from the trauma-informed paradigm.

Trauma transformative practice:

- embraces new ways of knowing and doing
- embraces complexity and multiple perspectives
- focuses on the ability of practitioners, organizations, and systems to drive meaningful change



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 **A review of brain development and impacts of trauma**



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Activity

- draw a child you work with who has a known trauma history
- draw them with your non-dominant hand
- write some words to describe the child



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Neurosequential Brain Development



Pre-Frontal Cortex

Higher Functioning Centre

Cortex

Reasoning and Judging Centre

Limbic System

Emotional Centre

Cerebellum

Motor Centre

Brain Stem

Basic Survival Functions



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Key Brain Area	Potential impact of trauma	
Brainstem & Diencephalon	May experience fast or slower heart rate Shortness of breath or breathing difficulties Sleep disturbances and unsettledness Sucking and swallowing and digestion difficulties May feel hot or cold or not notice changes in temperature Becomes overwhelmed and cannot sort through information	
Cerebellum	Difficulty in maintain posture & balance Lack of awareness of their body in space Poor fine or gross motor skills	
Limbic Lobe	Receptive communication- struggle to read/ understand others Expressive communication- may themselves struggle to express emotions. Oversensitivity or under-sensitivity to threat Struggle to recall information Difficulty in placing time and dates to memories	
Cortex	Unable to or limited ability to: Use foresight and anticipation Organise and plan decisions well Use impulse control Be enthusiastic, motivated or persistent with activities	



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Strategies for building healthy brain development

Brainstem & Diencephalon	Basic survival & sensory processing	Pacification or stimulation. Activities in the child's preferred sensory modality
Cerebellum	Coordination of movement	Using music, rhyme and movement activities
Limbic	Emotional processing	Building relational connection through plays, animals, games
Cortex	Thinking processes	Linking experiences and sensations to words and descriptions
Prefrontal cortex	Analytical and abstract thinking	Challenges and safe risk taking activities

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Trauma can impact all elements of a child's development: brain, body, memory, learning, behaviour, emotions, relationships.

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Impact of trauma on children



- A child's narrative becomes filled with fear, rejection, isolation and shame
- These identities and lived experiences become how children anticipate and interpret relationships
- Their behavior displays rage, frustration and can be challenging and frightening
- They struggle to listen, respond or be comforted
- Child unable to receive care and support they need
- Formal and informal systems of care and support around a child become organized around disconnection, defense and control

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Early experiences shape the architecture of our brain

Threat and Neglect → Survival Safety and Connection → Integration



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Trauma Transformative Practice 

Trauma and Healing Resourced

- Decolonising & Anti-oppressive committed

Relationally integrative

- Safety dedicated
- Grief receptive
- Shame responsive
- Meaning focused
- Compassion oriented

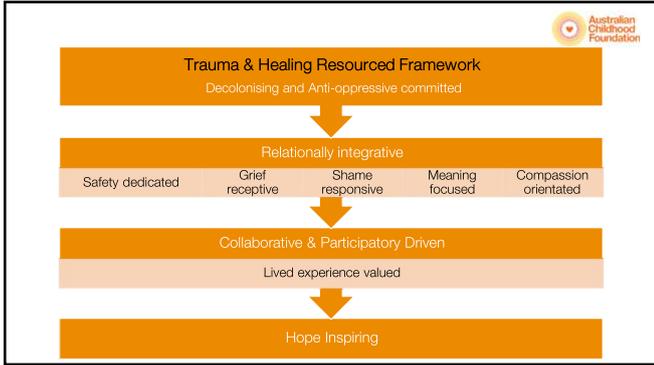
Collaborative and participatory driven

- Lived experienced valued

Hope inspiring



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Trauma and healing resourced 

Trauma and Healing Resourced describes a deep understanding of the impacts of trauma on the brain, body, mind, spirit and relationships of children, young people, families and communities. This then informs a theory of change that includes:

- the potential for all relationships to hold therapeutic intent
- body-based somatic interventions
- sequenced and phased approaches that create safety
- embracing traditional cultural practices
- integration of lived, and living, experience wisdom



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Trauma and healing resourced 

Therapeutic intent supports:

- Building trust, relational safety and acceptance
- Shared meaning making experiences
- Understanding that the challenging behaviors result from specific vulnerabilities and needs
- Focuses on and amplifies the children's strengths and talents
- Meets the child where they are at developmentally, rather than chronologically



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Decolonising & anti-oppressive committed 

A Trauma and Healing Resourced Framework commits to:

Decolonising and anti-oppressive ways of working.

- Promotes First Nations Peoples' ways of knowing, doing and healing
- Engages practices such deep listening or "dadirri" and promotes "truth telling"
- Acknowledges the past, and current, societal and systemic abuses
- Challenges the ongoing effects of colonisation and oppression through practices which are led and determined by First Nations Peoples
- Addresses anti-oppressive practice biases and ongoing forms of discrimination



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Decolonising & anti-oppressive committed 



Trauma transformative practice is committed to **anti-oppressive practice**. It addresses the biases and ongoing forms of discrimination which can lead to the systematic violation of individuals based on group, or cohort characteristics, related to social constructions of gender, age, ability, socio-economic status, geography and culture.

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Relationally integrative 

- It is the aim and intention that all interactions with children and families who have experienced trauma are relationally integrative
- The power of relationships to support healing is essential to trauma transformative practice
- When relationships are resourced and purposeful and have therapeutic intent then children and young people can begin to feel relational safety
- Family members can learn to tolerate the activation in their physiology so they can be supported back into safe zones of proximity and relational connectedness



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Relationally integrative 

Children need relationships:

- that support, encourage, process, anchor, soothe and meet the needs of children
- that are purposeful and are resourced to realise therapeutic intent
- to act as agents of change and healing
- that influence and reshape their inner neurosomatic states

Through safe and intentionally organised relationships children can become more open and flexible.



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 **Relational Safety**



“Safety and healing gives us back to ourselves.
Not to hide or fight any more.
But to sit still calm our minds, listen to the universe
and allow our spirits to dance on the wind. It lets
us enjoy the sunshine and be bathed by the
golden glow of the moon as we drift into our
dreamtime...

Safety in relationships gives us back to our
country,
To stand once again in our rightful place, eternal
and generational.
It keeps us strong and gentle at the same time.”

Helen Milroy (2018)

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HEART BUTTONS

Feeling connected when we are apart

Bring to kinder or school, or wherever you can be best. What if we drew a little heart on the back of each other's hand? I will draw you a heart and then draw a line onto it to send in my line. You can draw a little heart or spot on the back of my hand and draw a line onto it to send to your line. These are our heart buttons, and they are connected by love. No matter where we are, all we have to do is press our heart buttons if we miss one another and we will be connected. When I press my button, I will think of a fun time we had together and send you some love. You can do the same.

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Activity idea for children who feel insecure and/or anxious about relational permanence - strengthens relational safety

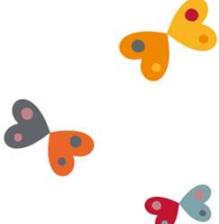
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Reflection



What does safety look like in your practice?

How do you promote a sense of safety with the children and families you work with?



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Safety dedicated



"... to be safe, and to feel safe."

- 'Felt safety' is signalled in deep somatic states where the intent of the cues offered to children need to be coherent with the offering of safety
- Safety is negotiated by gestures of attunement and accompaniment between children, young people, families and communities, and the people who support with them
- Safety is negotiated in micro-exchanges between children and the safe adults in their worlds

Work in this area is informed by many theorists including Porges, Badenoch, Hughes, Tronick, Ogden, Malchiodi



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Safety dedicated 

Neuroception describes how humans can distinguish between and interpret safety and danger in people and experiences

Deep relational safety is how children who have been hurt come to find the comfort and love they need to recover.

"Convincing the body it can be safe in the presence of another."

Safety is experienced physiologically, and is a deep visceral experience felt in our bodies



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Safety dedicated 

"Neuroception results in the gut feelings, the heart-informed feelings, the implicit feelings that move us along the continuum between safety and survival response. Neuroception might be thought of as somatic signals that influence decision making and behavioural responses without explicit awareness of the provoking cues..."

Deb Dana (2018)

"Story follows state."

- "There's no point trying."
- "I deserved it."
- "No-one can be trusted."
- "I'm worthless and unlovable."
- "It's my fault."



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 **Polyvagal theory: the vagus nerve**

Immobilisation
hypo-arousal

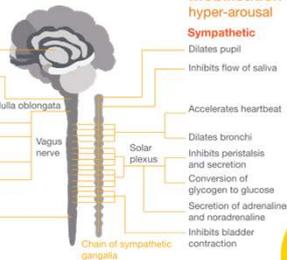
Parasympathetic

- Ganglion
- Stimulates flow of saliva
- Slows heartbeat
- Constricts bronchi
- Stimulates peristalsis and secretion
- Stimulates release of bile
- Contracts bladder

Mobilisation
hyper-arousal

Sympathetic

- Dilates pupil
- Inhibits flow of saliva
- Accelerates heartbeat
- Dilates bronchi
- Inhibits peristalsis and secretion
- Conversion of glycogen to glucose
- Secretion of adrenaline and noradrenaline
- Inhibits bladder contraction



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The social engagement system: polyvagal theory

MOBILISATION	In this state we feel unsafe	<p>We are active and mobilised without a sense of safety</p> <ul style="list-style-type: none"> • We fight, or flee, or our bodies actively freeze with tensed muscles.
SOCIAL ENGAGEMENT	We feel safe in these states	<p>We are active and mobilised with a sense of safety</p> <ul style="list-style-type: none"> • Sometimes known as the 'Play Zone' in this state our bodies are active as we socially engage with others. • Our bodies feel calm and relaxed. • We feel in synch and connected with others. • We are orientated towards each other with welcoming voices & open faces. • We find pleasure in stillness. <p>We are socially engaged</p> <p>We come to be still with a sense of safety</p>
IMMOBILISATION	In this state we feel unsafe	<p>Our body slows into an immobilised state without a sense of safety</p> <ul style="list-style-type: none"> • We are withdrawn, submissive, collapsed, numb.

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Social Engagement

We feel safe in this state.

Our bodies are calm and relaxed.

We engage in mirroring and reciprocation with each other.

We are orientated towards one another with engaged, open faces

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Mobilisation

Our bodies are filled with energy, and we need to move.

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<p>Play & Exploration</p> <p>We experience a blend of mobilisation and social engagement in a safely mobilised state.</p>		<p>Fight or Flight or Active Freeze</p> <p>We are mobilised without a sense of safety in this state.</p>
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Our bodies are slowed right down



Immobilisation

Being still with others for pro-social reasons, like sharing a hug. We find pleasure in stillness

We experience a blend of immobilisation and social engagement in a **safely immobilised state**.

Withdrawn, submissive, collapsed or numb

We experience **immobilisation without a sense of safety in this state**.

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I am showing you....	On the inside.....	I need you to....
<p>Social engagement</p> <p>Feeling safe, staying in relationship, connection oriented</p> <p>You might say I am:</p> <ul style="list-style-type: none"> Making eye contact Listening Engaging in play and exploration 	<p>I am feeling:</p> <ul style="list-style-type: none"> Safe, Calm, Happy, Sad, Annoyed, Reflective, Proud, Curious <p>My body says:</p> <ul style="list-style-type: none"> Approach others Sit still Breathe deeply 	<p>Help me to stay engaged</p> <ul style="list-style-type: none"> Play and have fun with me Be a model positive relationships Set boundaries and natural consequences Use reflective and problem solving skills so I can learn them too Notice and acknowledge my strengths and my skills
<p>Mobilisation</p> <p>Fight, flight, active freeze, action oriented</p> <p>You might say I am:</p> <ul style="list-style-type: none"> Aggressive Loud Fighting Running away Hyperactive 	<p>I am feeling:</p> <ul style="list-style-type: none"> Anxious, Frightened, Lonely, Hurt, Confused, Overwhelmed <p>My body says:</p> <ul style="list-style-type: none"> Run away I'm hot I can't sit still I need to move 	<p>Help me to down regulate</p> <ul style="list-style-type: none"> Keep me safe Co-regulate - be safe, attuned and responsive to me Use movement - big then small, jumping, hanging, swinging, climbing, star jumps Create a safe space near you where I can retreat to until I calm down Model deep breathing Repair our relationship - "we are ok and our relationship is strong"
<p>Immobilisation</p> <p>Withdrawal, collapse, submission, dissociation, avoidant oriented</p> <p>You might say I am:</p> <ul style="list-style-type: none"> Withdrawn Avoiding contact Distant Compliant Hiding 	<p>I am feeling:</p> <ul style="list-style-type: none"> Disconnected, Unfocused, Flat, Withdrawn, I'm disappearing <p>My body says:</p> <ul style="list-style-type: none"> Avoid others I'm not in my body I want to hide Cur up in a ball 	<p>Help me to up regulate</p> <ul style="list-style-type: none"> Co-regulate - be safe, attuned and responsive with me Tell me I am safe and demonstrate it with your actions, gestures and tone of voice Help me to orient to the room we are in by looking for specific things like something green, something on the roof or something on the floor Help me to feel my body by noticing different parts, such as my feet on the floor and my bottom on the chair Repair our relationship - "we are ok and our relationship is strong"

Grounded in the work of Dr Dan Siegel, Dr Stephen Porges and Dr Bruce Perry

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Working with mobilised responses

Working with children and young people who are mobilised: fight/flight/active freeze

- Rhythmic movement (drumming, swinging, rocking, bouncing)
- Stretching/Yoga
- Carrying heavy items
- Heat pack, weighted blanket
- Reduce stimulation
- Hugging a teddy/cushion



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Rhythmic techniques

Rhythmic techniques use sensory and motor pathways to calm and organise the nervous system, reintroduce joy and pleasure in movement and sound, and build social connection and regulation capacity

- Playing drums or tapping rhythmic patterns
- Movement to music
- Singing or chanting
- Bouncing on a trampoline
- Throwing bean bag/ball back and forth
- Swinging
- Marching



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Containing techniques

Containing techniques can support children to feel safe, grounded, and regulated

- Body sock
- Pushing against pillows
- Pushing against the wall
- Medicine ball
- Pillow sandwich
- Caregiver hugs
- Self holding
- Holding a comfort objects
- Weighted toys or blankets



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Working with immobilised responses

Working with children and young people who are immobilised: shutdown

- Orienting to the space
- Orienting the senses
- Aligning and engaging the spine



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Orienting to space

- Encourage the child to look up and out rather than down
- Hang interesting objects at different heights in the space
- Name objects in the room out loud
- Ask them the time
- Open a window, move outside if you're inside and inside if you're outside
- Encourage children to take their shoes off and feel their feet on the floor
- Offer the child a cold drink



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Orienting the senses



- 10 mindful moves
- Singing bowl
- Frogs and pearls
- 4 x Pebble meditation
- Rock painting
- Mindful colouring
- Sensory experiences: feathers, water, snow
- Smelling oils

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Engaging the spine

- Move like you have a tail – extension of the sacrum (base of spine).
- Tic toc like a clock until you find your centre
- Imagine being lifted by a hook from the top of your head, while feeling the pull of gravity on the tail of your spine.
- Zip yourself up
- Walk with a toy balanced on your head



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The ability to engage and learn requires a sense of safety.

Arousal
I feel contained within my body.
I feel grounded in the present.

Attention
I can focus on the present moment without needing to stop, start or feel the need to shutdown.

Memory
I'm able to discriminate what information is relevant to store.
I can retrieve information with an awareness of the context on when, why and how it occurred.

Exploration
I can explore my world as I have a secure base to seek comfort.

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Behaviour

Behaviour is communication

If we can understand what drives a behaviour, we can work out how to respond to it.

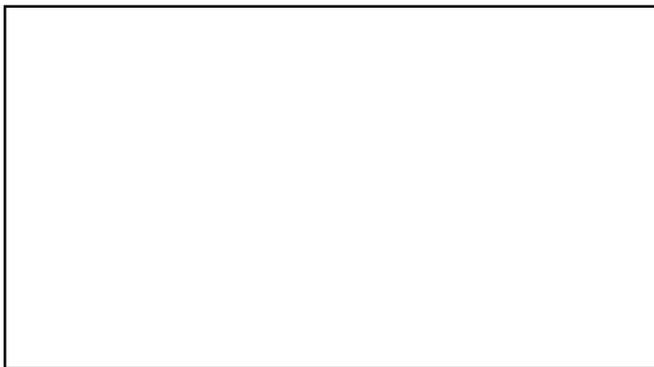
If we can meet the need that is driving a behaviour, the behaviour can start to reduce.

Behaviours are functional and almost always makes sense given their specific experiences of trauma.

Openness and curiosity about behaviour is an important response.

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Words Matter How behaviours are perceived/understood in the classroom

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Activity

How does this apply in the context of your work with children?

- Think of a student you work alongside with and use the **Words Matter Resource** to consider what may be happening underneath the surface for the student?
- How might we support the student, or the networks around the student, to have a deeper understanding of the behaviours?

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Grief receptive

- Trauma transformative practice supports children and young people to grieve and process their experiences of loss.
- Time, and a receptive orientation, supports the ways grief is experienced by children, and their families and communities.
- A child's grief needs to be witnessed, acknowledged and validated
- Trauma transformative practitioners, organisations and systems encourage collective bereavement practices, such as vigils, memorials and ceremonies

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Grief receptive




Trauma can...

- Disconnect children from the meanings associated with their beliefs systems, country, totems, and community
- Disconnect them from cultural principles as maps to understand relationships and the world around them
- Disconnect them from an experience of understanding belonging and connection; and to resources through rituals and stories

Some children have shared that family violence has impacted their opportunity to learn their traditions, know their mob, to connect with and further understand their culture.

Some children also share that culture becomes stronger in the face of adversity

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Grief receptive




For many children experiences of loss may include:

- - a loss of safety and connection in relationships
- - a loss of predictable and what is familiar
- - a loss of family
- - a loss of home, friends, school, belongings and community
- a loss of hope for what is possible for them
- a loss of future hopes and dreams

Are there other losses you can think of?

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Shame responsive



"Shame sits at the heart of trauma."

- Trauma transformative practice is responsive to the experiences of shame for children
- Strategies are purposeful, and communicate that children are never responsible for their trauma experiences
- Trauma transformative practice validates the impact of shame on children and young peoples, and promotes development of a positive and integrated self-identity
- A shame responsive orientation recognises the interwoven subjectivity of trauma and shame, and responds to it



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Meaning focused

"Meaning making is always strengths based."

- Trauma recovery is acknowledged as the recalibration of meaning making systems
- Meaning making takes place at deep neurosomatic levels and shapes the brain and body's behavioural patterns, activation preferences, thresholds and arousal states
- Trauma-based behaviour is understood as an expression of adaptation. It attempts to hold both the possible impact of the behaviour with the positive adaptation that victims and survivors were forced to use to create the conditions conducive to their protection
- Trauma-based behaviours reflect the needs that were unmet during the trauma experience

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Meaning focused

- The residue of trauma becomes an experience of unmet needs for children
- Children are left with needs that in the moment of hurt, pain and fear are unfulfilled. These needs stay activated ready for available relationships to respond to them, see them and gradually help them to be met

These needs are physiological, developmental, and interpersonal, requiring relational investment and presence in order to be resolved

"It is like they are on a loop hoping that their needs for safety, attention and validation that were not fulfilled will eventually find at least one relationship in the present that meets these needs consistently over time."

Joe Tucci

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Story Pouch

Let's tell a story together.

What if we were to pick out 5 items from our story pouch. We could take it in turns to tell a story with one item at a time. You could choose an item to start the story by saying a couple of sentences before it is my turn to do the same. We don't have to introduce new items for each turn, but we can when we want to. I wonder where our story might take us?

Materials:
A non-see-through bag or pouch filled with bits and bobs such as those pictured that could be used to represent characters and elements of a story.

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Compassion oriented

"Compassion is the antidote to danger, fear and mistrust."

Compassion is an essential quality:

- for responding to the pain and suffering
- compassion drivers sit within our neurobiology
- as it dampens internal neurosomatic cues of threat; and it creates safety within relationships
- it introduces a less clinical frame of reference that acknowledges the therapeutic intent of all relationships; and that tenderness and understanding are important qualities of practice and organisational culture

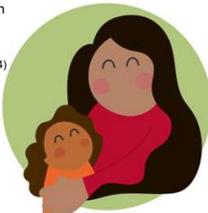


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Compassion oriented

"It is through compassionate responses that trust is negotiated. Compassion moves into spaces that threat leaves behind when it is no longer needed. First it is compassion for the other, followed closely by compassion for self."
(Tucci, Mitchell, Tronick and Porges, 2024)

- Compassion turns off old patterns of self protection
- Compassion leads to growth, recovery and healing



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Sharing Little Stars

In the busyness of everyday life we don't always get a chance to share about what people who are close to us mean to us. Each time we share little stars that can be like a warm light filled message of gratitude, care and love that is so important to us.

Write or draw little stars messages for a close one or three star families and then fill them up and give them to someone your person will come across. They are some ideas you can use in their lunch box, on top of their pillow, in a bag they use every day, in the pocket of their favourite coat or an envelope for them to use on their next trip. They always sit to watch TV in the top of their sock drawer, or next to their toothbrush.

You could also consider having some little stars given in a special case for people to pick up and use if they want to share a heartfelt message with someone they care about.

Some sentence starter ideas for your star

- Something I admire about you is...
- You have helped me when...
- I am looking forward to us...
- It meant a lot when you...
- I am grateful that you...
- Something I love about you is...
- What I like to you doing is...
- Thank you for...

Some drawing ideas for your star

- Draw a lightbulb or situation that has meaning for both of you
- Draw a little picture of you and the person
- Draw a little picture reminder of a place or time that is special to both of you



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The Core Dimensions of Trauma Transformative Practice that apply more broadly



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Collaborative and participatory driven

- Collaboration across all areas is fundamental to trauma transformative practice with families - between practitioners, organisations, systems and victim/survivors.
- It requires a multi-dimensional and multi-systemic response.
- Ensures that families are responded to holistically; their needs are understood and there is congruent planning to meet these needs
- Deconstructing power and expert knowledge to develop ways of meaning making that are inclusive of all knowledge holders and key stakeholders



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Collaborative and participatory driven



"There is power in joint purpose, relationally driven forms of knowledge sharing and experiences of collective solidarity."



(Tucci and Mitchell, 2024)

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cetc Centre for Evidence-based Practice for Child and Adolescent Trauma Care



practice

Care Teams
Collaborative processes for creating healing and change

Five qualities that characterise high-functioning Care Teams

- Honesty**
Care team members are able to share their own experiences and those of the Care team, and to be vulnerable and open to feedback and criticism. Honesty is a key quality for all team members to have in their interactions for a high-functioning Care Team.
- Discipline**
Care team members are able to work together to create a safe and secure environment for the Care team members, and to be disciplined in working and acting in ways that are respectful and that support the safety and well-being of the Care team members. Discipline is a key quality for all team members to have in their interactions for a high-functioning Care Team.
- Creativity**
Care team members are able to think creatively and to find innovative ways to work together to create a safe and secure environment for the Care team members. Creativity is a key quality for all team members to have in their interactions for a high-functioning Care Team.
- Humility**
Care team members are able to work together to create a safe and secure environment for the Care team members, and to be humble and open to feedback and criticism. Humility is a key quality for all team members to have in their interactions for a high-functioning Care Team.
- Outreach**
Care team members are able to work together to create a safe and secure environment for the Care team members, and to be outreach and open to feedback and criticism. Outreach is a key quality for all team members to have in their interactions for a high-functioning Care Team.

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Lived experience valued



- Access the innate wisdom of children and young people who have lived, and living experience
- We honour the unique experience of each child and young person, not just grouping their experiences into categories of common meaning
- It respects the interpretations victims and survivors ascribe to their experiences, and in turn, shape the nature and limits of relationships around them



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“...I was seen as disruptive and behaving poorly at my school and at home and my behaviour changed so much. The results at school deteriorated significantly and at my school they were not the pieces together. I was always treated and spoken to as an adult... I don't feel like I was protected from the grooming or predatory behaviour and the focus was always on my behaviour...”

“The abusers are to blame manipulators and turn your “safe” space against you. If a child starts acting completely different from the norm for a period something is wrong the child is not just naughty.”



“Hear us now, act now. First insights on prevention and early intervention from those with lived and living experience of child sexual abuse.”

By Emma Hakansson, Joe Tucci and Janise Mitchell (2024)

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Hope inspiring

- Hope is a form of knowledge that results from the integration of neuroscience, practice wisdom and embodied experience
- Hope is a resource for healing
- Strength-based approaches we can support development of a hope-based narrative a family can access
- We can hold hope for families until they can hold hope for themselves
- Trauma transformative practice privileges hope over despair



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Hope inspiring

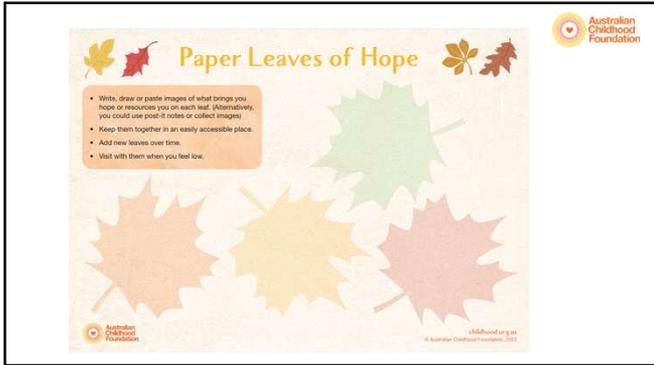
How do we hold on to hope in the complex work that we do?

“Hope is a resource for healing. It evolves in the moment-by-moment exchanges between victims and survivors and those who seek to support them... It is the continuity of a promise that the impact of trauma will end.”

Mitchell and Tucci (2024)



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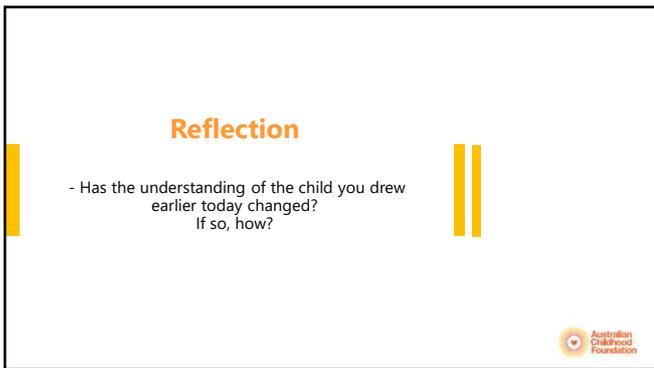


Paper Leaves of Hope

- Write, draw or paste images of what brings you hope or resources you on each leaf. (Alternatively, you could use post-it notes or collect images)
- Keep them together in an easily accessible place.
- Add new leaves over time.
- Visit with them when you feel low.

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Reflection

- Has the understanding of the child you drew earlier today changed?
If so, how?

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"We are inextricably linked...one nervous system to another..."

Deb Dana

- How we are doing matters
- We offer safety and predictability through our nervous systems
- Understanding our own responses, activation points, nervous systems helps us be the safe adults in children's worlds
- Offer of co-regulation

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Taking care of ourselves, and each other 

“...the cure for burnout isn't and can't be only self care. It has to be all of us caring for each other.”

Emily & Amelia Nagoski



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Final Reflections 

Something that was new to you

Something you could use in your practice

Something that surprised you



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Thank you for learning together today, and your ongoing commitment to supporting children!

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