Improving outcomes for women impacted by childhood trauma

Australian Women's Health Conference

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Adults Surviving Child Abuse (ASCA)

Societal awakening

- 1980s feminism highlighted often gendered crimes of sexual violence.
- Sexual abuse – named; personal stories told
- **Power** imbalance and **control** identified as key factors in its perpetration.

Yet, a persistent collective consciousness of the lived reality of trauma, especially complex trauma escapes us.

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Complex Trauma

Complex trauma is *more prevalent* – *interpersonal, developmental*, often *repeated and extreme; gendered*; impacts *cumulative*

The majority of people who experience trauma-related problems have complex, rather than `single-incident' trauma

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Complex trauma

- Child abuse – all forms
- Chronic neglect
- Family & community violence
- Other adverse childhood experiences

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Prevalence of childhood trauma

- **4-5 million Australian** adult survivors of childhood trauma
- 2013 AIHW **(51%)** children substantiated abused – **girls**
- 1 in 3 girls and 1 in 6 boys sexually assaulted prior to age of 18
- ¼ young people (12-20 years old) have **witnessed** physical **domestic violence** against mother or stepmother

Long term effects of childhood trauma are a public health problem of major proportions

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Current system

Such trauma often

- ***unacknowledged***
- ***unrecognised***
- ***unaddressed*** or poorly addressed

Those affected often experience compounded disadvantage, often right through the life cycle. ***This is often exacerbated for women***

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Complex trauma impacts

When unresolved, complex trauma causes ongoing problems, not only for women who experience it, but for their children (intergenerational effects)

Unresolved trauma:

(1) has negative effects **across the life-cycle**

(1) **intergenerational impacts** on the children of parents whose trauma histories are unresolved (Hesse, Main et al, in Solomon & Siegel, 2003)

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Impacts of childhood trauma

Childhood trauma affects early **attachment** dynamics.

Individuals who, as children, observe violence in the home, who have a parent/s who is/are abusive towards the other, or who are themselves abused, will struggle as a result of the ***changes to their brain development and functioning which arise from this traumatic exposure***.

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Intergenerational patterns

Abusive patterns, including gendered attitudes can seem normal to those living them every day. The use/abuse of ***power and control***, experiences of ***betrayal, secrecy, silence, fear*** and ***shame*** are common elements in families in which abuse/violence occur. In turn, all of these factors help perpetuate **cycles of violence/abuse**.

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Complex trauma… can

- cause difficulties learning how to trust others, how to establish healthy relationships and how to care for oneself.
- compromise *self-development* (Courtois & Ford, 2009: 16).
- And often does a *betrayal of trust* in care-giving relationships (DePrince & Freyd, 2007)

Child abuse is a particularly damaging form of complex trauma: *childhood trauma compromises core neural networks* (Cozolino, 2002:258).

Adverse Childhood Experiences Study

- Shows relationship between stressful overwhelming experiences in childhood & compromised *mental* ***and*** *physical health* in adulthood

- US longitudinal study of over 17000 participants

Two major findings are that:

(1) Adverse childhood experiences are `vastly more common than recognized or acknowledged'

(2) They powerfully impact both mental and physical health `a half-century later' (Felitti, 2002:45).

Personal solutions to public health problems

The ACE Study establishes:

- *the conversion, over time, of childhood coping mechanisms into adult health problems*

- ***initially protective*** coping mechanisms to deal with childhood adversity ***lose their protective function over time*** and undermine emotional **and** physical health in adulthood (Felitti, Anda et.al., 1998)

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Prioritising trauma

- *Trauma not a priority* in health agendas & budgets (*`not on radar'*)
- The trauma-related nature of many psychological ***and*** physical problems is scarcely recognized
- Trauma is not just an `individual' misfortune but *a major public health problem*

Trauma can be resolved – substantiated by neuroscience

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Research into Practice

A large body of knowledge about the impact of traumatic experience...*on a wide variety of psychological, physical & social problems...is by* ***now well established, yet there is still relatively little application of this science to standard practice’*** **(Bloom, 2011:82).**

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Practice Guidelines

- Evidence base to translate research into practice.
- Framework to respond to public health challenge of trauma
- Set the standards in each of the following domains:

A. `*Practice Guidelines for Treatment of Complex Trauma*' are for the clinical context, and reflect growing insights into the role of trauma in the aetiology of mental illness and new possibilities for clinical treatment.

B. `*Practice Guidelines for Trauma-Informed Care and Service Delivery*' are directed to services with which people with trauma histories come into contact.

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ASCA Practice Guidelines

- Substantive evidence base around unresolved trauma – complex
- Gap between knowledge understanding and practice

Guidelines fill the gap for whole system – practitioners, workers, organisations, systems and policy makers

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Stakes and challenges

- The majority of people who access the human services sector have undergone many *overwhelming life experiences, interpersonal violence & adversity* (Bloom, 2011; Jennings, 2004:6).
- The current organisation of human services does not reflect this reality & is inadequate to cope with it
- Hence growing calls for implementation of a new paradigm – ***Trauma-Informed Care and Practice (TICP)***

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Responding positively to trauma

- ***Positive relational experiences have great healing potential*** (& negative relational experiences compound emotional & psychological problems)
- **Healing is *relational*, so positive experiences need to take place**:

*in clinical settings

* within services & organisations accessed by those with trauma histories

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Trauma informed practice

- Minimises potential for *re-traumatisation*
- Rests on `a `do no harm' approach that is sensitive to how *institutions may inadvertently reenact trauma dynamics'* (Miller& Najavits, 2012; Harris & Fallot, 2001; Hodes, 2006; emphasis added)

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Societal change

- *Royal Commission* into institutional responses to child sexual abuse - national spotlight shone on the issue

- Terms of Reference – only sexual abuse; does not include abuses in home and family

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What we need

Conversations are a start.
They need to be supported by

- action in pursuit of **justice**
- Effective ***child protection*** initiatives
- ***Awareness campaigns*** to address collective denial, stigma and taboo which would still rather not speak about the 'unspeakable'
- services which are informed about complex trauma and its impacts and accessible and affordable to victims/survivors of all ages

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Adults Surviving Child Abuse

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