



Understanding trauma and brain development

FACT SHEET



Loddon's Commitment to Supporting Families

Our shared core competencies



This competency includes training related to brain science, and the effect of trauma on brain development and behaviour. This competency means knowing how to deliver effective care to people with trauma histories, create a safe environment and prevent secondary traumatic stress in staff.

What does this competency mean?

- Recognises the various impacts trauma can have on people's brain development and behaviour, particularly children
- Understands the importance of ensuring the physical and emotional safety of clients and staff
- Understands how protective factors, such as connections to safe and non-judgmental people and individual resilience, can mitigate the negative impacts of trauma
- Incorporates knowledge about trauma and brain development into interactions with people
- Aims to avoid re-traumatising people and thus doing no further harm by acknowledging that every-day things may unintentionally trigger trauma symptoms
- Recognises that cultural backgrounds (eg. Aboriginal, refugee backgrounds) may have particular experiences of trauma, including intergenerational trauma.

What does the research say?

Traumatic events occur when people are faced with actual or threatened death, sexual abuse, serious injury, experiences of severe poverty, or other forms of harm or neglect.¹ For children in particular trauma can occur through witnessing things happening to other people. People who are exposed to these events can experience a range of traumatic stress symptoms. Childhood traumatic events that are prolonged or repeated can result in serious long-term psychological, social and behavioural problems that are carried through life and affect brain development.² However, with the right care and support people's trauma related symptoms can be effectively managed or even reversed.

Childhood trauma can have a long-term impact on brain development and on the formation of a secure attachment between the child and their caregivers. The extent to which a child is affected by trauma is dependent on the developmental stage of the child, the nature of the trauma and whether there are protective factors to support the child during and after the traumatic event.³ We require a workforce that is knowledgeable about trauma and early brain development, and can employ effective strategies to prevent and reduce the effect that it has on children and young people.

An understanding that the intergenerational transmission of trauma is at the core of

Aboriginal people's experience needs to inform practice. Intergenerational trauma involves the transmission of unresolved historical grief from one generation to another. Historical grief and trauma can combine with present day experiences, such as family violence, suicide, substance abuse and poverty, compounding the experiences of intergenerational maltreatment and trauma.⁴ The National Child Traumatic Stress Network defines several elements of trauma-informed practice.⁵

- Maximise the child's sense of safety and assist children in reducing overwhelming emotion.
- Help children make new meaning of their trauma history and current experiences.
- Address the impact of trauma and subsequent changes in the child's behaviour, development and relationships and coordinate services with other agencies.
- Utilise comprehensive assessment of the child's trauma experiences and their impact on the child's development and behaviour to guide services.
- Support and promote positive and stable relationships in the life of the child.
- Provide support and guidance to the child's family and caregivers.
- Manage professional and personal stress.

¹ Substance Abuse and Mental Health Services Administration' 2014. 'SAMHSA's Concept of trauma and guidance for a trauma-informed approach', SAMHSA's Trauma and Justice Strategic Initiative.

² Mueller, S., Maheu, F., Dozier, M., Peloso, E., Mandell, D., Leibenluft, E., Pine, D., & Ernst, M. 2010. Early-life stress is associated with impairment in cognitive control in adolescence: An fMRI study. *Neuropsychologia*, 48.

³ Women's Health Goulburn North East, 2012. 'Literature Review – A trauma-sensitive approach for children aged 0-8 years'. Victoria, Australia.

⁴ Roy, A. 2014. 'Intergenerational trauma and Aboriginal women: Implications for mental health during pregnancy', *First Peoples Child & Family Review*, 9(1), pp. 7-21.

⁵ NCTSN, 2008. Child welfare trauma training toolkit: Comprehensive guide (2nd ed.) Los Angeles, CA & Durham, NC: National Centre for Child Traumatic Stress.



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What are the implications for practice?

- Staff need to have an understanding of how trauma can have long-lasting impacts on people's lives.
- Working with people who have experienced trauma needs to be without judgement.
- Be mindful of things that may trigger trauma-related symptoms and mitigate these risks.
- Manage personal and work-related stress effectively and maximise the sense of safety in the workplace.

Other information and resources

blogs.rch.org.au/ccch/2015/11/25/video-brain-builders Building Better Brains; Centre for Community Child Health, Royal Children's Hospital Melbourne.

developingchild.harvard.edu/science/key-concepts/brain-architecture Centre on the Developing Child, Harvard University

[9 Plain English Principles of Trauma Informed Care](#)
Australian Childhood Foundation

For a more detailed read on the latest science into brain development and its implication for policy, see: *First 1,000 Days: an Evidence Paper*, produced Murdoch Children's Research Institute on their website:

blogs.rch.org.au/ccch/2017/09/25/the-first-thousand-days



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