



# Constructions of complex trauma and implications for women's wellbeing and safety from violence: *Key findings and future directions*

ANROWS

AUSTRALIA'S NATIONAL RESEARCH  
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*to Reduce Violence against Women & their Children*

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ANROWS Research to policy and practice papers are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This is an edited summary of key findings from ANROWS research ""A deep wound under my heart": Constructions of complex trauma and implications for women's wellbeing and safety from violence". Please consult the ANROWS website for more information on this project and the full project report: Salter, M., Conroy, E., Dragiewicz, M., Burke, J., Ussher, J., Middleton, W., Vilenica, S., Martin Monzon, B., & Noack-Lundberg, K. (2020). *"A deep wound under my heart": Constructions of complex trauma and implications for women's wellbeing and safety from violence* (Research report, 12/2020). Sydney: ANROWS.

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ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 4—Services meet the needs of women and their children experiencing violence.

### **Acknowledgement of Country**

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

### **Acknowledgement of lived experiences of violence**

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT—1800 737 732 and Lifeline—13 11 14.

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# Constructions of complex trauma and implications for women's wellbeing and safety from violence

## BACKGROUND

- Complex trauma refers to multiple, repeated forms of interpersonal victimisation, and the resulting traumatic health problems and psychosocial challenges.
- Women with experiences of complex trauma are a significant but overlooked group of victims and survivors of gender-based violence in Australia.
- Women who have experienced complex trauma have interlinked health and safety needs, and are often in frequent contact with crisis services and police due to domestic violence and sexual assault.
- The development of shared frameworks of practice for addressing complex trauma has been stalled by a lack of professional consensus and understanding.

## KEY FINDINGS

- Complex trauma is neither consistently nor well defined in Australian public policy.
- Professionals favour a psychological/biomedical understanding of complex trauma, while women with experiences of complex trauma emphasise bodily and relational aspects.
- Addressing multiple needs of women with experiences of complex trauma is fraught within a fragmented, single-issue service system.
- Gendered stereotypes about women's health can impact optimal service provision across many sectors.
- Provision of services to women with experiences of complex trauma can have workforce benefits as well as risks.

## KEY RECOMMENDATIONS

- Make a whole-of-government commitment to the implementation and coordination of trauma-informed practice across sectors.
- Improve the identification and prioritisation of women with experiences of complex trauma within public policy and service frameworks.
- Embed trauma-informed care within a holistic wellbeing framework that integrates mental, physical and psychosocial wellbeing.
- Invest in preventing and reducing the intergenerational impact of childhood trauma.

## A NOTE ON GENDER

ANROWS's mission is to deliver relevant and translatable research evidence which drives policy and practice leading to a reduction in the levels of violence against women and their children. In line with this remit, this research project focuses upon women with experiences of complex trauma (cPTSD). It highlights the ways that lived experience of complex trauma can intersect with gender-based violence, including domestic and family violence (DFV) and sexual assault, crimes that disproportionately affect women. This is not to imply that experiences of complex trauma do not occur for men and gender diverse people. Implementing the sensitive, coordinated and consistent service approaches to people with experiences of complex trauma recommended by this research would likely benefit all people with cPTSD.

# Repeated gendered violence affects a significant proportion of Australian women

In Australia, one quarter of women subject to gendered violence report at least three different forms of interpersonal victimisation in their lifetime, such as child sexual abuse, domestic violence, sexual assault and stalking (Cox, 2016; Rees et al., 2011). While it is difficult to get an accurate figure on the number of children in Australia who have experienced child abuse, including child sexual abuse, approximately 2.5 million Australian adults (13%) report having experienced abuse during their childhood (Australian Bureau of Statistics, 2019). Women who experienced childhood abuse were nearly three times more likely to experience partner violence than those who had not been abused as children (Australian Bureau of Statistics, 2017). Complex trauma refers to multiple, repeated forms of interpersonal victimisation, and the resulting traumatic health problems and psychosocial challenges. Women with experiences of complex trauma are a significant but overlooked group of victims and survivors of gender-based violence in Australia.

# Complex trauma responses are not well coordinated

Women who have experiences of complex trauma are often in frequent contact with crisis services and police due to domestic violence and sexual assault, with some women reporting extreme forms of gender-based violence that fall outside existing policy frameworks (Middleton, 2013; Salter, 2017). This cohort are frequent users of healthcare due to heightened needs associated with mental illness, suicidality and substance use, as well as the diverse and varied physical impacts of trauma, including the bodily effects of living in a state of hypervigilance and tension. The health and safety needs of women with experiences of complex trauma are interlinked, since poor health and unmet need can increase their risk of victimisation, while ongoing victimisation compounds trauma-related mental illness (Salter, 2017).

Complex trauma is a contested area, in which the medical model of mental illness, and the widespread stigmatisation of distressed women as “hysterical”, malingering, or simply “mad” (Ussher, 2011), sits in conflict with trauma-informed paradigms of support and treatment (Herman, 1992). There is a need for responses to women who have experienced complex trauma to be sensitive, coordinated and consistent between services and agencies, to ensure women’s wellbeing and safety from violence. However, the development of shared frameworks of practice for addressing complex trauma has been forestalled by a lack of professional consensus and understanding.

## THE ANROWS RESEARCH PROJECT

“A deep wound under my heart”: Constructions of complex trauma and implications for women’s wellbeing and safety from violence” by Michael Salter, Elizabeth Conroy, Molly Dragiewicz, Jackie Burke, Jane Ussher, Warwick Middleton, Sheryle Vilenica, Beatriz Martin Monzon and Kyja Noack-Lundberg

This project sought to develop a comprehensive picture of how complex trauma is being constructed in public policy and practice, and how it is viewed by women with experiences of complex trauma.

The research took the form of a multi-method study that combined policy and service analysis with qualitative research with women with experiences of complex trauma and the professionals who work with them, via:

- a policy audit of approaches to complex trauma
- service documentary analysis and qualitative interviews with professionals in Queensland and New South Wales
- qualitative interviews with women with experiences of complex trauma in Queensland and New South Wales
- online workshops in which professional stakeholders and women with experiences of complex trauma provided feedback on the findings of the study.

Quotes appearing in this paper come from interviews with women with experiences of complex trauma and professional stakeholders carried out as part of the study, and also appear in the full report.

See [anrows.org.au](http://anrows.org.au) for the full report.

# Key findings

## Complex trauma is not consistently defined in public policy

References to complex trauma in public policy are typically brief and undefined:

- The term “complex trauma” is frequently used interchangeably with “trauma”, “cumulative harm”, “childhood trauma”, “early onset trauma”, “significant trauma” and “severe trauma”.
- There is not always a clear differentiation between trauma which may have resulted from a one-off event, and complex trauma, which has myriad effects, including shaping coping mechanisms, brain development, interpersonal relationships and physical health outcomes.
- Frameworks and documents pertaining to “trauma-informed care” are often implicitly focused on the impact of complex trauma, although this rarely is explicitly acknowledged.
- Relevant psychiatric diagnoses such as “complex post-traumatic stress disorder”, “personality disorder” and the dissociative disorders are rarely referred to in policy frameworks; however, “intergenerational trauma” and related terms such as “transgenerational trauma” feature prominently in Aboriginal and Torres Strait Islander policy frameworks and documents, recognising the ongoing effects of invasion, the Stolen Generations, disadvantage and racism.
- While the impacts of intergenerational trauma can be strongly defined in Aboriginal and Torres Strait Islander policy frameworks and documents, this knowledge can be siloed. This can mean it is not readily applied to other groups of women affected by intergenerational trauma, for example women who have mothers with their own child protection history.
- There is variability in understandings of complex trauma between government departments and services, with some services able to clearly “operationalise” trauma-informed care for people with complex trauma, and others with less clear understandings and less-developed practice.

## Women and health professionals can understand complex trauma differently

Women indicated that the vocabulary of “trauma” can assist them in articulating experiences and impacts of violence and abuse, but it can also pathologise and individualise what are reasonable responses to overwhelming situations.

[My therapist] talks about mental illness, and I say to him all the time, “Don’t ever use that.” And he goes, “Why? It’s what it is.” And I said, “No, it’s not.” I said, “When you use the word illness, you’re saying that I’m sick. I’m not sick. I have a set of symptoms as a result of what was done to me. I’m not sick.” (Louise)

Women’s descriptions of trauma impacts were more likely to focus on the somatic (bodily effects) and psychosocial (relational) implications of complex trauma, whereas professionals

framed responses to complex trauma as primarily a psychological (affecting the mind) or biomedical problem.

The different ways of understanding complex trauma become more pronounced when engaging with particular services. For example, for women with experiences of complex trauma, links with their children and grandchildren were a strong motivator to seek treatment. Despite the importance of their children in their recovery, the women did not always feel that they had been supported in their parenting and caring responsibilities. This view was echoed by trauma-informed professionals:

In child protection, you are sort of working with the family as a whole, and things are not necessarily named as “This is an impact of trauma for mum.” [Instead, it was,] “This is what’s happening in her parenting.” ... I think the linkages were not as clearly made. Whereas here, they are ... I think absolutely it would help a great deal if child protection work was much more trauma-informed. Because it is central to most people’s experience of being a parent and their ability to be in relationships with people. (Trauma counsellor, sexual assault service)

## Addressing multiple needs within a single-issue service system is fraught

Women with experiences of complex trauma typically have multiple needs, however the majority of services are funded to address a particular issue or concern. As a result, women with experiences of complex trauma typically need to navigate multiple services and agencies in order to have their needs meet. Service systems and agencies can place unrealistic expectations on women with experiences of complex trauma to understand and navigate the (formal and informal) rules governing each service system, often simultaneously, while they are in crisis.

I remember going to this appointment with the acute care team and I made sure that I put on makeup and ironed my clothes and dressed well and everything and I had my hair done and everything that day because I’m like, “They’re gonna be judging me on every single level. I need to present well.” So I treat it like as I was going to almost like a job interview, because I don’t wanna be hospitalised again. I was so scared of having to go back to hospital, and they actually said to me, “You presented so well. You dress really well. You’re obviously able to perform all your self-care and all this,” that sort of thing by myself, “so you’re fine.” ... You’ve got to freaking look a bit deeper than that, aye. People learn how to present. People learn how to protect themselves from being drawn into the system. That has like self-protection—like for me, that’s worked well. I’ve protected myself and been able to stay out of the public system a bit but then it’s a double-edged sword, because it’s also stopped me from accessing the support that I need. (Chloe)



## Gendered stereotypes can impact optimal service provision

Women with experiences of complex trauma frequently encountered sexist and disparaging views about women’s mental health, encapsulated in the common stereotype of the “crazy woman”. Behaviours that can be associated with complex trauma, from self-harm to suicidality to problematic substance use, are stigmatised in service settings, and can attract punitive and dehumanising responses from professionals. Connecting with a trauma-informed professional service is typically a matter of luck or perseverance on behalf of women, and where they received a supportive or effective response in one context, this level of care was often not maintained across their encounters with different services and agencies.

I had one manager from one hospital say to me, “When you guys [women with experiences of complex trauma] are a bit sad and you come into ED, it takes so much effort for my staff to make you happy when there’s real patients out there with real problems and all you’re doing is taking up my time.” (Louise)

## “Best practice” in complex trauma services

Both women with experiences of complex trauma and healthcare professionals pointed to models of holistic, wrap-around and place-based service provision that aim to meet the multiple impacts of complex trauma as a blueprint for “best practice”. They gave examples including specialist providers in community health, women’s health, sexual assault, community legal practice and the refugee sector.

A picture of “best practice” in service provision for people with experience of complex trauma emerged, though to be effective it must be embedded within a broader network of services that foster mutual learning, partnerships and referrals of clients where necessary.

So most areas now, the police force has a mental health intervention team. And they have an officer or multiple officers at most stations now that are there to respond. Now, whether that’s enough for every shift is another question—but I think it’s a significant development, because there are specialist police these days [who] are for mental health presentations that may occur ... So, the call comes up—“We’ve got a call about a person harming themselves ...” They would think about the whole presentation. A nurse and the police officer, and they’ll manage it together. That’s a really, really effective model. (Mental health nurse)

To ensure cultural safety, strength and accessibility, it was broadly seen as important that therapeutic activities were culturally grounded and appropriate, with the provision of well-supported, trauma-informed interpreters where necessary.

# Key points of best practice

- **No wrong door with “soft” and low entry points:** Women who present with experiences of complex trauma should be able to enter into health, legal and other systems through multiple pathways that are supportive and helpful, with low or no barriers to entry.
- **Focus on self-determination and recovery:** The explicit task of services and agencies should be to support the client to be self-determining, autonomous and thriving.
- **Safety first:** Women’s safety needs are assessed and addressed, including safety from perpetrators and their housing and security needs. The service also needs to feel safe for women, including in its physical design and culture of clear boundaries.
- **Flexibility:** Within those clear boundaries, services are flexible and able to accommodate the needs of women with experiences of complex trauma, which may include difficulties attending sessions or after-hours crises.
- **Continuity and predictability of care:** Women are able to establish a connection and a safe relationship with a key staff member that endures over time, and decisions about the woman’s care are ultimately made with the woman.
- **A “whole of life”, “whole of person” perspective:** Current presentation and need is framed by a holistic view of women’s experiences and selves that addresses how women’s histories influence their expectations of and interactions with the service.
- **Stepped care within services:** Women receive more intensive care when/if their needs escalate and are referred back to lower threshold care when stabilised (i.e. retained in care rather than being dropped out of treatment because they are no longer “acute”). Stepped care should be available within services where possible or else through close collaborations between services.
- **Multi-disciplinary teams offering multiple modalities of treatment:** Services address physical, psychosocial and mental health needs, as well as practical life challenges, incorporating cultural knowledge and expertise where necessary.
- **Psychoeducation:** Women have the opportunity to learn about the impact of trauma on their lives.
- **Welcoming physical environments, including spaces for recovery after treatment:** Women are often disorientated after trauma-related service, and it may not be safe for them to travel, hence it is important that the physical environments of services are welcoming and can provide rest spaces.
- **Case management and advocacy:** Clients are supported to navigate complex and challenging systems, including police and the NDIS.
- **Supporting parenting:** Services can accommodate parenting and also promote good parenting as part of the service.
- **Practical accommodation of clients’ needs:** Services have brokerage or provisions in place to address women’s problems with childcare and transport.
- **Investment in staff care, support and vicarious trauma prevention, and the promotion of vicarious resilience:** A culture of care should be evident among and between workers and extended to clients.

## Trauma-informed care can have workplace benefits as well as risks

Risk factors for experiencing vicarious trauma exist at the individual, workplace and systems levels, and can produce trauma-related cognitive changes and secondary traumatic stress in workers.

We all get certain symptoms ... but I don't have parallel symptoms to my clients, so I don't wake up at night with nightmares, I don't have panic attacks, I don't have that but it does impact your world view. I don't dislike men but obviously I have concerns about a lot of men and they're bad ... I think in general, I might have different views to someone who hasn't worked in this area. (Trauma counsellor)

While there is considerable evidence for effective vicarious trauma prevention at the individual and workplace levels, in this study, workers described experiencing significant benefits, including growth in personal strength and resilience, as a result of working with people who have experienced complex trauma.

I also wonder if ... the compassion and the empathy ... that these cases can ... draw out of the professional ... have a therapeutic effect on the professional as well. It seems to be, you know, it's a very sustaining, nurturing emotion and it counter-balances the feelings of powerlessness. (Psychiatrist)

It is likely that services that are not trauma-informed in their approach to clients are also not trauma-informed in their approach to their employees. Mainstreaming complex trauma work will require workers and workplaces to adopt active vicarious trauma prevention strategies. This includes fostering informal workplace cultures of debriefing and mutual support as optimal to worker health and wellbeing, as well as promoting and building upon the personal and professional benefits of supporting women with experiences of complex trauma.

From a practice perspective, it is important to recognise the skill, training and educational level people need, including addressing their own trauma, to effectively assist people with experiences of complex trauma. Taking a tiered approach to service provision might be one way to address this, where in the first tier, service providers have training and an awareness that people who enter the service can have multi-layered trauma, and practices to follow to improve service provision to people with complex trauma. In the second tier the service provider has more developed skills, and knows when, and how, to refer to a specialised service. The third tier is staffed by people with high level clinical skills.

# Key findings relating to specific sectors

This research also identified the following key findings relating to specific sectors.

## Health settings

- Women with experiences of complex trauma attract a range of psychiatric labels that do not result in referral to effective treatment, but instead pathologise women as difficult and non-compliant.
- Public health focuses on highly time-limited, contractual care are obstacles to the safety and wellbeing of women with experiences of complex trauma.

When our clients are wanting to self-harm or they're suicidal, it's so very hard to get them to be admitted to hospital and at times all our clients need is a break. Just some time out to be safe. They can sit in ED for hours and then just be sent home, in the middle of the night in an unsafe environment and timeframe. (Trauma counsellor, sexual assault service)

- There is currently a lack of trauma-specialised services and professionals, and women's experiences of healthcare are typically segmented and uncoordinated.
- Experiences of complex trauma are not well recognised across mental health practice or related fields, leading to inconsistent, inappropriate and sometimes revictimising treatment.

## Criminal justice

- Successful criminal justice outcomes for women with experiences of complex trauma are rare. All women interviewed for the study had been extensively victimised, however no woman reported that the full extent of her victimisation had been prosecuted in the criminal justice system.
- Women and workers felt that police and prosecutorial decisions about women with experiences of complex trauma are not transparent or accountable.
- Initial assessments and informal judgements by police have a significant impact on women with experiences of complex trauma and their access to justice.

I think that it [contact with police] is really difficult for some [women]. Again, going back to that whole idea of the "good victim". I don't think people talk about that enough in our sector but just even in police responses, just in terms of how a woman is presenting and if she gets upset and if she gets angry with police, if she has been drinking when she has the call out, often we will see it just that she gets written off. (Manager/supervisor, domestic violence service)

- In family law matters, women are frequently not believed or supported when reporting abuse by an ex-partner and are often worse off financially and psychologically for their contact with the legal process.

## Child protection services

Workers and women report that the child protection system's understanding of trauma-informed practice differs considerably from other service sectors. There is widespread concern that the impact of trauma on parenting is not being addressed in the child protection system, resulting in late and punitive interventions.

And then often one of the difficulties with that is that, for example, the perpetrators may be presenting quite well and mum is not presenting well at all because of her own childhood trauma impacts and then the current domestic violence, and then also it impacts them by how they get treated by the system. So what I find is that what has happened to the woman and the children gets personalised. As for mum, it's her parenting, there's something wrong with her parenting or she has been triggered from the past. She has been triggered from the past, we hear a lot, and it gets personalised too. Something deficient within their own character and their own personality so I think that really impacts, whether they even get to keep the children obviously. I think it has got really major impacts [for] women, how they are perceived. (Manager/supervisor, domestic violence service)

# Implications for policymakers and practitioners

At the policy level, complex trauma overlaps with frameworks on violence against women and mental health. However, the impact of complex trauma is not comprehensively addressed by these frameworks, which contributes to the fragmented response to women in distress. There is a strong need for a whole-of-government commitment to the implementation and coordination of trauma-informed practice across sectors. This should include:

- the identification and prioritisation of women with experiences of complex trauma within public policy and service frameworks
- a properly resourced audit to identify barriers to service cooperation for women with experiences of complex trauma, with participation from service consumers
- embedding trauma-informed care within a holistic wellbeing framework that integrates mental, physical and psychosocial wellbeing
- sustained and long-term funding for specialist trauma programs and services.

Some instances of future complex trauma may be addressed by an investment in preventing and reducing the intergenerational impact of childhood trauma via:

- pre- and post-natal care and screening for abuse and violence<sup>1</sup>
- trauma-informed parental and family support programs<sup>2</sup>
- early intervention for trauma-exposed boys and girls.<sup>3</sup>

## Health

- Integrate trauma-informed care into health and medical training, including psychological, physical and behavioural impacts and implications for professionals interacting with clients.<sup>4</sup>
- Enact protocols for the compassionate treatment of self-harming individuals in a range of settings, including emergency departments.
- Mainstream the acknowledgement and treatment of comorbidity in mental health and alcohol and other drugs settings and address barriers to comprehensive mental health/substance misuse treatment.
- Invest in vicarious trauma and burnout prevention among health staff and actively promote and foster salutogenic effects through service design and culture.
- Build and promote trauma-informed cultures within and between health services through an explicit focus on identifying and meeting clients' needs, and promote the recovery, resilience and autonomy of people with experiences of complex trauma.
- Improve access to comprehensive treatment for complex trauma under current policy arrangements, including Medicare and the NDIS, to minimise short-term and disjointed interventions and treatment.

<sup>1</sup> See also Hegarty et al., 2020.

<sup>2</sup> See also Healey, Humphreys, Tsantefski, Heward-Belle, & Mandel, 2018.

<sup>3</sup> See also Campbell, Richter, Howard, & Cockburn, 2020.

<sup>4</sup> See also Hegarty et al., 2017.

## Mental health

- Ensure that professionals have the skills to meet demand for services in complex trauma and dissociation through mental health workforce planning.
- Respond to need for outpatient and inpatient complex trauma and dissociation care.
- Enact reform to tertiary education and accreditation for psychiatrists and clinical psychologists. Curricula should:
  - discuss role of trauma and complex trauma in mental illness and distress
  - provide an overview of available treatment modalities
  - address the mental, physical and psychosocial dimensions of trauma
  - include the dissociative disorders
  - de-stigmatise emotional dysregulation, psychosocial difficulties and other issues categorised as “borderline”.
- Develop and implement non-traumatising models of involuntary care.
- Develop a network of trauma-informed professionals and services.

## Criminal justice

- Resource police properly to work in a trauma-informed way, including via the provision of appropriate training for dealing with people with experiences of complex trauma.
- Promote partnership models where police attend mental health incidents with allied health.
- Move to trauma-informed prosecution, involving continuity of contact and care in a case from a trusted individual, with careful handover from police to prosecution, from lawyer to lawyer.

## Child protection services

Echoing existing ANROWS research (Healey et al., 2018; Humphreys & Healey, 2017), this research found clear evidence of a need for change in practice/systematic approach to child protection that understands the impact of domestic and family violence, and works with the non-offending parent to keep her and her children safe. It also highlights the need for further research on the experience of women who have experienced complex trauma as parents in the child protection system. This should examine:

- questions about whether assessments of parenting reflect current knowledge and practice on trauma and attachment
- the lack of access to non-stigmatising early intervention and family support services.

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# See also

## Forthcoming research

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## Further reading

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