

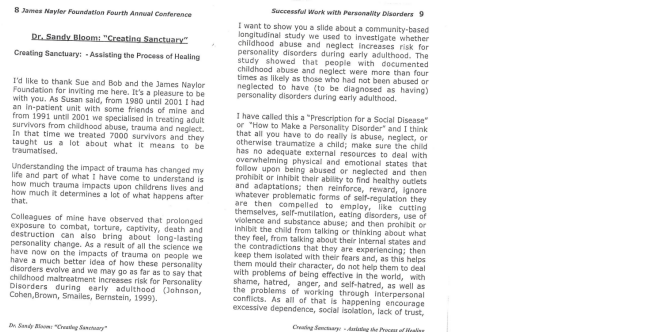




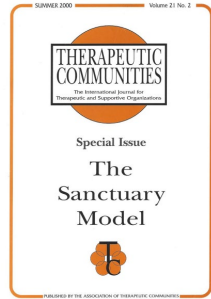
# Supporting Research for The Sanctuary Model

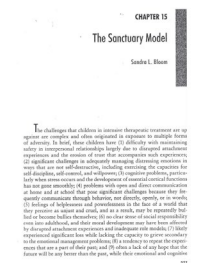

This document contains references to a range of trauma-informed research articles that support the Sanctuary model.

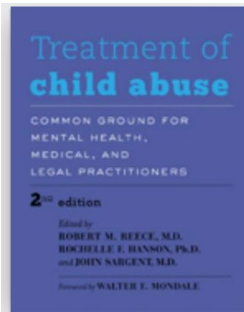


Resource	Summary of content	Link
<b>The Sanctuary Model (General)</b>		
<p>Banks, J., &amp; Vargas, L. (2009). <i>Contributors to restraints and holds in organisations using the Sanctuary Model.</i></p>	<p>A three year study of organisations using the Sanctuary Model showed reductions in physical restraints on average of 52.3% after the first year of implementation (US-based study).</p>	<p><a href="#">restraints and holds brief.pdf (thesanctuaryinstitute.org)</a></p> 
<p>Banks, J., &amp; Vargas, L. (2009). <i>Sanctuary at the Andrus Children's Center.</i></p>	<p>The US-based <i>Andrus Children's Center</i> (Andrus) is a private non-profit organisation. Operating as a residential treatment centre, an award-winning private special-education school, outpatient mental health services and preventative outreach programs for traumatised children and their families.</p> <p>The implementation of the Sanctuary model brought about qualitative improvements in treatment outcomes, staff communication and reported increased job satisfaction at Andrus.</p> <p>In addition, outcome indicators for both children and staff revealed significant quantitative changes in a variety of areas. Following implementation of the Sanctuary model the Andrus Children's Center experienced significant decreases in critical incidents and restraints.</p>	<p><a href="#">sanctuary_andrus.pdf (thesanctuaryinstitute.org)</a></p> 
<p>Bloom, S.L. (2000). <i>Creating Sanctuary: Healing from systematic abuses of</i></p>	<p>This paper describes a short-term modified therapeutic milieu program (The Sanctuary Model), designed specifically for the</p>	<p>PDF</p>

Resource	Summary of content	Link
<p>power. <i>Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations</i>, 21(2): 67-91.</p>	<p>treatment of trauma-related disorders in adults. The relationship between a trauma-based model and the therapeutic milieu model are explored. The fundamental assumptions that inform the treatment model are outlined as well as the goals of treatment.</p>	
<p>Bloom, S.L. (2014). <i>Creating, Destroying and Restoring Sanctuary Within Caregiving Organisations</i>. In A. Odgers (Ed.), <i>From Broken Attachments to Earned Security: The Role of Empathy in Therapeutic Change</i> (pp. 303-314). London: Karnac.</p>	<p>This chapter explores the dynamics of building and maintaining a safe therapeutic environment (Sanctuary) in caregiving organisations, examining how organisational trauma can be both created and resolved through the Sanctuary Model.</p>	<p>PDF</p> 
<p>Bloom, S. L. (2013). <i>Creating sanctuary: Toward the evolution of sane societies</i> (2nd ed.). Routledge.</p>	<p>This book explores the concept of creating "sanctuary" in various settings, including mental health facilities, schools, and communities. It discusses how to develop trauma-informed, democratic environments that promote healing and growth. The second edition updates the original work with new insights and research on trauma-informed care. Creating Sanctuary is a description of a hospital-based program to treat adults who had been abused as children and the revolutionary knowledge about trauma and adversity that the program was based upon. This book</p>	<p><a href="https://www.sandrabloom.com/creating-sanctuary-toward-the-evolution-of-sane-societies">Creating Sanctuary: Toward the Evolution of Sane Societies (sandrabloom.com)</a></p> 


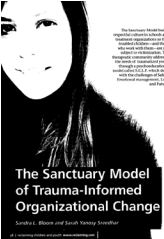
Resource	Summary of content	Link
	focuses on the biological, psychological, and social aspects of trauma.	
<p>Bloom, S. L. Editor (2000), Special Edition, <i>The Sanctuary Model, Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations</i>. Summer.</p>	<p>The 2000 special edition focuses on the Sanctuary Model, a trauma-informed approach to creating safe and therapeutic environments. This model integrates principles of social psychiatry, nonviolence, and community living, addressing the needs of individuals recovering from trauma. The edition includes detailed discussions on implementing the model in therapeutic communities and highlights its effectiveness in promoting recovery through structured support and collaborative healing environments</p>	<p><a href="#">2000-Bloom-The-Sanctuary-Model-Issue-Therapeutic-Communities.pdf (sandrabloom.com)</a></p> 
<p>Bloom, S.L., (2013). <i>The Sanctuary Model: A best-practices approach to organisational change, in Best Practices in Community Mental Health</i>, V. Vandiver, Editor. 2013, Lyceum Books: Chicago, IL. p. 303-314.</p>	<p>The article describes a trauma-informed method aimed at reshaping organisational culture. The Sanctuary Model emphasises creating safe, supportive environments through shared values, knowledge, language, and practice. It is designed to help organisations promote recovery and adapt trauma-informed approaches in mental health and social services.</p>	<p><a href="#">Creating PRESENCE – by Dr. Sandra Bloom</a></p>
<p>Bloom, S.L. (2013). <i>The Sanctuary Model: Changing Habits and Transforming the Organizational Operating System</i>. In J.D. Ford &amp; C.A. Courtois (Eds.), <i>Treating Complex Traumatic Stress Disorders in Children and Adolescents: Scientific</i></p>	<p>In this chapter, Bloom details how the Sanctuary Model can be used to transform the operational systems of organisations, making them more trauma-responsive and enhancing the recovery process for children and adolescents suffering from complex trauma.</p>	<p>PDF</p>

Resource	Summary of content	Link				
<p>Foundations and Therapeutic Models (pp. 277-293). New York: Guilford Press.</p>						
<p>Bloom, S.L., (1994). <i>The Sanctuary Model: Developing Generic Inpatient Programs for the Treatment of Psychological Trauma</i>, in Handbook of Post-Traumatic Therapy, A Practical Guide to Intervention, Treatment, and Research, M.B. Williams and J.F. Sommer, Editors. 1994, Greenwood Publishing. p. 474-49.</p>	<p>In 1980 a multidisciplinary group of mental health specialists created an open, voluntary, inpatient unit in a general hospital. Around 1985 as a result of some particularly instructive patients, staff began realising that insufficient attention has been paid to the implications of severe childhood trauma in the histories of many patients. This led to a shift in emphasis in the evaluation phase of treatment toward a focus on underlying trauma. Staff stopped asking in any number of ways, “What’s wrong with you?”, and began asking, “What happened to you?” When they began to ask different questions, they were astounded by the answers they received. The discover that a majority of patients were victims of serious and significant childhood physical and sexual abuse led to a broadening of the treatment perspective and an ongoing search for more effective modalities of treatment.</p>	<p style="text-align: right;"><a href="#">ResearchGate</a></p> <p>See discussions, stats, and author profiles for this publication at: <a href="https://www.researchgate.net/publication/242228156">https://www.researchgate.net/publication/242228156</a></p> <p><b>The Sanctuary Model: Developing Generic Inpatient Programs for the Treatment of Psychological Trauma</b></p> <p>Chapter · January 1994</p> <table border="0"> <tr> <td>CITATIONS</td> <td>READS</td> </tr> <tr> <td>41</td> <td>368</td> </tr> </table> <p>1 author</p> <p> Sandra L. Bloom Drexel University 147 PUBLICATIONS 2,368 CITATIONS <a href="#">SEE PROFILE</a></p>	CITATIONS	READS	41	368
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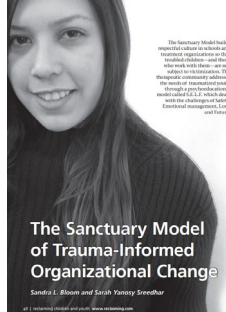


Resource	Summary of content	Link
<p>Bloom, S.L., <i>The Sanctuary Model: Rebooting the Organizational Operating System in Group Care Settings.</i>, in <i>Treatment of Child Abuse: Common Ground for Mental Health, Medical, and Legal Practitioners</i>, R.M. Reece, R.E. Hanson, and J. Sargent, Editors. 2014, John Hopkins University Press: Baltimore. p. 109-117.</p>	<p>An evidence-based reference book for mental health professionals and medical personnel working with victims of child abuse. The second edition is organised by various modes of therapy, different settings for therapies, and the individualised needs of victims correlating to types of abuse and neglect.</p> <p>The contributors describe evidence-based and evidence-supported treatments for traumatised children and adolescents, information on research and theory underlying the interventions, and explanations of treatment protocols.</p> <p>The contributors focus particular attention on special populations and cultural differences. Entire sections focus on medical care and legal interventions necessary for abused youth.</p> <p>New and expanded material includes information on * Bullying * Sanctuary Model of trauma-informed care * Long-term medical management * Appropriate use of psychopharmacology *</p> <p>This book may be of interest to mental health professionals, family physicians, paediatricians, emergency department physicians, physician assistants, and nurses, as well as child advocate professionals, social workers, and lawyers.</p>	
<p>Bloom, S. L., &amp; Farragher, B. (2010). <i>Destroying sanctuary: The crisis in human service delivery systems</i>. Oxford University Press.</p>	<p>This work examines the challenges faced by human service organisations in providing effective care. It discusses how systemic issues, including chronic stress and burnout among staff, can undermine the ability to create healing environments.</p>	<p>10.1093/acprof:oso/9780195374803.001.0001</p>


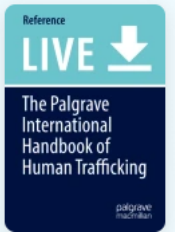
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<p>Bloom, S. L. (2013). <i>Creating sanctuary: Toward the evolution of sane societies</i> (2nd ed.). Routledge.</p>	<p>This book explores the concept of creating "sanctuary" in various settings, including mental health facilities, schools, and communities. It discusses how to develop trauma-informed, democratic environments that promote healing and growth. The second edition updates the original work with new insights and research on trauma-informed care. Creating Sanctuary is a description of a hospital-based program to treat adults who had been abused as children and the revolutionary knowledge about trauma and adversity that the program was based upon. This book focuses on the biological, psychological, and social aspects of trauma.</p>	<p><a href="http://sandrabloom.com">Creating Sanctuary: Toward the Evolution of Sane Societies (sandrabloom.com)</a></p> 
<p>Bloom, S. L., &amp; Farragher, B. (2013). <i>Restoring sanctuary: A new operating system for trauma-informed systems of care</i>. Oxford University Press.</p>	<p>This book provides a comprehensive guide to implementing the Sanctuary Model in organisations. It focuses on creating trauma-informed systems of care, emphasising the need for systemic change to address trauma and promote healing. The authors outline principles and practices for transforming organisational culture to support trauma recovery. This book discusses the broader application of the Sanctuary Model in transforming organisations into trauma-informed systems.</p>	<p><a href="https://doi.org/10.1093/med:psych/9780199796366.001.0001">https://doi.org/10.1093/med:psych/9780199796366.001.0001</a></p> 






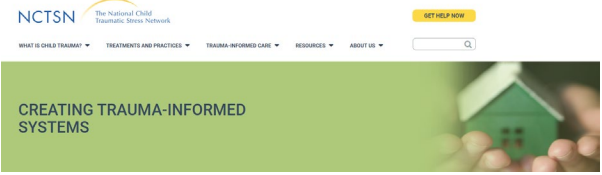
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<p>Bloom, S. L. (2013). <i>The sanctuary model: Theoretical framework</i>. Families in Society, 94(2), 87-95.</p>	<p>This article provides an overview of the theoretical underpinnings of the Sanctuary Model, a trauma-informed organisational change approach. It discusses the model's core components and how they can be applied in various settings to create more effective and healing environments.</p>	<p>DOI: 10.1606/1044-3894.4287</p> 
<p>Bloom, S., &amp; Sreedhar, S. (2008). The Sanctuary Model of Trauma-Informed Organizational Change. <i>Reclaiming Children and Youth</i>, 17 (3), 48-53.</p>	<p>The article by Bloom and Sreedhar (2008) discusses the Sanctuary Model, a framework for trauma-informed organisational change designed to create respectful and safe environments in schools and treatment organisations. The Sanctuary Model is based on the S.E.L.F. (Safety, Emotions, Loss, and Future) psychoeducational curriculum, which addresses the challenges faced by traumatised individuals. This model aims to transform organisational culture to prevent victimisation and promote healing among both children and staff. By focusing on these four domains, the model seeks to build a therapeutic community that supports the needs of traumatised youth and fosters a culture of trust and respect. The article emphasises the importance of adopting trauma-informed practices to create environments that are conducive to recovery and growth.</p>	<p>Retrieved from <a href="https://www.proquest.com/scholarly-journals/sanctuary-model-trauma-informed-organizational/docview/214193394/se-2">https://www.proquest.com/scholarly-journals/sanctuary-model-trauma-informed-organizational/docview/214193394/se-2</a></p> 






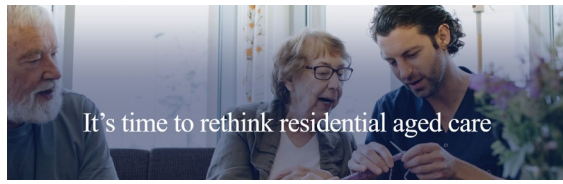
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<p>Bloom, S., &amp; Yanosy, S. (2013). <i>A Reciprocal Sanctuary Network: The Sanctuary Model</i>.</p>	<p>This article outlines the Sanctuary Model, a trauma-informed organisational change framework designed to help institutions create safe and supportive environments. The model emphasises non-violence, emotional intelligence, social responsibility, and democratic decision-making within caregiving settings, fostering resilience and recovery among both staff and service recipients.</p>	
<p>Esaki, N., Benamati, J., Yanosy, S., Middleton, J. S., Hopson, L. M., Hummer, V. L., &amp; Bloom, S. L. (2013). The Sanctuary Model: Theoretical framework. <i>Families in Society</i>, 94(2), 87-95.</p>	<p>This article presents the theoretical framework of the Sanctuary Model, detailing its core concepts and principles. It explores how the model addresses trauma and adversity through a structured approach, aiming to create a safe and therapeutic environment for individuals and organisations.</p>	<p><a href="https://doi.org/10.1606/1044-3894.4287">https://doi.org/10.1606/1044-3894.4287</a></p> 
<p>Esaki, N., &amp; Hopson, L. M. (2014). Sanctuary in community: A promising model for creating trauma-informed communities. <i>Journal of Child &amp; Adolescent Trauma</i>, 7(3), 143-151.</p>	<p>The article explores how the Sanctuary Model extends beyond organisational settings to support the development of trauma-informed communities.</p>	<p>Link incorrect</p>
<p>Esaki, N., &amp; Larkin, H. (2013). Prevalence of adverse childhood experiences (ACEs) among child service providers. <i>Families in Society: The Journal of Contemporary Social Services</i>, 94(1), 31-37.</p>	<p>This study examines the ACEs among child service providers, reflecting on how the Sanctuary Model can support those who work in high-stress environments.</p>	<p><a href="https://doi.org/10.1606/1044-3894.4250">https://doi.org/10.1606/1044-3894.4250</a></p> 

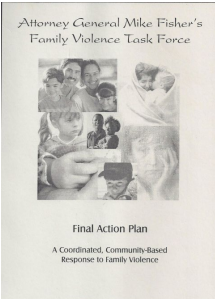

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<p><a href="https://doi.org/10.1606/1044-3894.4250">https://doi.org/10.1606/1044-3894.4250</a></p>		
<p>Karpman, S. B., M.D. (2011). Fairy tales and script drama analysis. <i>Group Facilitation</i>, (11), 49-52.</p>	<p>Karpman's paper introduces the concept of the "Drama Triangle," outlining how individuals often play the roles of victim, persecutor, and rescuer in interpersonal conflicts. It provides a framework for understanding dysfunctional social interactions and is widely used in therapeutic contexts.</p>	<p>DOI: <a href="https://www.proquest.com/scholarly-journals/fairy-tales-script-drama-analysis/docview/915688199/se-2">https://www.proquest.com/scholarly-journals/fairy-tales-script-drama-analysis/docview/915688199/se-2</a></p> 
<p>Middleton, J., McDonald, A. (2019). <i>Creating Sanctuary: Trauma-Informed Change for Survivors of Sex Trafficking and Commercial Sexual Exploitation</i>. In: Winterdyk, J., Jones, J. (eds) The Palgrave International Handbook of Human Trafficking. Palgrave Macmillan, Cham.</p>	<p>The Sanctuary Model® is an evidence-supported, trauma-informed, and trauma-responsive organisational culture approach to addressing the needs of individuals who have been exposed to overwhelming and usually repeated and sustained exposure to maltreatment, violence, and systematic dehumanisation.</p>	<p><a href="https://doi.org/10.1007/978-3-319-63192-9_35-1">https://doi.org/10.1007/978-3-319-63192-9_35-1</a></p> 
<p>Morgan, P. (2014). <i>Relationship drama part 1 &amp; Relationship Drama Part 2</i>.</p>	<p>The Drama Triangle, developed by Dr. Stephen Karpman, is a tool from Transactional Analysis that helps individuals understand and navigate relationship dynamics. Patricia Morgan's explanation of the Drama Triangle focuses on the roles of Victim, Attacker (Persecutor), and Rescuer in relationship dynamics. These roles are</p>	<p><a href="http://solutionsforresilience.com/2014-10/minimize-your-relationship-drama-part-1/">http://solutionsforresilience.com/2014-10/minimize-your-relationship-drama-part-1/</a>.</p>

Resource	Summary of content	Link
	<p>unconscious patterns people enact, often leading to dysfunctional interactions. The Victim feels powerless, the Attacker criticises, and the Rescuer intervenes unnecessarily.</p> <p>These articles explore common relational conflicts and offer strategies to reduce drama and improve communication in personal relationships. The focus is on emotional resilience and practical tools for managing conflict.</p> <p>Morgan emphasises that individuals can switch roles within the triangle, perpetuating drama. To break free, one must recognise and step out of these roles, fostering healthier interactions and relationships.</p>	
<p>Rivard, J.C., Bloom, S. L., Abramovitz, R., Pasquale, L.E., Duncan, M., McCorkle, D., Gelman, A. (2003). Assessing the Implementation and Effects of a Trauma-focused Intervention for Youths in Residential Treatment, <i>Psychiatric Quarterly</i>, 74(2): 137-154.</p>	<p>The article examines the Sanctuary Model, a trauma-informed care intervention aimed at addressing emotional and behavioural problems among youths in residential treatment programs. The study focuses on children with histories of maltreatment and violence exposure.</p> <p>The Sanctuary Model promotes recovery through creating therapeutic communities that emphasise safety, affect regulation, grieving, and empowerment.</p> <p>The research evaluates the model’s implementation across different units, comparing outcomes for those participating in the trauma-focused intervention with standard care units.</p>	



Resource	Summary of content	Link
	<p>Early findings indicate positive changes in the therapeutic environment and youth behaviours within the Sanctuary Model units, highlighting its potential effectiveness in trauma recovery.</p>	
<p>The California Evidence-Based Clearinghouse for Child Welfare. (2011). <i>Sanctuary Model. The California Evidence-Based Clearinghouse for Child Welfare.</i></p>	<p>The California Evidence-Based Clearinghouse for Child Welfare has given the Sanctuary Model a scientific rating of 3 <i>promising research evidence</i> for child welfare professionals.</p>	<p><a href="#">CEBC » Sanctuary Model » Program » Detailed (cebc4cw.org)</a></p> 
<p>US National Child Traumatic Stress Network. (2008). <i>Trauma-informed interventions. Sanctuary Model: General Information.</i></p>	<p>A trauma-informed child and family service system is one in which all parties involved recognise and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organisational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximise physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.</p> <p>A service system with a trauma-informed perspective is one in which agencies, programs, and service providers:</p> <ol style="list-style-type: none"> <li>1. Routinely screen for trauma exposure and related symptoms.</li> </ol>	<p><a href="#">Creating Trauma-Informed Systems   The National Child Traumatic Stress Network (nctsn.org)</a></p> 

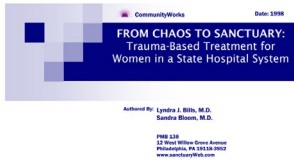

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	<ol style="list-style-type: none"> <li>2. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.</li> <li>3. Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.</li> <li>4. Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.</li> <li>5. Address parent and caregiver trauma and its impact on the family system.</li> <li>6. Emphasise continuity of care and collaboration across child-service systems.</li> <li>7. Maintain an environment of care for staff that addresses, minimises, and treats secondary traumatic stress, and that increases staff wellness.</li> </ol>	
<p>Wakenshaw, J. (2010). <i>Implementation of the Sanctuary Model</i>.</p>	<p>This article outlines the implementation of the Sanctuary Model, a trauma-informed care approach designed to create safe and supportive environments for both staff and clients in caregiving settings.</p>	<p>Retrieved from <a href="https://thesanctuaryinstitute.org">Peer Review – Sanctuary Institute (thesanctuaryinstitute.org)</a></p> <p><b>THE COMMUNITY OF SANCTUARY</b> Peer Certifier</p> <p> <b>Joy Wakenshaw</b> I am Joy Wakenshaw. I am Head of Service and Business Development (South of Scotland) for Care Visions. I am also the organisation's Sanctuary Lead. I have been heavily involved with the implementation and accreditation of the Sanctuary Model since it was introduced to Care Visions Children's Services in Scotland, and have been delighted to witness the growth and change within our organisation.</p> <p>As a professional social worker and senior manager, the safeguarding of children and young people remains a priority for me in my current role. Sanctuary has become critical to us in recognising the need for safety at all levels, and the impact of an 'everybody' model teaches us all the importance of playing our part in creating a safe and healthy organisational culture. I was therefore delighted to be given the opportunity to work within the international community of Sanctuary as a peer certifier, and to play a part in ensuring that Sanctuary standards are not only met, but hopefully exceeded.</p>

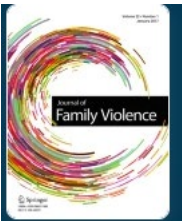
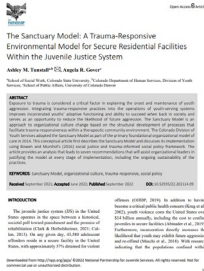
Resource	Summary of content	Link
Aged Care		
<p>Egan, N. (2024). <i>Coping with adversity: A training program is helping aged care staff understand and deal with the trauma they experience every day at work.</i> May-June 2024. Australian Ageing Agenda.</p>	<p>The article talks about how the Sanctuary Model and Combatting Vicarious Trauma in the Workplace training is supporting aged care workers and the sector who are being exposed to daily trauma in their workforce.</p>	<p><a href="http://australianageingagenda.com.au">australianageingagenda.com.au</a>  <a href="#">Supporting staff to cope with adversity - Australian Ageing Agenda</a>  </p>
<p>Neeland, J. (2024). Invisible Scars: Preventing Aged Care Workers from Taking on Resident’s Trauma. HelloCare, 22 May 2024.</p>	<p>In aged care, staff often experience "emotional labour," leading to vicarious trauma from witnessing residents' distress and trauma. Cameron Burgess of the MacKillop Institute highlights the emotional burden on aged care workers, with signs like exhaustion, reduced empathy, and burnout. To combat this, training helps staff recognise the warning signs, develop prevention strategies, and foster support within teams. Facilities like Brotherhood of St Laurence have found this training empowering, helping staff manage the emotional challenges of their work, ultimately improving care quality and staff well-being.</p>	<p><a href="#">Invisible Scars: Preventing Aged Care Workers From Taking On Residents' Trauma - Hellocare</a>  </p>
<p>The University of Melbourne (2022). It’s time to rethink residential aged care. The University of Melbourne. 10 May 2022.</p>	<p>The University of Melbourne and MacKillop Institute are advocating for a fundamental shift in how residential aged care is delivered in Australia. Rather than the current nursing model, they propose reimagining aged care settings as "intentional communities" or sanctuaries that provide trauma-informed care, focusing on residents’ life experiences and emotional well-being. With the number of older Australians expected to double by 2042, the</p>	<p><a href="http://unimelb.edu.au">It’s time to rethink residential aged care (unimelb.edu.au)</a>    It’s time to rethink residential aged care</p>

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	<p>system faces growing pressure. Researchers emphasize the need for a national conversation, not just on funding but on creating compassionate environments that foster relationships and community engagement. Applying the Sanctuary model, already successful in child protection and disability care, could improve outcomes for both residents and staff by promoting healing, support, and emotional health in residential aged care.</p>	
<p><b>Family and Domestic Violence</b></p>		
<p>Bloom, S. (1999). The Final Action Plan: A Coordinated Community Response to Family Violence. Pennsylvania: Commonwealth of Pennsylvania, Office of Attorney General.</p>	<p>This report outlines a comprehensive action plan designed to address family violence through community coordination. It emphasises cross-sector collaboration to improve safety and support for victims.</p>	<p><a href="http://sandrabloom.com">Publications (sandrabloom.com)</a></p> 
<p>Lee, E., Larkin, H., &amp; Esaki, N. (2017). Exposure to Community Violence as a New Adverse Childhood Experience: Promising Results and Future Considerations. <i>Families in Society: The Journal of Contemporary Social Services</i>, 98(1), 69-78. doi: 10.1606/1044-3894.2017.10</p>	<p>Exposure to Community Violence as a New Adverse Childhood Experience.</p>	<p><a href="https://journals.sagepub.com/doi/10.1606/1044-3894.2017.10">https://journals.sagepub.com/doi/10.1606/1044-3894.2017.10</a></p> 




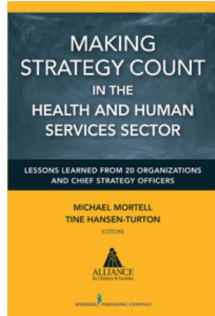
Resource	Summary of content	Link
<p>Madsen, L. H., Blitz, L. V., McCorkle, D., &amp; Panzer, P. G. (2003). Sanctuary in a domestic violence shelter: A team approach to healing. <i>Psychiatric Quarterly</i>, 74(2), 155-71.</p>	<p>This paper explores the process of implementing the Sanctuary model in a domestic violence shelter as a way to address trauma and its impact on clients and staff. The Sanctuary model was chosen because of its focus on teamwork, and the guidelines for treatment it provides that are accessible to all members of the treatment community.</p>	<p>doi: <a href="https://doi.org/10.1023/A:1021307811184">https://doi.org/10.1023/A:1021307811184</a></p> 
<p>Rivard, J.C., McCorkle, D., Duncan, M.E., Pasquale, L.E., Bloom, S. L., Abramovitz, R. (2004). Implementing a Trauma Recovery Framework for Youths in Residential Treatment, <i>Child and Adolescent Social Work Journal</i>, 21(5): 529-550.</p>	<p>This paper describes an intervention designed to address the special needs of youths with histories of maltreatment and exposure to family and community violence. The primary components of the model include an enhanced therapeutic community environment and a psychoeducation program that is aimed at changing non-adaptive cognitive and behavioural patterns which developed as means of coping with traumatic experiences.</p> <p>The implementation of the model and proximal effects on the therapeutic communities and youths are being examined in comparison to standard residential services. Initial perceptions of staff illustrate the challenges in applying an intervention that calls for changing the organisational culture.</p>	
Justice		
<p>Bills, L.J., &amp; Bloom, S.L. (1998). <i>From Chaos to Sanctuary: Trauma-Based Treatment for Women in a State Hospital System</i>. In B. L. Levin, A. K. Blanch, &amp; A. Jennings (Eds.), <i>Women's</i></p>	<p>This chapter outlines trauma-based treatment approaches for women in state hospitals, emphasising the importance of creating therapeutic environments that foster recovery from trauma.</p>	<p>PDF</p>

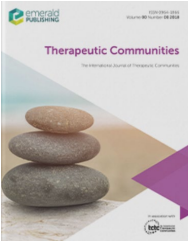
Resource	Summary of content	Link
<p>Health Services: A Public Health Perspective (pp. 348-367). Thousand Oaks, CA: Sage Publications.</p>		 <p>First published in <i>Women's Health Services: A Public Health Perspective</i>. Edited by Bruce Labotsky Levin, Andrea N. Bianchi, and Ann Jennings. Thousand Oaks, CA: Sage Publications, 1998.</p>
<p>Elwyn, L. , Esaki, N., &amp; Smith, C. (2016). Importance of Leadership and Employee Engagement in Trauma-informed Organizational Change at a Girls' Juvenile Justice Facility. <i>Human Service Organizations: Management, Leadership &amp; Governance</i>, 1-13.</p>	<p>This 2016 article examines the role of leadership and employee engagement in implementing trauma-informed organisational change at a girls' juvenile justice facility. Traditionally, juvenile justice facilities have faced challenges in creating safe and therapeutic environments, often resorting to practices that can be traumatising rather than healing. The study focuses on a facility in Pennsylvania that adopted the Sanctuary Model®, a trauma-informed approach, to address these issues.</p> <p>The research aims to identify changes in the facility during and after the implementation of the Sanctuary Model® and to determine critical factors beyond the model itself that contributed to positive change. The findings highlight the importance of strong leadership and active employee engagement in overcoming implementation challenges, such as resistance to change and entrenched staff practices. These elements were essential in fostering an environment conducive to healing and development for the residents. The study underscores the significance of leadership and staff involvement in successfully transforming institutional settings into supportive and therapeutic spaces.</p>	<p><a href="https://doi.org/10.1080/23303131.2016.1200506">https://doi.org/10.1080/23303131.2016.1200506</a></p> 

Resource	Summary of content	Link
<p>Ford, J., &amp; Blaustein, M. (2013). Systemic Self-Regulation: A Framework for Trauma-Informed Services in Residential Juvenile Justice Programs. <i>Journal of Family Violence</i>, 28(7), 665-677. doi: 10.1007/s10896-013-9538-5</p>	<p>The article explores the challenges and solutions for providing mental health services in juvenile justice facilities. It highlights the prevalence of psychological trauma among youth in these settings and its impact on their mental health, behaviour, and the overall effectiveness of detention facilities. The authors discuss the barriers to implementing successful mental health services, such as resistance from staff and entrenched practices.</p> <p>The article proposes using posttraumatic stress disorder (PTSD) and posttraumatic dysregulation as frameworks to address mental health needs. By adopting a trauma-informed approach, facilities can enhance their environments and services, promoting safety and rehabilitation. The authors provide examples of intervention models that have been effective or could be utilised to develop trauma-informed juvenile justice facilities. This framework aims to create a therapeutic milieu that supports the healing and development of youth in residential programs.</p>	<p>Doi: 10.1007/s10896-013-9538-5</p> 
<p>Tunstall, A. M., &amp; Gover, A. R. (2022). The Sanctuary Model: A trauma-responsive environmental model for secure residential facilities within the juvenile justice system. <i>Journal of Applied Juvenile Justice Services</i>, 186-202.</p>	<p>The article discusses the integration of trauma-responsive practices within the juvenile justice system. The authors highlight that exposure to trauma is a significant factor in the development and persistence of aggressive behaviour in youth. By incorporating trauma-responsive practices, the Sanctuary Model aims to improve the adaptive functioning of incarcerated youth, enhance their chances of success upon reintegration into society, and reduce future aggression.</p>	<p><a href="https://doi.org/10.52935/22.202114.09">https://doi.org/10.52935/22.202114.09</a></p> 

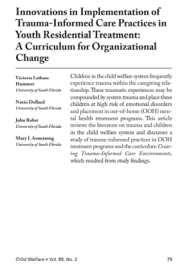
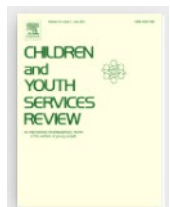
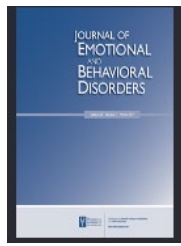
Resource	Summary of content	Link
	<p>The article describes the Sanctuary Model as a framework for organisational culture change, focusing on creating a therapeutic community environment that is trauma-responsive. The Colorado Division of Youth Services adopted this model in 2014 as a foundational approach to care. The authors utilise Bowen and Murshid’s (2016) social justice and trauma-informed social policy framework to analyse the implementation of the Sanctuary Model. The article concludes with seven recommendations to assist organisational leaders in effectively implementing and sustaining the model, ensuring its practices are maintained over time</p>	
Organisational Change		
<p>Janis, I. L. (1982). <i>Decision Making Under Stress</i>. In L. Goldberger &amp; S. Breznitz (Eds.), <i>Handbook of Stress: Theoretical and Clinical Aspects</i> (pp. 69-87). New York: Free Press.</p>	<p>This chapter discusses how stress influences decision-making processes, with a particular focus on group dynamics. Janis introduces the concept of "groupthink," demonstrating how stress can impair rational decision-making.</p>	<p><a href="https://doi.org/10.1016/0001-6918(87)90008-4">https://doi.org/10.1016/0001-6918(87)90008-4</a></p> 
<p>Johnson, R. (2015). <i>5 Different Types of Leadership Styles</i>.</p>	<p>This article discusses various leadership styles, including autocratic, democratic, laissez-faire, transformational, and transactional, providing insights on their effectiveness in different organisational settings.</p>	<p>Retrieved from <a href="https://smallbusiness.chron.com/5-different-types-leadership-styles-17584.html">https://smallbusiness.chron.com/5-different-types-leadership-styles-17584.html</a></p> 

Resource	Summary of content	Link
<p>McSparren, W. (2007). <i>Models of Change and the Impact on Organizational Culture: The Sanctuary Model Explored</i>. Unpublished manuscript.</p>	<p>This manuscript explores the Sanctuary Model's impact on organisational culture, focusing on how it can reshape institutions to become more supportive and trauma-informed. The findings of this study validate Sanctuary's model of change as a viable 'roadmap' for not-for-profits towards effective cultural change that can assist in improving organisational culture and fiscal practices in the sector.</p>	<p><a href="#">Models of Change and the Impact on Organizational Culture in Nonprofit Agencies: Comparison and Validation of The Sanctuary Model® Wendy M. McSparren, - ppt download (slideplayer.com)</a></p> 
<p>Middleton, J., Harvey, S., &amp; Esaki, N. (2015). Transformational leadership and organizational change: How do leaders approach trauma-informed organizational change... twice? <i>Families in Society</i>, 96(3), 155-163.</p>	<p>The article explores the role of transformational leadership in facilitating trauma-informed organisational change. It examines how leaders approach and manage change processes, particularly in implementing the Sanctuary Model, and the impact of leadership on organisational transformation.</p>	<p><a href="https://doi.org/10.1606/1044-3894.2015.96.21">https://doi.org/10.1606/1044-3894.2015.96.21</a></p> 
<p>Morrison, E. W., &amp; Milliken, F. J. (2000). Organisational Silence: A Barrier to Change and Development in a Pluralistic World. <i>The Academy of Management Review</i>, 25(4), 706-725.</p>	<p>This paper explores how organisational silence can hinder change and development, particularly in diverse workplaces. The authors discuss the psychological and structural factors that contribute to employees' reluctance to speak up.</p>	<p>Doi: <a href="https://doi.org/10.2307/259200">https://doi.org/10.2307/259200</a></p> 

Resource	Summary of content	Link
<p>Mortell, M., C. Gullo, and P. Winsten, <i>Finding Hope: A Case Study on Strategy Resdesign and Turnaround</i>. In Chapter 6: Strategy, Sanctuary and Turnaround, in <i>Making Strategy Count in the Health and Human Service Sector: Lessons Learned From 20 Organizations and Chief Strategy Officers</i>, M. Mortell and T. Hansen-Turon, Editors. 2014, Springer Publishing: New York. p. 109-118.</p>	<p>Summary of "Making Strategy Count in the Health and Human Services Sector"</p> <p>The book "<i>Making Strategy Count in the Health and Human Services Sector</i>" (2014), edited by Michael Mortell and Tine Hansen-Turton, explores how nonprofit organisations in the health and human services sector can effectively deploy strategic thinking to drive change and impact. Drawing lessons from 20 organisations, the book covers topics such as improving organisational capacity, data-driven decision-making, and leadership's role in strategic planning. It emphasises the importance of culture, partnerships, and governance in shaping successful strategies. The book serves as a practical guide for nonprofit leaders looking to enhance long-term impact through strategic approaches</p> <p>Chapter 6 focuses on applying the Sanctuary Model to organisational strategy, addressing questions like service relevance and funding sources. It highlights the necessity for agencies to adapt and change to ensure future survival. The chapter advocates for strategic planning that involves deep analysis of current operations and potential changes in service lines.</p> <p>The book serves as a resource for understanding strategic planning in nonprofits, offering insights and case studies that can be useful for both large and small agencies. It also provides educational value for students in management and policy programs, encouraging strategic thinking and planning in their future roles.</p>	


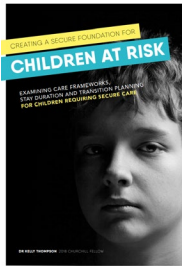
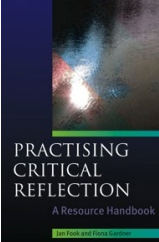
Resource	Summary of content	Link
Residential Care (including inpatient settings)		
<p>Bills, L.J. &amp; Bloom, S.L. (2000). Trying out Sanctuary the hard way. <i>Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations</i>, 21(2):119-134.</p>	<p>This article discusses the challenges faced while implementing the Sanctuary Model in difficult therapeutic settings, particularly in state hospitals. The authors provide a detailed examination of how trauma-informed care can significantly reduce violence and improve therapeutic outcomes in institutional environments.</p>	<p>PDF</p> 
<p>Bloom, S. L. (2005). The Sanctuary Model of Organizational Change for Children’s Residential Treatment. <i>Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations</i>, 26(1), 65-81.</p>	<p>This paper discusses the application of the Sanctuary Model to children's residential treatment facilities, emphasising trauma-informed care. It explores how creating a safe, therapeutic community can facilitate healing from psychological trauma in institutional settings.</p>	<p><a href="http://sandrabloom.com">Dr. Sandra L. Bloom – Board-Certified Psychiatrist (sandrabloom.com)</a></p> <p><b>The Sanctuary Model of Organizational Change for Children’s Residential Treatment</b> Sandra L. Bloom, M.D.</p> <p><b>ABSTRACT</b></p> <p>This paper describes The Sanctuary Model ® of organizational change as applied to children’s residential treatment, a trauma-informed method for creating or changing an organizational culture in order to more effectively provide a cohesive context within which healing from psychological and socio-traumatic experience can be addressed. It is a whole-system approach designed to facilitate the development of structures, processes, and behaviors on the part of staff, children and the community as a whole that are consistent for biological, cognitive, social, and emotional wounds suffered by the children in care.</p> <p>The Sanctuary Model was originally developed in a short-term, acute inpatient psychiatric setting for adults who were traumatized as children (Bloom 1994; Bloom 1997; Bloom 2000). The Model has since been adapted to residential treatment settings for children (Rowd 2000; Rowd, Bloom et al. 2003; Rowd 2004; Rowd, MacVick et al. 2004), domestic violence shelters (O’Hara, Hill et al. 2003), group homes, outpatient settings, substance abuse programs, parenting support programs and has been used in other settings as a method of organizational change (Hill and Bloom 1998; Hill and Bloom 2000; Cantano and Bloom 2000; Wright and Voe 2000; Bloom, Bhatnagar-Charya et al. 2003; Wright, Voe et al. 2003). There have been positive research findings associated with the application of the model to the residential care of children (Rowd 2000; Rowd, Bloom et al. 2003; Rowd 2004; Rowd, MacVick et al. 2004).</p>
<p>Farragher, B., &amp; Yanosy, S. (2005). Creating a trauma-sensitive culture in residential treatment. <i>Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations</i>, 26(1), 97-113.</p>	<p>This article details the process of creating a trauma-sensitive culture within residential treatment settings using the Sanctuary Model.</p>	<p>Link not available</p>

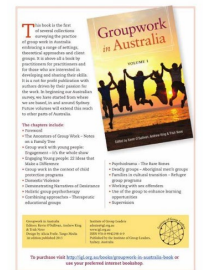

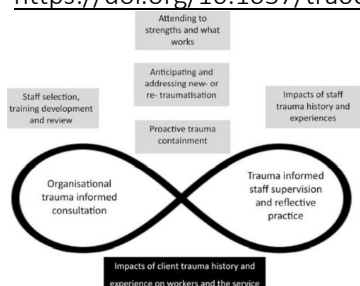


Resource	Summary of content	Link
<p>Hummer, V. L., Dollard, N., Robst, J., &amp; Armstrong, M. I. (2010). Innovations in implementation of trauma-informed care practices in youth residential treatment: A curriculum for organizational change. <i>Child Welfare</i>, 89(2), 79-95.</p>	<p>This article discusses the development and implementation of a curriculum designed to facilitate organisational change towards trauma-informed care in youth residential treatment settings. It emphasises innovative strategies for integrating trauma-informed practices into organisational culture and operations.</p>	<p><a href="https://www.proquest.com/scholarly-journals/innovations-implementation-trauma-informed-care/docview/734392083/se-2">https://www.proquest.com/scholarly-journals/innovations-implementation-trauma-informed-care/docview/734392083/se-2</a></p> 
<p>James, S. (2011). What Works in Group Care? A Structured Review of Treatment Models for Group Homes and Residential Care. <i>Children and Youth Services Review</i>, 33(2), 308-321.</p>	<p>This article provides a structured review of different treatment models used in group homes and residential care settings, assessing their effectiveness and outlining best practices for improving outcomes for children and adolescents in these environments.</p>	<p><a href="https://doi.org/10.1016/j.childyouth.2010.09.014">https://doi.org/10.1016/j.childyouth.2010.09.014</a></p> 
<p>James, S., Thompson, R., &amp; Ringle, J. (2017). The implementation of evidence-based practices in residential care: Outcomes, processes, and barriers. <i>Journal of Emotional and Behavioral Disorders</i>, 25(1), 4-18.</p>	<p>This article explores the outcomes and barriers in implementing evidence-based practices, including the Sanctuary Model, in residential care settings.</p>	<p><a href="https://doi.org/10.1177/1063426616687734">https://doi.org/10.1177/1063426616687734</a></p> 

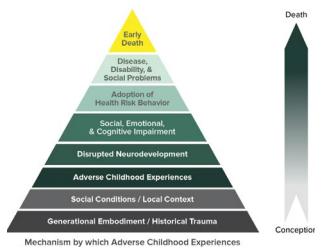
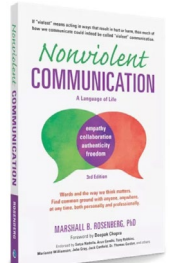

Resource	Summary of content	Link
<p>Macdonald, G., et al. (2012). Therapeutic approaches to social work in residential child care settings. London, <i>Social Care Institute for Excellence</i>. Report 58.</p>	<p>Macdonald et al. (2012) explore therapeutic approaches in residential childcare settings, emphasising trauma-informed care as essential for improving the wellbeing of children who have experienced significant trauma. The report highlights various therapeutic models, such as CBT and psychodynamic approaches, and stresses the importance of staff training and supportive organisational cultures to ensure effective interventions. It identifies positive outcomes like improved emotional stability in children but also acknowledges challenges such as funding and staff turnover. The report concludes with recommendations for policy changes, enhanced staff training, and the integration of evidence-based practices in residential care.</p>	
<p>Murphy, T. and Bennington-Davis, M. (2005). <i>Restraint and Seclusion: The Model for Eliminating Their Use in Healthcare</i>. Marblehead, MA: by HCPro, Inc.</p>	<p>The guest editorial by M. Bennington-Davis and Timothy F. Murphy in Clinical Psychiatry News discusses the successful implementation of the "Oregon Model" at Salem Hospital's psychiatric unit. This approach aimed to enhance therapeutic engagement and reduce the use of seclusion and restraint for acutely ill inpatients. By applying principles from trauma neurobiology and building a community-focused environment, the model virtually eliminated mechanical restraints and locked seclusion. The transformation led to improved patient satisfaction, reduced injuries, and boosted staff morale, demonstrating that a strategic, patient-centred approach can significantly benefit both patients and healthcare providers.</p>	<p><a href="#">Factiva</a></p>
<p>Rivard, J. C., Bloom, S. L., McCorkle, D., &amp; Abramovitz, R. (2005). Preliminary</p>	<p>This study provides preliminary findings on the implementation and effects of a trauma recovery framework, specifically the Sanctuary</p>	<p>PDF available</p>




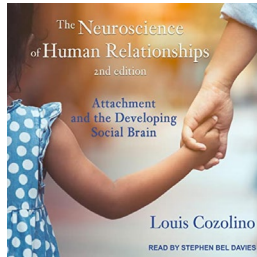

Resource	Summary of content	Link
<p>Pennsylvania's implementation of the Sanctuary Model. <i>Psychiatric Services</i>, 62(7), 739-745.</p>	<p>challenges and achievements in adopting the model within these settings.</p>	
<p>Thompson, K. (2018). Creating a secure foundation for children at risk: Examining care frameworks, stay duration and transition planning for children requiring secure care.</p>	<p>Dr. Kelly Thompson's 2018 Churchill Fellowship research focuses on examining care frameworks, stay duration, and transition planning for children in secure care settings across countries like New Zealand, the UK, Ireland, and Sweden. The study aims to explore how secure care can meet the needs of high-risk children with complex trauma, comparing international models like the Sanctuary Model. Thompson highlights challenges such as the short 21-day stay at the Kath French Secure Care Centre in Western Australia, which often fails to address deep-rooted trauma. The report recommends longer stays, improved therapeutic interventions, and better transition support to help these vulnerable children achieve long-term stability and healing.</p>	<p><a href="#">Kelly Thompson - Churchill Trust</a></p> 
<p>Reflective Practice and Supervision</p>		
<p>Fook, J., &amp; Gardner, F. (2007). <i>Practising Critical Reflection: A Resource Handbook</i>. Maidenhead: Open University Press.</p>	<p>This book offers a comprehensive guide to the practice of critical reflection, focusing on its theoretical background and practical application across various professions. It is essential reading for those in health and social services, encouraging reflective practice to improve service delivery.</p>	

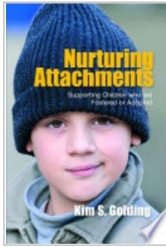
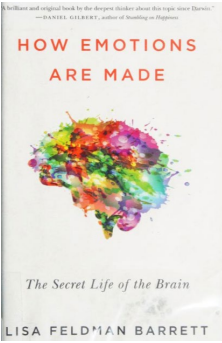

Resource	Summary of content	Link
<p>Frost, A. (2015). <i>Supervision</i>. In O’Sullivan, K., King, A., &amp; Nove, T. (Eds.), <i>Group Work in Australia</i>. Sydney: Institute of Group Leaders.</p>	<p>This chapter explores the role of supervision in group work within Australia, offering insights into best practices for facilitating effective group dynamics and ensuring professional development. It serves as a key resource for practitioners and supervisors in group settings.</p>	
<b>Schools</b>		
<p>Banks, J., &amp; Vargas, L. (2009). <i>Sanctuary in Schools: Preliminary child and organizational outcomes</i>.</p>	<p>The US-based Sanctuary in schools program noted over a seven year period, decrease in critical incidents (over 88%), improved academic and placement outcomes (increased by 64%), decrease in staff turnover (a reduction of 46% turn over to 24% turnover), and general improvements in school environment (open communication, safety physical and emotional, behaviour among colleagues and between staff and children, sense of responsibility to the organisation / school, clarity on their role in the organisation / school).</p>	<p><a href="https://thesanctuaryinstitute.org/sanctuary_schools_brief.pdf">sanctuary_schools_brief.pdf (thesanctuaryinstitute.org)</a></p> 
<p>Yanosy, S. M., Harrison, L. C., &amp; Bloom, S. L. (2019). Sanctuary Model implementation fidelity in Champion schools. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i>, 11(4), 422-430.</p>	<p>This study examines the fidelity of Sanctuary Model implementation in Champion schools. It evaluates how closely the schools adhere to the model's principles and practices, and the factors influencing successful implementation, providing insights into the model's application in educational settings.</p>	<p><a href="https://doi.org/10.1037/tra0000434">https://doi.org/10.1037/tra0000434</a></p> 


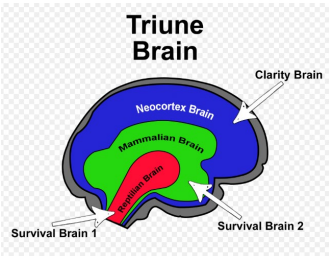



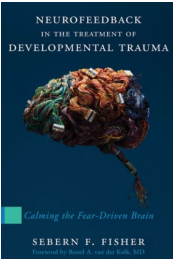
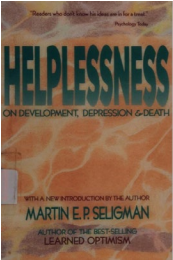
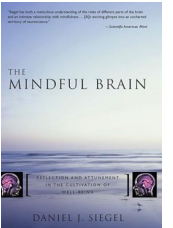
Resource	Summary of content	Link
Centers for Disease Control and Prevention. (2014). <i>The Adverse Childhood Experiences (ACE) Study</i> .	This foundational study explores the long-term health impacts of adverse childhood experiences (ACEs), linking early trauma to chronic health conditions, mental illness, and behavioural issues in adulthood.	<p><a href="#">About the CDC-Kaiser ACE Study   Violence Prevention   Injury Center   CDC</a></p>  <p>Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan</p>
Centre for Nonviolent Communication (2005). <i>Feelings Inventory</i> .	The Feelings Inventory is a tool used in Nonviolent Communication (NVC) to help individuals identify and express their emotions clearly and empathetically.	<p>Retrieved from <a href="https://www.cnvc.org/sites/default/files/feelings_inventory_0.pdf">https://www.cnvc.org/sites/default/files/feelings_inventory_0.pdf</a></p> 
Cohen, R. A., Hitsman, B., Paul, R., McCaffery, J., Stroud, L., Sweet, L., & Gunstad, J. (2006). Early life stress and adult emotional experience: An international perspective. <i>International Journal of Psychiatry in Medicine</i> , 36(1), 35-52.	This study investigates the prevalence of early life stress (ELS) and its association with adult emotional distress across various international populations. Findings reveal high rates of ELS and its significant correlation with adult mental health issues.	<p>DOI: <a href="https://doi.org/10.2190/5R62-9PQY-ONEL-TLPA">10.2190/5R62-9PQY-ONEL-TLPA</a></p> 

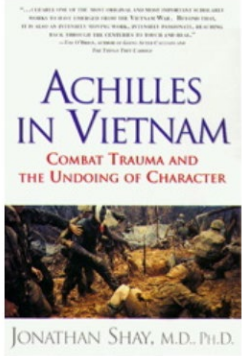
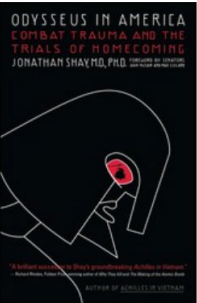


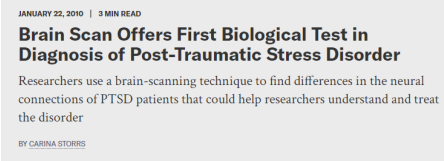
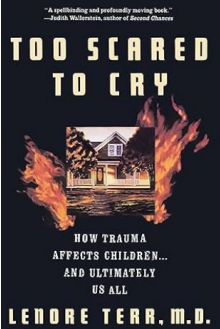
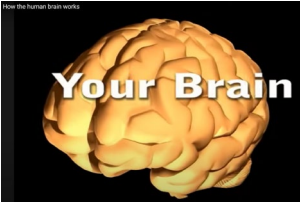
Resource	Summary of content	Link
<p>Coyle, L., Hanna, D., Dyer, K. F. W., Read, J., Curran, D., &amp; Shannon, C. (2019). Does trauma-related training have a relationship with, or impact on, mental health professionals' frequency of asking about, or detection of, trauma history? A systematic literature review. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i>, 11(7), 802–809. <a href="https://doi.org/10.1037/tra0000434">https://doi.org/10.1037/tra0000434</a></p>	<p>Exposure to traumatic events is prevalent, with the impact of trauma and its relationship with other conditions widely documented. Research suggests that clinicians do not routinely ask about trauma history in clinical settings. Trauma-related training has been recommended as a means of addressing this.</p>	<p><a href="https://doi.org/10.1037/tra0000434">https://doi.org/10.1037/tra0000434</a></p> 
<p>Cozzolino, L. (2006). <i>The Neuroscience of Human Relationships: Attachment and the Developing Social Brain</i>. Portland: W.W. Norton.</p>	<p>Cozzolino examines the neuroscience behind human relationships, focusing on emotional regulation and its association with higher vagal tone. Cozzolino discusses how this correlates with self-regulation, social engagement, and stress performance.</p>	
<p>Davidson, R. J. (2000). <i>American Psychologist</i>, 55 (11), 1196-1214.</p>	<p>Davidson's research explores affective style and the regulation of negative emotions. He emphasises the importance of resilience and the ability to manage emotional responses effectively. Davidson emphasises the importance of effective emotional regulation for bouncing back from negative experiences, highlighting the brain's role in these processes, particularly the prefrontal cortex and amygdala.</p>	<p>doi: 10.1037/0003-066X.55.11.1196</p> 

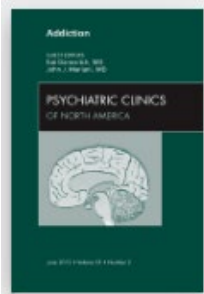
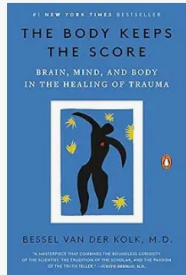
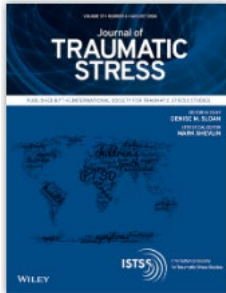
Resource	Summary of content	Link
<p>Golding, K. A. (2015). <i>Nurturing Attachments: Supporting Children Who Are Fostered or Adopted</i>. London: Jessica Kingsley Publishers.</p>	<p>This book offers insights and strategies for caregivers and professionals working with children who have been fostered or adopted, focusing on creating nurturing environments that promote healing and development.</p>	<p><a href="https://www.woodslane.com.au/">https://www.woodslane.com.au/</a></p> 
<p>Feldman-Barrett, L. (2017). <i>How Emotions Are Made: The Secret Life of the Brain</i>. Boston: MA, Houghton Mifflin Harcourt.</p>	<p>In this book, Feldman-Barrett challenges traditional views on emotions, arguing that emotions are not universal reactions but rather constructed by the brain based on past experiences and cultural context. Barrett introduces the concept of emotional granularity, suggesting that people with a richer emotional vocabulary can manage their emotions more effectively. This improves performance in various life areas, including health, social relationships, and even academic success. Emotional granularity enables individuals to better regulate their responses to stressful events, enhancing resilience and improving wellbeing.</p>	
<p>Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., &amp; Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. <i>American</i></p>	<p>The ACE study is a pivotal research project that examines how childhood abuse and household dysfunction correlate with increased risks of physical and mental health issues in adulthood. The study identifies a strong, graded relationship between the number of adverse childhood experiences and leading causes of death in adults, such as heart disease, cancer, and chronic lung disease. The findings highlight the need for early intervention and</p>	<p>DOI: 10.1016/S0749-3797(98)00017-8</p> 

Resource	Summary of content	Link
<p><i>Journal of Preventive Medicine</i>, 14(4), 245-258.</p>	<p>prevention strategies to reduce the burden of adult disease related to childhood adversity.</p>	
<p>Maslow, A. H. (1943). <i>A Theory of Human Motivation</i>. <i>Psychological Review</i>, 50(4), 370-396.</p>	<p>Maslow introduces his hierarchy of needs theory, suggesting that human motivation is driven by fulfilling five levels of needs, from basic physiological needs to self-actualisation. This framework remains foundational in understanding human behaviour and motivation.</p>	<p>DOI: 10.1037/h0054346</p> 
<p>Maclean, P. (1960). <i>Triune Brain Theory</i>. New York: Plenum Press.</p>	<p>Maclean’s theory divides the human brain into three parts based on evolutionary development: the reptilian complex (for survival functions), the limbic system (for emotions), and the neocortex (for higher reasoning). Although widely criticised and updated by more recent research, it remains a simplified model to understand brain evolution.</p>	<p><a href="#">Triune Brain - an overview   ScienceDirect Topics</a></p> 
<p>Sbgiinfo (2008). <i>Trauma, Brain and Relationship: Helping Children Heal</i>.</p>	<p>This video explains how childhood trauma affects brain development and relationships and provides insights into trauma-informed therapeutic interventions for children.</p>	<p>Retrieved from <a href="#">YouTube</a>.</p> 

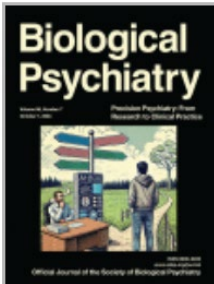

Resource	Summary of content	Link
<p>Sebern, F., &amp; Van Der Kolk, B. (2014). <i>Neurofeedback in the Treatment of Developmental Trauma: Calming the Fear-Driven Brain</i>. W.W. Norton &amp; Company.</p>	<p>This book introduces neurofeedback as an innovative therapeutic approach for treating developmental trauma. The authors highlight how neurofeedback can help regulate brain function, promoting healing in those with trauma-driven anxiety.</p>	<p><a href="#">Neurofeedback in the Treatment of Developmental Trauma   Sebern Fisher</a></p> 
<p>Seligman, M. (1992). <i>Helplessness: On Depression, Development, and Death</i>. New York: W. H. Freeman and Co.</p>	<p>Seligman's work on "learned helplessness" demonstrates how experiences of powerlessness can lead to chronic states of depression. He also explores its effects on development and the physiological aspects of depression.</p>	<p><a href="#">Helplessness : on depression, development, and death : Seligman, Martin E. P : Free Download, Borrow, and Streaming : Internet Archive</a></p> 
<p>Siegel, D. J. (2007). <i>The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being</i>. W.W. Norton &amp; Company.</p>	<p>Siegel discusses the role of emotional regulation in resilience, focusing on the connections between the prefrontal cortex and the amygdala. He highlights the importance of maintaining positive affect in challenging situations.</p>	



Resource	Summary of content	Link
<p>Shay, J. (2010). <i>Achilles in Vietnam: Combat Trauma and the Undoing of Character</i>. New York: Simon and Schuster.</p>	<p>Shay compares the experiences of Vietnam War veterans with the story of Achilles in the Iliad, offering a unique perspective on the psychological impact of war and trauma.</p>	<p><a href="#">New Book Releases, Bestsellers, Author Info and more at Simon &amp; Schuster   Simon &amp; Schuster (simonandschuster.com)</a></p> 
<p>Shay, J. (2010). <i>Odysseus in America: Combat Trauma and the Trials of Homecoming</i>. New York: Simon and Schuster.</p>	<p>In this follow-up to <i>Achilles in Vietnam</i>, Shay examines the challenges veterans face when reintegrating into society after combat, drawing parallels to the experiences of Odysseus in the <i>Odyssey</i>.</p>	<p><a href="#">New Book Releases, Bestsellers, Author Info and more at Simon &amp; Schuster   Simon &amp; Schuster (simonandschuster.com)</a></p> 

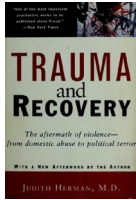
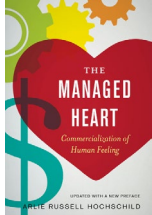
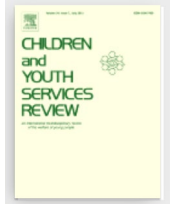
Resource	Summary of content	Link
<p>Storrs, C. (2010). <i>Brain Scan Offers First Biological Test in Diagnosis of Post-Traumatic Stress Disorder</i>. Scientific American.</p>	<p>Storrs discusses the potential use of brain scans as diagnostic tools for PTSD. Early studies suggest that brain imaging can reveal structural changes in neural communication associated with PTSD.</p>	<p><a href="#">Brain Scan Offers First Biological Test in Diagnosis of Post-Traumatic Stress Disorder   Scientific American</a></p> 
<p>Terr, L. (1990). <i>Too Scared To Cry: Psychic Trauma in Childhood</i>. New York: Harper and Row.</p>	<p>Terr examines the psychological impacts of trauma on children, based on her extensive research. She offers insights into how children cope with and recover from traumatic experiences.</p>	
<p>University of Bristol (2010). <i>How the Human Brain Works</i>.</p>	<p>This educational video explains the basic structure and functions of the human brain, including how it processes emotions and trauma.</p>	<p>Retrieved from <a href="#">YouTube</a>.</p> 
<p>Van der Kolk, B. (1989). The Compulsion to Repeat the Trauma: Re-enactment, Revictimization, and Masochism. <i>Psychiatric Clinics of North America</i>, 12, 389-411.</p>	<p>This paper explores how trauma victims may unconsciously repeat their traumatic experiences, leading to re-victimisation and self-destructive behaviours.</p>	<p><a href="#">The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. (apa.org)</a></p>


Resource	Summary of content	Link
		
<p>Van der Kolk, B. (2014). <i>The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma</i>. New York: Viking.</p>	<p>In this widely acclaimed book, Van der Kolk explains how trauma imprints itself on the body and mind, and how therapeutic techniques like yoga, EMDR, and neurofeedback can help victims recover.</p>	
<p>Van der Kolk, B., &amp; Ducey, C. (1989). The psychological processing of traumatic experience: Rorschach patterns in PTSD. <i>Journal of Traumatic Stress</i>, 2 (3), 259-274.</p>	<p>This article explores how trauma affects psychological processing, using Rorschach tests to identify patterns unique to PTSD patients. The study highlights how trauma disrupts cognitive functioning and emotional regulation.</p>	<p>Doi: <a href="https://doi.org/10.1002/jts.2490020303">https://doi.org/10.1002/jts.2490020303</a></p> 






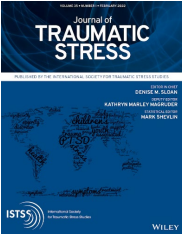

Resource	Summary of content	Link
<p>Van der Kolk, B., Greenberg, M., Boyd, H., &amp; Krystal, J. (1985). Inescapable shock, neurotransmitters, and addiction to trauma: Toward a psychobiology of post-traumatic stress, <i>Biological Psychiatry</i>, 20 (3), 314-325.</p>	<p>This study explores how trauma influences neurotransmitter systems in the brain, creating a feedback loop that reinforces stress reactions. The findings help explain why individuals may develop addictions or compulsive behaviours as coping mechanisms.</p>	<p>Doi: <a href="https://doi.org/10.1016/0006-3223(85)90061-7">https://doi.org/10.1016/0006-3223(85)90061-7</a></p> 
<p>Wright, DC &amp; Woo, WL. (2000). Treating Post-Traumatic Stress Disorder In A Therapeutic Community: The Experience Of A Canadian Psychiatric Hospital. <i>Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations</i>, 21(2):105-118.</p>	<p>Discusses the Program for Traumatic Stress Recovery. A program description follows a discussion of both the trauma model and the inpatient therapeutic community. Information about treatment outcomes is presented, along with a discussion about the role of the therapeutic community in achieving positive treatment gains. Initial outcome studies suggest that the efficacy of the program appears to be substantial in both symptom reduction and goal attainment.</p>	<p>PsycINFO Database</p>
<p>Wright et al, (2003). An investigation of trauma-centered inpatient treatment for adult survivors of abuse. <i>Child Abuse and Neglect</i>, 27 (2003) 393–406.</p>	<p>The purpose of this study was to examine a comprehensive inpatient treatment program designed for adult survivors of childhood abuse with posttraumatic stress disorder (PTSD). The findings of this investigation suggest that the current intensive inpatient group treatment program appears to reduce PTSD symptoms effectively for a sample of adult survivors of abuse.</p>	<p><a href="https://doi.org/10.1016/S0145-2134(03)00026-7">https://doi.org/10.1016/S0145-2134(03)00026-7</a></p> 

Resource	Summary of content	Link
Workplace Welling (Psychosocial)		
<p>Burgess, C. (2023). <i>Sanctuary and Workplace Wellbeing</i>. Sanctuary Australia website resource.</p>	<p>This paper identifies 3 unique factors that contribute to workplace stress, and unhealthy workplace cultures within a Health and Human Services setting, before considering contemporary research which offers promising solutions. The role of the Sanctuary model in providing solutions to the three challenges of emotional labour and vicarious trauma, incivility and bullying, and attraction and retention, are then explored, positioning the model as a framework which can strengthen and embed workplace wellbeing.</p>	<p><a href="https://mi-eventsportal-uat.powerappsportals.com/resources/Tackling-workplace-wellbeing-with-Sanctuary/">https://mi-eventsportal- uat.powerappsportals.com/resources/Tackling- workplace-wellbeing-with-Sanctuary/</a></p> 
<p>Fleming, W. J. (2023). Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom. <i>Industrial Relations Journal</i>, 54(3), 263-283.</p>	<p>William J. Fleming's 2023 study examines the effectiveness of individual-level mental health interventions in UK workplaces. Analysing data from 46,336 workers across 233 organisations, the research compares wellbeing outcomes between participants and non-participants in programs like resilience training, mindfulness, and well-being apps. Contrary to previous positive findings, Fleming's results suggest these interventions do not significantly improve employee wellbeing. The study interprets this through job demands-resources theory and considers selection bias in cross-sectional data. Fleming concludes that these interventions may not adequately address job demands, challenging the prevailing view of such programs and suggesting a need for more effective approaches to improving workplace wellbeing.</p>	<p><a href="https://doi.org/10.1111/irj.12418">https://doi.org/10.1111/irj.12418</a></p> 

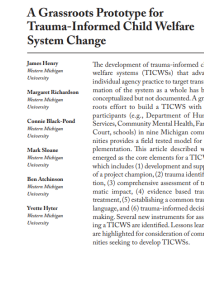

Resource	Summary of content	Link
<p>Herman, J. L. (1992). <i>Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror</i>. New York: Basic Books.</p>	<p>Herman's work is a foundational text in trauma studies, exploring the psychological and social impacts of traumatic events. It outlines stages of trauma recovery, emphasising the role of community and therapeutic support in healing.</p>	<p><a href="#">Trauma and recovery : Judith Lewis Herman : Free Download, Borrow, and Streaming : Internet Archive</a></p> 
<p>Hochschild, A. (1983). <i>The managed heart: Commercialization of human feeling</i>. Berkeley, CA: University of California Press.</p>	<p>This book examines the emotional labour involved in service roles, particularly how employees manage their emotions to align with job expectations. Hochschild introduces the concept of "emotional labour," discussing its implications on worker identity, job satisfaction, and the commercialisation of emotions in professional settings.</p>	
<p>Lee, E., et al., Organizational climate and burnout among home visitors: Testing mediating effects of empowerment. <i>Children and Youth Services Review</i>, 2013. 35(4): p. 594-602.</p>	<p>This study explores the relationship between organisational climate and worker burnout in home visiting programs aimed at child maltreatment prevention. Using data from 179 home visitors, the researchers employed hierarchical regression and structural equation models to examine whether worker empowerment and supervisory support mediate this relationship. The results showed that a positive organisational climate is directly associated with reduced burnout, while worker empowerment partially mediates this effect. However, supervisory support did not significantly mediate burnout. The findings highlight the importance</p>	<p><a href="https://doi.org/10.1016/j.childyouth.2013.01.011">https://doi.org/10.1016/j.childyouth.2013.01.011</a></p> 

Resource	Summary of content	Link
	of improving organisational environments and empowering workers to mitigate burnout in high-stress professions like home visitation.	
<p>Pearlman, L. A., &amp; Saakvitne, K. W. (1999). <i>Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors</i>. New York: W.W. Norton.</p>	<p>This book delves into the emotional and psychological toll that working with trauma survivors, particularly those who have experienced incest, can take on therapists.</p>	<p><a href="https://wwnorton.com/">https://wwnorton.com/</a></p> 
<p>Riley, S. (1996). An Art Psychotherapy Stress Reduction Group: For Therapists Dealing with a Severely Abused Client Population. <i>The Arts in Psychotherapy</i>, 23 (5), 407-415,</p>	<p>This article describes an art therapy group designed to reduce stress among therapists who work with severely abused clients. The findings highlight the therapeutic benefits of creative expression in a professional setting.</p>	<p><a href="https://doi.org/10.1016/S0197-4556(96)00054-8">https://doi.org/10.1016/S0197-4556(96)00054-8</a></p> 
<p>Rosenberg, M. B. (n.d.). <i>How you can use the NVC process</i>.</p>	<p>This resource introduces the Nonviolent Communication (NVC) process, emphasising empathy, active listening, and effective communication. It provides practical steps for resolving conflicts and building stronger interpersonal relationships.</p>	<p><a href="http://www.nonviolentcommunication.com/pdf_files/4part_nvc_process.pdf">http://www.nonviolentcommunication.com/pdf_files/4part_nvc_process.pdf</a></p>

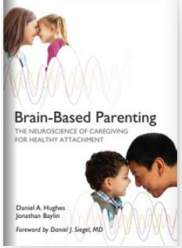
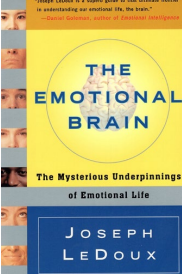
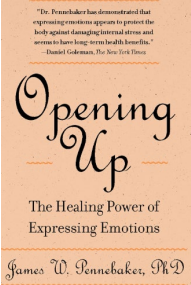
Resource	Summary of content	Link
		
<p>Ryan, K., &amp; Oestreich, D. (1992). Driving Fear out of the Workplace: Creating the High Trust, High Performance Organisation, <i>Management Review</i>, 81(2), 56.</p>	<p>This book explores strategies for eliminating fear in the workplace, focusing on building trust and fostering a high-performance culture. It offers practical advice for leaders seeking to create more collaborative and supportive organisational environments.</p>	<p><a href="https://www.proquest.com/scholarly-journals/driving-fear-out-workplace-ryan-oestreich/docview/206700879/se-2">https://www.proquest.com/scholarly-journals/driving-fear-out-workplace-ryan-oestreich/docview/206700879/se-2</a></p> 
<p>The MacKillop Institute. <i>Is your workforce exposed to trauma? Vicarious trauma and the new psychosocial risk regulations.</i></p>	<p>Workplace regulations around psychosocial risks are changing rapidly. Responding to Safe Work Australia's new model 'Code of Practice: Managing psychosocial hazards at work', every state and territory in Australia now has legislation outlining the responsibilities of the employer.</p> <p>A psychosocial hazard refers to anything that could cause psychological harm. Examples of hazards include experiencing violence and aggression or being exposed to traumatic material.</p>	<p><a href="https://www.mackillopinstitute.org.au/resources/is-your-workforce-exposed-to-trauma/">https://www.mackillopinstitute.org.au/resources/is-your-workforce-exposed-to-trauma/</a></p> 

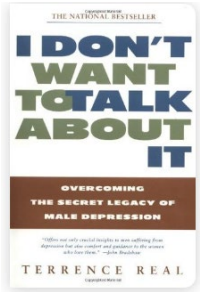
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	While laws will vary from state to state, identifying and reducing psychosocial risks is a mainstay in all states and territories. If you have a workforce that is exposed to the trauma of others, you might need to consider the risk of vicarious trauma.	
<b>Other</b>		
Alford, J. D., Mahone, C., & Fielstein, E. M. (1988). Cognitive and Behavioral Sequelae of Combat: Conceptualization and Implications for Treatment. <i>Journal of Traumatic Stress</i> , 1(4), 489-501.	This article examines the cognitive and behavioural effects of combat exposure in veterans, highlighting the long-term impacts on mental health. It provides treatment strategies aimed at addressing trauma-related conditions such as PTSD.	DOI: 10.1007/BF00980301 
Golding, K. S., & Hughes, D. A. (2012). <i>Creating Loving Attachments: Parenting with PACE to Nurture Confidence and Security in the Troubled Child</i> . London: Jessica Kingsley Publishers.	This book outlines the PACE (Playfulness, Acceptance, Curiosity, and Empathy) model, which is designed to help parents build strong, secure attachments with children who have experienced trauma.	<a href="https://www.woodslane.com.au/">https://www.woodslane.com.au/</a> 

Resource	Summary of content	Link
<p>Goleman, D. (1995). <i>Emotional intelligence: Why it can matter more than IQ</i>. New York, NY: Bantam Books.</p>	<p>Goleman presents the groundbreaking concept of emotional intelligence (EI), highlighting its crucial role in both personal and professional success. He argues that emotional competence, which includes self-regulation, empathy, and social skills, can be twice as important as cognitive ability in achieving success in life and work. Goleman also emphasises that emotional regulation is a key factor in resilience, helping individuals manage stress and adversity more effectively.</p>	
<p>Haslam, D., Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D., &amp; Malacova, E. (2023). <i>The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report</i>. Queensland University of Technology.</p>	<p>This report presents the first nationally representative data on the prevalence of child maltreatment in Australia. The study highlights the widespread nature of child abuse, including emotional, physical, and sexual abuse, neglect, and exposure to domestic violence, and examines the long-term health impacts these experiences have on children. The findings underscore the urgency of addressing child maltreatment to mitigate its detrimental effects on mental and physical health throughout life.</p>	<p>DOI: 10.5204/rep.eprints.239397</p> 
<p>Heery, E., &amp; Noon, M. (2001). <i>A Dictionary of Human Resource Management</i>. Oxford: Oxford University Press.</p>	<p>This dictionary serves as a comprehensive reference guide for human resource management professionals, covering key terms and concepts in Human Resource Management (HRM), employment relations, and organisational behaviour. It is an invaluable tool for both students and HR practitioners.</p>	

Resource	Summary of content	Link
<p>Henry, J., Richardson, M., Black-Pond, C., Sloane, M., Atchinson, B., &amp; Hyter, Y. (2011). A Grassroots Prototype for Trauma-Informed Child Welfare System Change. <i>Child Welfare</i>, 90(6), 169-186.</p>	<p>The article discusses the development of trauma-informed child welfare systems (TICWSs) aimed at transforming the entire system to better address trauma in children. This study focuses on a grassroots effort in nine Michigan communities to implement the TICWS model. The core elements identified for successful implementation include:</p> <ol style="list-style-type: none"> <li>1. Development and support of a project champion</li> <li>2. Trauma identification</li> <li>3. Comprehensive assessment of traumatic impact</li> <li>4. Evidence-based trauma treatment</li> <li>5. Establishing a common trauma language</li> <li>6. Trauma-informed decision-making</li> </ol> <p>The article highlights new assessment instruments for evaluating TICWS and shares lessons learned for communities aiming to develop similar systems. The focus is on creating a collaborative approach involving key participants such as the Department of Human Services, Community Mental Health, Family Court, and schools to foster a trauma-informed environment.</p>	<p><a href="#">A Grassroots Prototype for Trauma-Informed Child Welfare System Change - ProQuest</a></p> 
<p>Hughes, D. A. (2006). <i>Creating PLACE: Parenting to Create a Sense of Safety</i>. Warren, NJ: EMK Press.</p>	<p>Hughes introduces the PLACE framework—Playfulness, Love, Acceptance, Curiosity, and Empathy—as a strategy to foster safety and trust in children who have experienced trauma.</p>	<p><a href="#">Creating PLACE: Parenting to create a sense of safety - DDP Network</a></p> 



Resource	Summary of content	Link
<p>Hughes, D. A., &amp; Baylin, J. (2012). <i>Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment</i>. New York: W. W. Norton.</p>	<p>This book links neuroscience with caregiving, explaining how brain science can inform parenting strategies that promote secure attachments in children.</p>	<p><a href="#">Home Page   W. W. Norton &amp; Company (wwwnorton.com)</a></p> 
<p>LeDoux, J. (1996). <i>The Emotional Brain: The Mysterious Underpinnings of Emotional Life</i>. New York: Simon and Schuster.</p>	<p>LeDoux explores how the brain processes emotions, particularly fear, through the lens of neuroscience. His work focuses on the amygdala's role in emotional responses, linking it to survival mechanisms.</p>	
<p>Pennebaker, J. (1997). <i>Opening Up: The Healing Power of Expressing Emotions</i>. New York: Guilford Press.</p>	<p>This book explores the psychological and physical benefits of emotional expression, particularly through writing. Pennebaker demonstrates how confronting and expressing emotions can promote healing.</p>	

Resource	Summary of content	Link
<p>Real, T. (1997). <i>I Don't Want To Talk About It: Overcoming the Secret Legacy of Male Depression</i>. New York: Simon &amp; Schuster.</p>	<p>This book explores the hidden epidemic of male depression, emphasising how societal expectations around masculinity contribute to emotional suppression. Real offers practical strategies for overcoming the emotional struggles men often face.</p>	
<p>The Dyadic Developmental Psychotherapy Network (n.d.). <i>What is meant by PACE?</i></p>	<p>This article explains the PACE model (Playfulness, Acceptance, Curiosity, and Empathy) used in Dyadic Developmental Psychotherapy to help children who have experienced trauma form healthy attachments.</p>	<p>Retrieved from <a href="#">DDP Network</a>.</p> 