



What I Talk About When I Talk About Trauma: Schools, Systems and the New Frontline.

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So much discussion about trauma gets snagged on the limitations of language and meaning, diverting the importance of widening the conversation about trauma, its affects and effects on people and culture, into what trauma is and isn't and who gets to own the trauma label. The reality of trauma is that it is an internal, in between and around state of being. One which exists everywhere with everyone as a function of our neurobiology and humanity rather than the events that happen to us. Trauma is translated from Greek as literally as meaning 'wound'. And like wounds, there is a wide variety of trauma that impact people, both physically and emotionally across a spectrum of behavioural consequences.

Wounds, like trauma, involve rupture then repair. Some are quick to heal, others more complex. If left without care or treatment, wounds and trauma can become systemic in their toxicity. The problem with talking about trauma, is more often than not, the interpretation is of a visible and catastrophic happening, something we perceive 'over there' rather than emanating as a coping response from within to an external event. It's not what happens to us, it's what happens inside us as a result that defines the experience of trauma. Not all traumatic events cause trauma, the human body is well designed to respond and adapt to a range of stressors. In a healthy human system (and culture), once the threat has been mitigated or recedes, the body returns to a regulated homeostasis.

To really grasp the significance of trauma in the context of managing organisational culture and the school system, the role the whole neurobiological system of safety inside oneself and between people needs to be understood, alongside the contexts of the social experiences. Trauma can be broadly defined in two main branches, often referred to as big T trauma and little t trauma. This

oversimplification of trauma is misleading as the correlation with size and impact is not representative of the affect these traumas have on behaviour. A better headline definition for the terms are shock trauma and developmental or interpersonal trauma, which speak to how trauma is received and perceived by the body and mind as it looks to create safety and protection for keeping the human organism alive.

Shock trauma can be broadly classified as trauma which is overwhelming for the body and nervous system: too much, too fast, too sudden to process effectively within the autonomic nervous system (ANS). The net result is the ANS goes into a freeze or immobilisation state and the experience of the trauma including the residues of adrenalin, cortisol and other stress hormones remain stuck in the ANS. When a person's safety response is triggered, trauma can be re-activated and experienced as if the traumatic incident was happening all over again. This re-experiencing and re-activating then leads to the behaviours, emotions, thoughts and experiences that make trauma so debilitating.

Developmental trauma or interpersonal trauma arises differently. Instead of a shocking and drastic experience, these are persistent and repetitive experiences of relational lack that directly influence the way the ANS is coded for safety - with the potential for lifelong behavioural adaptations. Dr Dan Siegal uses the terms interpersonal trauma to describe cues of safety created through social experiencing with infants and primary carers. Interpersonal trauma arises when the infants are either not provided, not consistently or appropriately provided with connection and safety. He overlays these experiences of early connection as part of attachment development and that they are present for all humans. This early social engagement and connection of attachment sets the tone for how relationships are established throughout life. His main point is that rupture will happen in human interactions, and it is the consistency of repair that creates safety and secure attachment, allowing us to flourish, create, innovate and manage from the executive part of our brains, rather than from our survival systems.

Interpersonal trauma has a profound relationship with the neurobiology of the autonomic nervous system (ANS). The ANS is a relational system – throughout our lifetime it is the connection to and relationship with others that brings meaning to our lives. To form these connections a sense of safety is necessary, and to accomplish this our ANS is in a back-and-forth neuroceptive connection with another person's ANS. When the system signals cues of safety and reciprocity, then connection builds creating reciprocity. If it signals danger, then there is a dysregulation in the system leading to disconnection and rupture – kryptonite to the human desire to connect and belong.

Armed with this context for safety, response and reaction, what are we talking about then when we talk about trauma in the context of contemporary school management? Based on US and Australian data, it is estimated that somewhere between 70-90% of adults have experienced a known potentially traumatic event or PTE. This doesn't consider unsurfaced or unconscious childhood interpersonal traumas and the small cumulative wounds that change our behaviour to self-protect from hurt and disconnection, forming emotional armour and social defences.

Working on these statistics, people are reacting, protecting, adapting, connecting and disconnecting all the time, proportional to their exposure and recovery from life as a human. In this view of the world, it is reasonable to assume that you, me and majority of your peers, staff, learners and their parents will have experienced some form of interpersonal trauma at some stage of their brain and nervous system development, and throughout their significant developmental milestones into adulthood. If you are leading humans in any context you are leading trauma – yours and theirs.

Hospitals, war zones, police, fires, ambos – these are the people who usually get to do trauma in a work context. Principals, teachers, TAs, support staff, they don't usually feature in our view of the frontline. Thus, we don't go looking for trauma, or trauma-informed approaches, or into the collective responses that are increasingly causing schools to be dealing with trauma and burnout across their

staff, student, parents, systems and communities. A frontline situation in any definition of trauma.

When we recognise that managing interpersonal trauma is relational and related to creating psychological safety in the autonomic nervous systems (ANS) we can begin to think about how being trauma-informed can saturate across a systems approach to creating safety in work cultures. Knowing that systemic and chronic allostatic stress load pushes people into the sympathetic part of their ANS, moving them away from the rational and regulated executive function parts of their brain into the survival parts that are reactive and instinctive, means that the first line of defence in a trauma informed approach to culture is to manage the stress and help *all* people to be able to recognise their state change and re- or co-regulate. It's a big mission to bring the focus to personal regulation and wellbeing, especially when you consider that each person's interpersonal experiences will determine what pushes them out of regulation into survival mode in an ongoing way, and much of the stress in education systems feels well and truly out of the control of individuals within it.

A systems approach would ask us to look at the parts of the system that caused stress and manage the friction, seeking to understand what could be minimised, what could be reduced, what could be acknowledged and accepted without triggering continual reaction. Positive change can come from when the people in that system co-design minimisation and mitigation strategies. Returning agency and autonomy to their engagement alongside management, mimicking the autonomic nervous system in a bottom-up, top down approach. Wellness, values, belonging, connection and authenticity is of critical importance across all facets of school operations, as these factors strongly influence individual and in turn collective safety and regulation as well as people-centred management decisions.

Much of the systemic issues in education are just that – wicked problems of graphic complexity that need resourced, sustained and multi-faceted interventions across well funded decades. Perhaps the elephant in the room is turning the focus to managing the known unknowns – creating trauma responsive and resilient school cultures. This means embracing and naming up

the reality of running educational organisations as places where trauma exists, occurs and is inside and in between the people who make up the organisation. Treating schools as part of a frontline sector of teacher first responders also means equipping Principals and staff with the training, de-escalation and debriefing cultures that ensure that relations are strong, rupture is understood and repaired, and that the wounds sustained in the line of duty are treated with the care and triage necessary to allow people to not just survive but thrive to be meaningful and impactful educators.

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