Trauma-Aware Port Phillip Toolkit

Version 3, 12th Dec 2025

City of Port Phillip

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Cover:
Mural by Juzpop. Photo by Yoshi Yanagita.

About the artist:
Juzpop (Justine Millsom) is a Naarm /Melbourne-based artist known for her bold, surreal imagery that merges delicate realism with dreamlike abstraction. Her work explores transformation, identity, and the emotional landscapes of growth—often centering women as symbols of strength, evolution, and self-discovery.

Contents

Trauma-Aware Port Phillip toolkit introduction

Our Port Phillip community

Our Port Phillip community is vibrant and diverse. Our nine neighbourhoods are home to more than 112,000 people of different cultures, languages, identities, and lived experiences.

Our community is known for its strong networks of connection and care. We are supported by over 200 local groups and services. Like any community, we face complex challenges. Some of us experience challenges such as housing insecurity, discrimination, mental health issues, and effects of trauma. These experiences can shape how we feel, behave, connect with others, and engage with services.

Why Trauma-Aware Port Phillip?

Trauma-Aware Port Phillip (TAPP) is a community-initiated, evidence-informed project designed to strengthen resilience and reduce the impact of trauma and shame in our community. We believe that being trauma-aware is the first step to creating a safer, more inclusive Port Phillip for everyone.

A trauma-aware community understands that trauma is common and can affect anyone: the people we support, our colleagues, our family, or ourselves. Trauma-awareness helps us think differently about what someone might be going through. It can change the way we relate to ourselves and others to reduce fear, shame, and judgement.

Purpose and aims

This toolkit is designed for everyone in our community: community members, our workforce, and our organisations.

It provides simple and practical guidance to understand trauma in our community and to increase empathy, safety, dignity, mutual support and culture.

This toolkit serves as an introduction to these ideas. Look into our references if you want to understand more.

This toolkit aims to:

- Increase understanding of the diverse ways trauma shows up in our lives.
- Reduce stigma, judgement and shame in our community.
- Help our community to engage more effectively.

How to use this toolkit

This toolkit is designed to be flexible and easy to use. We suggest you start with **Understanding trauma** and **Understanding trauma in our bodies** and then explore the sections of most relevance and interest to you.

Language

This toolkit uses person-centred, inclusive, and trauma-aware language. We recognise that language carries different meanings in different cultures, language groups, and demographics. We encourage you to be receptive to your own community on this journey.

Be mindful of triggers

When going into this work it is important to check in with ourselves. This material may reflect some of our experiences, which can be confronting. Being trauma-aware starts with our relationship with ourselves, so take space to breath whenever you need.

1 Understanding trauma

Understanding trauma

Trauma occurs when an event, or series of events, overwhelms the way we process difficult emotions or situations. Being overwhelmed can make it hard for us to manage our emotions, thoughts, and behaviours. This can significantly change our internal world, the relationships around us, and the way we interact with our community.

Mural by Juzpop (Justine Millsom)

Effects of trauma in our community could look like alcohol and substance use, increased violence in our community, distrust of authority, distrust of systems and services, changes in our community relationships, distrust and disengagement within our community, community members being shamed or pushed out of our community, and more.

By learning about trauma and becoming trauma-aware, we can also learn paths about to recovery and help our community to be more engaged.

The 3 E's of trauma

Trauma is made up of three elements:
the event, the experience, and the effect.

Event

A potentially traumatic event is the "what happened". We say 'potentially' as everyone has different abilities and experiences events in diverse ways.

Potentially traumatic events could:

- Happen to us: such as being in a car accident or being assaulted.
- Be seen by us: such as witnessing an assault or an accident.
- Happen to someone close to us: such as a friend being assaulted or in an accident.
- Be a combination or all of these: such as the trauma of colonisation which happens to and is seen by First Peoples as well as family and friends.

Trauma is often talked about in relation to people. For some First Peoples land is a person, a close relation. This means events that harm the land can be potentially traumatic events for First Peoples.

Experience

The unique way we see, feel, process and understand a potentially traumatic event.

Effect

How our bodies and brains cope with the experience.

See **Understanding trauma in our bodies,** pg.15, to learn more.

Effects could be experienced:

- Internally: such as feeling unsafe, distressed, isolated, or out of control.
- In our relationships: such as difficulty trusting others, and making and maintain relationships.
- In our community: such as feeling unsafe or unsupported in our community, not trusting authorities in our community.

Prevalence of trauma

Around 75% of Australians have experienced at least one traumatic event in their lifetime.

Types and rates of trauma vary across demographics. For example, women and girls are more likely to experience trauma that is intentional (victimisation trauma), than men.

Among populations considered vulnerable, rates of trauma tend to be higher than average. For example, in Victoria around 97% of people experiencing long-term homeless have experienced more than 4 potentially traumatic events compared to 4% of the Australian population.

In Australia:

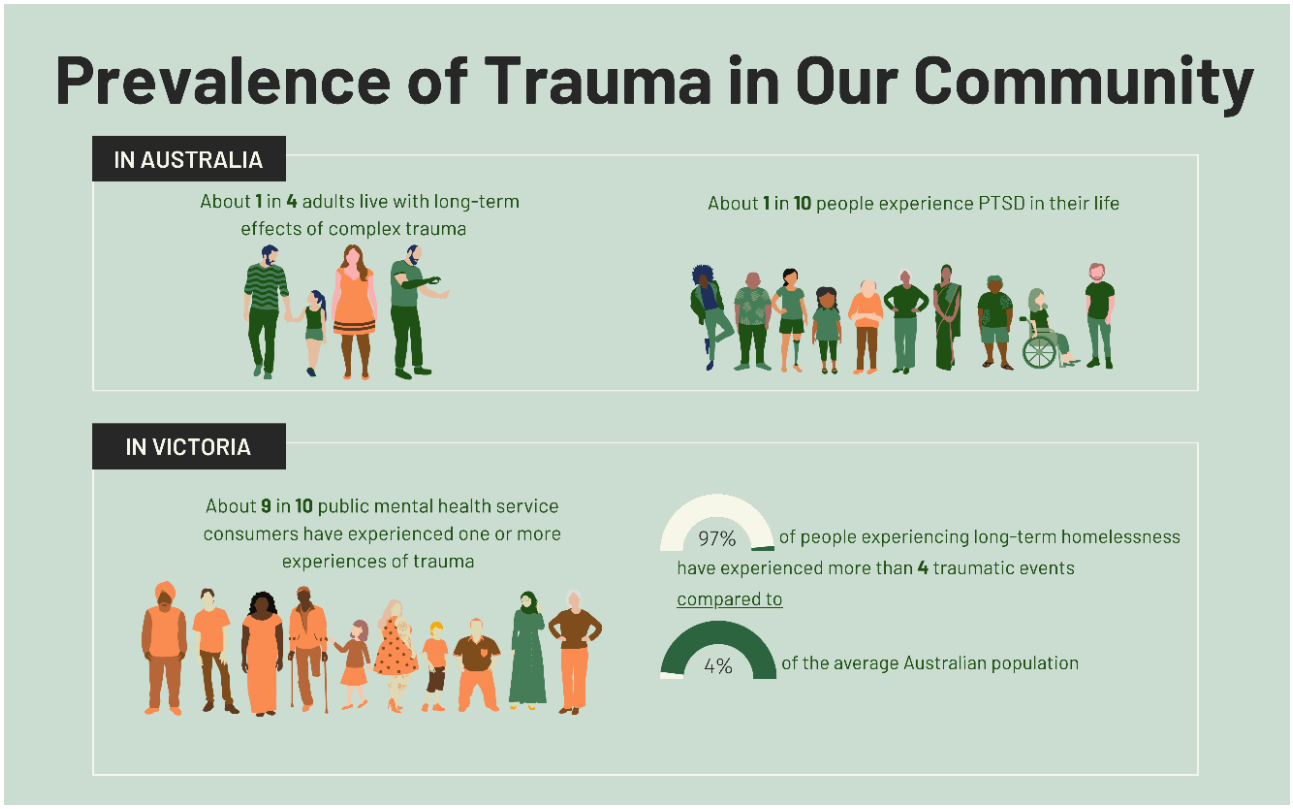
- About 1 in 4 adults live with long-term effects of complex trauma
- About 1 in 10 people experience PTSD in their life
- More women than men experience victimisation trauma
- Twice as many women as men experience PTSD

In Victoria:

- 9 in 10 public mental health service consumers have experienced trauma

People experiencing long-term homeless in Victoria:

- 97% have experienced more than 4 potentially traumatic events (compared to 4% of the Australian population)
- 100% have experienced a potentially traumatic event
- 98% have experienced accidental trauma (e.g., violence, accident, disaster) -
- 60% have experienced victimisation trauma (prolonged abuse, usually in childhood)



Understanding adverse childhood experiences

Adverse childhood experiences, sometimes called ACEs, are stressful or harmful events that happen when we are young. These events can happen directly to us or around us.

10 areas where adverse childhood experiences could occur:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Family violence
- Drugs and/or alcohol abuse
- Mental health issues in the family
- Loss of a parent due to separation or divorce
- Loss due to a death
- Family member in incarceration (prison)

Prevalence of adverse childhood experiences

At least 72% of Australians have experienced one adverse childhood experience.

In populations considered vulnerable rates of adverse childhood experiences tend to be higher than average.

Childhood maltreatment includes physical abuse, sexual abuse, emotional abuse, neglect, or exposure to family violence.

Childhood maltreatment among Australians over 16 in 2023:

- 39.6% exposure to family violence in childhood
- 30.9% emotional abuse
- 32% physical
- 28.5% sexual abuse
- 40.2% more than one type of abuse in childhood
- 37.3% of women had experienced sexual abuse as children, twice as many as men.

Among people specifically aged 16-24 surveyed in 2023, rates of childhood maltreatment were higher than the Australian averages stated above. This includes sexual abuse, emotional abuse, neglect, and exposure to family violence. Physical abuse was the only childhood maltreatment that was lower than the average.

Types of trauma

There are many types of trauma. They are categorised depending on the nature, duration, scale and timing of the event. Within the same type, effects and their duration varies as much as people do.

Coping adaptations

When we understand the impacts of trauma and how we cope with them, we see that they are not rationally chosen actions but a response to a story.

Resilience

Resilience refers to someone's ability to maintain or return to their baseline, their normal, after a potentially traumatic event. Resilience comes from supportive relationships and connection to culture, language and place.

Post-traumatic growth

Post-traumatic growth refers to healing from a potentially traumatic event in a way that enriches our lives.

Acute trauma

Event: a single potentially traumatic event.

Possible signs include feeling unsafe; feeling out of control; difficulty controlling emotions, thoughts and behaviours; changes to how someone sees their ability to succeed; changes to someone’s sense of purpose; mental and emotional distress; difficulty trusting others; difficulty building and sustaining relationships; feeling disconnected and isolated; changes to how someone sees their

role in their community; changes to someone's relationship to the community; feeling unsafe or unsupported by the community.

Adverse childhood experiences

Event: potentially traumatic events in childhood.

Possible signs include increased risk taking; difficulty making and maintaining relationships; difficulty functioning socially; physical health issues sometimes without a known cause; mental health issues. Studies have shown that the possible effects of ACEs increase with increased exposure to events.

Accidental trauma

Event: an unintentional potentially traumatic event, such as a motor vehicle accident

Possible signs include difficulty controlling emotions; mood swings; feelings aggravated; difficulty with authority; increased argumentative or physical behaviour; increased periods of sadness; anxiety or irritability; irregular changes to sleeping and eating patterns; physical health issues with no known cause; fluctuating self-esteem.

Victimisation trauma

Event: a potentially traumatic event that is intentional, usually within a victim and perpetrator dynamic, such as physical or sexual violence.

Possible signs include changes to relationships; changes to view of self and identity; changes to how one understands and makes meaning of the world; flashbacks, nightmares and triggers; difficulty making and maintaining relationships; difficulty calming once feeling unsafe; changes to memory, language, attention, and learning.

Post-traumatic stress disorder (PTSD)

Event: a significant potentially traumatic event that has a lasting impact, such as a violent attack or a natural disaster.

Possible signs include flashbacks; nightmares; changes to sleeping patterns; headaches; chest pain; avoiding people, places or things associated with the potentially traumatic event; consistently and persistently feeling nervous and/or alert; feeling sad, guilty and/or numb; dissociation; feeling disconnected from others.

Complex trauma

Event: repeated potentially traumatic events over time, especially in close relationships, such as ongoing neglect from a caregiver or living in a violent household.

Possible signs include increased mood swings; difficulty managing anger; increased risk taking; feeling numb and/or spaced out; increased forgetfulness; increased disorganisation; feeling shame; difficulty trusting others; difficulty feeling safe in relationships; feeling hopeless and

worthless; declining drive; physical health issues that seem to have no cause; declining confidence and view of self; difficulty functioning at school, work, with daily tasks, and in social settings.

Collective trauma

Event: a community wide potentially traumatic event, such as a natural disaster or systemic oppression.

Possible signs include a collective sense of loss, grief and/or fear; changes in relationships; increased violence within the community; early death rates within a group or community.

Intergenerational trauma

Event: trauma that is passed down a family line socially, environmentally or biologically.

Trauma can be passed down through challenges to family bonding, learnt behaviour, changes to DNA (epigenetic changes), or through policies or attitudes. Studies have shown intergenerational trauma can affect a family for up to six generations.

Possible signs include changes in family dynamics; community violence; early death rates within a group or community; distrust of authority; distrust of systems and services; fear of historical traumas repeating.

Historical trauma

Event: intergenerational trauma that affects a community, often systemically caused, such as slavery, war, racism, Stolen Generations (a generation of First Peoples who were forcibly removed from their families by governments and churches).

Possible signs include changes in family dynamics; community violence; early death rates within a group or community; distrust of authority; distrust of systems and services; fear of historical traumas repeating; lateral violence.

Re-traumatization

Event: an experience that brings back a trauma experience as if it is happening again. This could be a place, a person, a smell, a taste, a sight, a sensation, a date, a sound, a word.

Possible signs include flashbacks and nightmares; feeling detached; being tense or nervous; feeling tired all the time or lack of energy; feeling fear, shame, anger, and/or sadness; feeling disconnected from others; increased heartbeat; sweating; muscles tightening; staying away from people and places associated with the trauma; increased drug or alcohol use to manage thoughts and feelings.

Trigger

Event: a reminder of trauma experience. This could be a place, a person, a smell, a taste, a sight, a sensation, a date, a sound, a word.

Possible signs include flashbacks; racing heart; rapid breathing; shaking; sudden fear; panic; anger; sadness; feeling overwhelmed, abandoned, and/or helpless; fight, flight, freeze, fawn response; dissociating.

Secondary trauma

Event: hearing or reading the trauma, suffering and pain of others.

Possible signs include changes to feelings of safety, trust, and independence; pessimistic view of self and the world; flashbacks; isolation; anxiety; troubles with physical health; changes to sleeping pattern; changes to reactions when hearing someone else's trauma; memory changes; changed view of ability to succeed; etc. Effects can come on suddenly, like PTSD.

Vicarious trauma

Event: repeatedly hearing or reading about the trauma, suffering and pain of others.

Possible signs include changes to feelings of safety, trust, and independence; pessimistic view of self and the world; flashbacks; isolation; anxiety; troubles with physical health; changes to sleeping patterns; changes to reactions when hearing someone else's trauma; memory changes; changed view of ability to succeed.

Compassion fatigue

Event: being of service to others in a helping manner.

Possible signs include feeling powerless; consistently and persistently tired; irritable; decreasing empathy; headaches; feeling isolated; increased relationship struggles; increased substance use.

Burnout

Event: being overworked.

Possible signs include a pessimistic view of self and the world; consistently and persistently tired; feeling less confident in one's ability to succeed; feeling numb and detached.

How trauma affects our behaviour across age groups

Possible effects, coping adaptations and signs of trauma can look different across age groups.

Age group	Possible changes
Early childhood (0-6 years)	Possible signs include clinginess, nightmares, re-enacting trauma in play, skills regression, learning and skills beyond what is expected for their age group.
Childhood (6-12 years)	Possible signs include difficulty learning and paying attention, being overly aggressive and oppositional, learning ability and skill development beyond what is expected for their age group.
Adolescence (13-17 years)	Possible signs include aggression, increased risky behaviour and mood swings, difficulty with authority, difficulty making and maintaining relationships, difficulty at school, persistently being on alert.
Adults (18-64years)	Possible signs include persistent or recurring disorders such as anxiety and depression, social withdrawal, difficulty making and maintaining relationships, difficulty at work, increased alcohol and/or drug use particularly to manage stress.
Older persons (65+)	Possible signs include traumatic memories coming back, disorders continuing, PTSD signs, increasing signs due to age-related stress. Adaptations can be misdiagnosed as dementia or aging.

2 Understanding trauma in our bodies

Sometimes the effects of trauma can lead to behavior that might look like unsafe or harmful. These behaviours we use to cope with trauma can lead to being judged, shamed, isolated, punished or criminalised.

Learning how trauma can change our brains helps us see that these behaviours that might look unsafe or harmful can be ways we cope with overwhelming life stories.

This does not mean we should not be held accountable for our actions. But that as a community, building spaces where our bodies feel consistently safe will help us all make more fulfilling choices.

How trauma affects our brains

When we experience trauma, our brains alert system is activated. This suppresses the parts of our brain that control learning, memory, reasoning and impulse control.

Trauma can also change this alert system to be bigger and more sensitive. This means our reactions to possible threats will be quicker and more powerful and activated to smaller events.

This can mean that we are in an alert or anxious state even in a safe environment.

As the brain is using all its energy keeping us safe when in this state, there is less energy for learning, memory, reasoning, and impulse control. This can have long-term effects on our brain's development.

Dr. Dan Siegel's Hand Model of the Brain

How adverse childhood experiences affect our brains

As our brains grow, they use our experiences to understand how safe our environment is and what resources are available. It then develops to survive in that environment.

Adverse childhood experiences can tell our brains our environment is unsafe and that resources, such as food or companionship, are limited. The more or worse the adversity is, the more unsafe our brains tell us our environment is.

Dr Haley Peckham makes sense of this by likening experiences to rain and our brains to the land. One drop doesn't have much impact. But a rainstorm can create streams and carve paths into the earth.

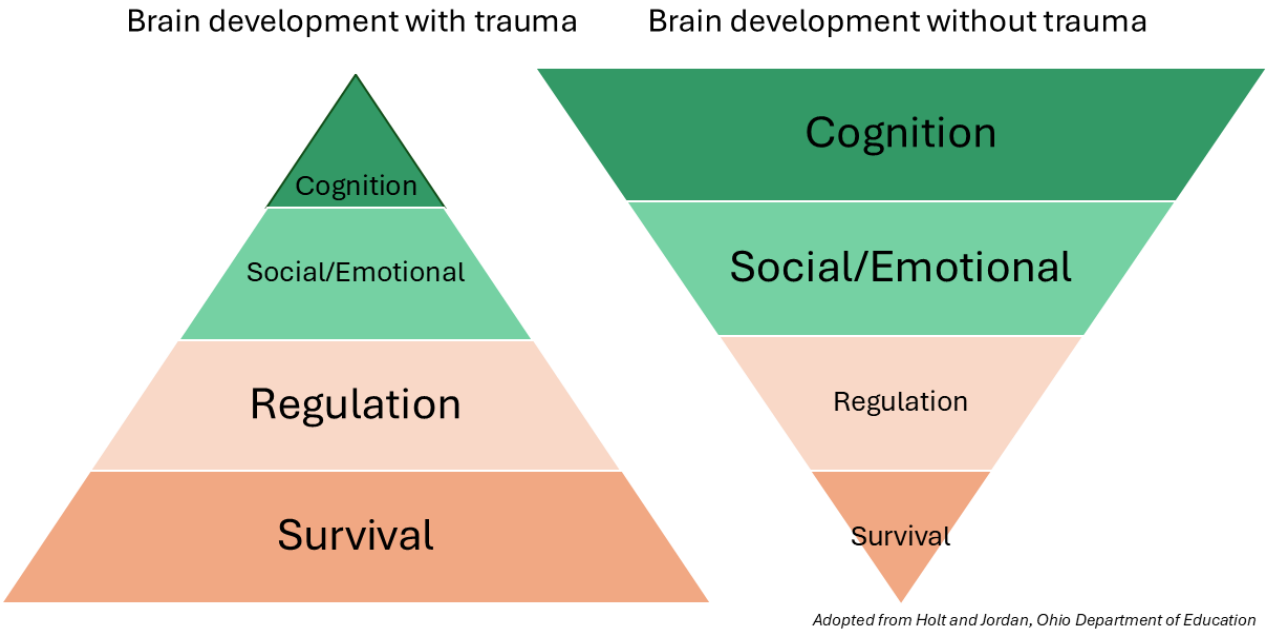
One adverse experience, one drop, may not have an effect. But repeated experiences carve out neural pathways and changes the landscape of our brains.

If our brains believe our environment is unsafe or doesn't have enough resources, they will develop to focus on detecting threats and surviving. This means there is less energy to develop of tools to regulate, to control thoughts and actions, and to create long-term goals.

This means that unsafe or harmful behaviours can be tools our brains have developed to meet needs and survive in an unsafe, resource lacking environment.

This can look like a person who is overly alert or quick to anger because growing up they witnessed family violence. It could look like a person with poor impulse control because didn't have enough food growing up.

Experience shapes brains by Dr. Haley Peckham



Adopted from Holt and Jordan, Ohio Department of Education

How trauma affects our bodies

When our bodies detect a threat our heart rate and breath will increase, and our digestion will slow, telling us we are unsafe.

When our heartrate and breathing is very fast, and our digestion stops, we enter survival mode. This is not a choice. It is our bodies trying to keep us safe possibly before we even realise there is a threat.

In this state our bodies are getting less nutrients. If we enter this state frequently or for long periods of time our bodies may not be getting the nutrients it needs to keep us healthy. This can lead to health implications, such as organ failure.

Stage one: flight or fight, or hyperarousal.

Our bodies fill with energy and tell us to remove ourselves from the environment. It can look like chronic anxiety, reactivity, and/or irritability.

Stage two: freeze or hypoarousal.

Our bodies feel like they can't remove us from the threat, so they shut down. It can look like dissociation, withdrawal, fainting, loss of purpose, social isolation, despair, and depression.

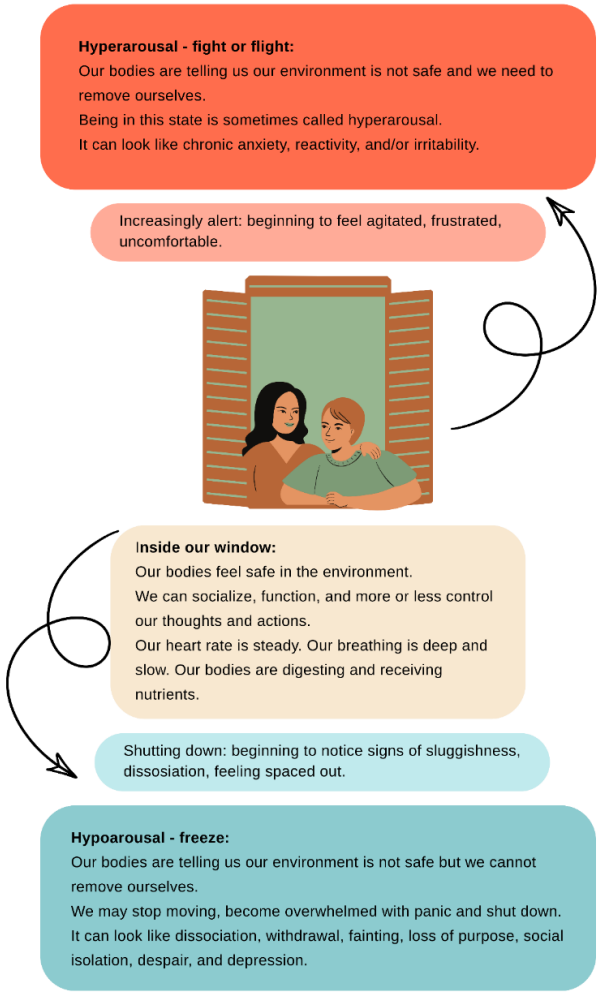
These stages can happen separately or at the same time.

The window of tolerance

Within our window of tolerance, we feel safe and regulated, our heart rate and breathing are slow, our digestive system is working. We can socialize and more or less control our thoughts and actions.

If we start to leave our window, if we start to panic, may still be able to function but we need to regulate (calm) ourselves.

If we leave our window, we won't feel safe, we won't be able to socialise or think rationally. We need to regulate (calm) ourselves before we can think rationally or socially connect.



Getting back into our window

Stage	Signs	Regulating (calming)
Early-stage	Slight quickening of breath and heart rate.	Notice the breath. See if it can deepen and slow. This can change our body's signals and reassure our bodies we are safe.
Early-stage	Slight quickening of breath heart rate.	Calm and empathetic conversation. Soothing interactions can slow our heart rate and breathing, which tells our bodies we are safe.
Intermediate-stage	Fast breath and heart rate, being around people feels threatening, uncomfortable or unsafe.	Calming movements can help release stress hormones and activate your brain.
Late-stage Survival mode	Heart rate and breathing are very fast, feel panicked, might notice signs of agitation, aggression, or anxiety, or becoming vague or shutting down. People and the environment feel threatening, uncomfortable and/or unsafe.	Change environments to somewhere we feel safe, familiar, with low stimulation. Work through the previous steps until calm. This can take a while, so we need to be kind and patient with ourselves and/or others.

Coping with trauma and adverse childhood experiences

The tools our brains develop depends on how safe our brains believe the environment is. In an unsafe environment, these tools may appear unsociable or harmful to ourselves or others.

These tools can look like:	Which leads to overrepresentation in:
• Alcohol use or addiction • Drug use or addiction • Suicidality • Self-inflicted harm • Hostility • Isolation • And more.	• Prison systems • Juvenile detention • Child welfare • Social services systems • Mental health facilities • Alcohol and other drug rehabilitation facilities • And more.

Seeing these tools as rationally chosen behaviours can lead to punishment. Punishment can increase trauma responses as it confirms the bodies belief that the environment is unsafe.

When we see that these behaviours are attempts to meet needs and cope, it is obvious that we need safe and supportive environments to engage in fulfilling behaviour.

This doesn't mean we shouldn't be held accountable for our actions, but that safety and support need to be a priority.

Prevalence of coping adaptations

People who have experienced 4 or more ACEs are:

- 20X more likely to be incarcerated in their lifetime
- 12.2X more likely to have attempted suicide
- 10.3X more likely to have injected drugs
- 6X more likely to have had or caused an unintended teenage pregnancy
- 4.6X more likely to suffer from depression
- 2.5X more likely to contract a sexually transmitted infection
- More likely to have children who also experience ACEs

In populations considered vulnerable, these statistics tend to be higher due to higher rates of trauma and adverse childhood experiences.

Among Aboriginal and Torres Strait Islander populations, who experience layered trauma of colonialisation, racism and intergenerational trauma, signs of trauma are visible in suicide and self-harm rates, alcohol and drug use and more.

Changing these behaviours is possible, but it is difficult to do alone. Our brains and bodies have to trust that we are in a safe environment. One safe experience, one raindrop, is not enough to build this belief. We need repeated experiences of safety, of met needs, and of kindness.

This is why we are asking our community to become trauma-aware. The more people involved in helping all our community feel safe the quicker our community can heal.

Resilience

Resilience is our ability to come back to ourselves after an adverse, stressful, or traumatic experience.

Some liken resilience to a tree. Trees need to bend in the wind, so they don't break. But when the wind stops, the tree is straight again.

Being resilient doesn't mean we don't react to adversity, stress or trauma. It means that we can come back to ourselves afterward.

Resilience is built on our environment and relationships. If our experiences have shown us that we live in a safe, supportive environment, recovery from a stress response feels safe and can be quick. These experiences include support from family, friends, school, and needs being met. They

can also include feeling connected to one's culture and language, and, for First Peoples, connection to Country.

On a physical level, resilience is our body's ability to return to a state of calm. This means a steady heartrate and breath and a functioning digestive system. Our body recovering from stress takes flexibility which takes practice. This means that small doses of stress that our bodies recover from increases our ability to recover from bigger stressors, which builds resilience.

If our stress response is overactive from a young age, flexibility, or resilience, can be harder to develop.

Post-traumatic growth

Post-traumatic growth is when healing from a potentially traumatic event leads to a more enriching life. This is like Kintsugi, the Japanese art of mending pottery with golden lacquer. When we put the pieces back together, the cracks do not go away. Instead, they are turned into something meaningful, beautiful even.

Five areas of post-traumatic growth:

- Improved relationships
- Increased personal strength
- Recognition of new life possibilities
- Enhanced appreciation for life
- Spiritual development.

3 Toward a trauma-informed Port Phillip

Being trauma-informed means we put our own and others safety and wellbeing first. It means we take steps to understand trauma, how common it is and its effects. And we take steps to notice and avoid triggering and re-traumatising ourselves and others.

This means working together so that everyone is in control of their own lives.

It means we focus on our community's strengths, and on being kind and honest.

For our community to feel safe and be ourselves, we need to feel safe not just physically, but also in who we are. This means respecting our community's diverse cultures, religions, genders, sexualities and abilities.

For some First Peoples, feeling safe also means being connected to family, community, Country, spirit, ancestors, culture, and language.

Healing Journey by Thelma Beeton

Trauma-Aware Port Phillip values:

These values reflect the heart of Trauma-Aware Port Phillip and the community we are building. They guide how we want to relate to each other, deliver services, and the environment we want to live in.

Empathy

Empathy is when we connect with someone else's experience. This means we are present, listening deeply and feeling with the other person. It is important that we take care of ourselves in this process, particularly if our job requires regular being empathetic.

Safety

Safety requires feeling free from physical, mental, and emotional threat, or the possibility of threat. When we feel safe is informed by our unique stories. Go to **Understanding trauma in our bodies,** pg.15, if you want to learn more.

Creating safety means recognising that for many people, the world is not a safe place. That feeling unsafe is understandable. That it is up to our community to create safe spaces.

Dignity

Dignity means respecting everyone's inherent value and worth, and respecting differences in class, race, gender, religion, abilities, and more.

Mutual support

Mutual support means giving and receiving within our community, particularly with those in need, so we can rely on each other. This could be resources, services, time, and more.

Culture

Culture can be a source of resilience. Respecting and encouraging members of our community to engage with their culture increases resilience and healing in our community.

Trauma-informed levels

Trauma-aware

Becoming trauma-aware is the first step to becoming trauma-informed.

Becoming trauma-aware means we are learning about trauma. We are learning how trauma happens, how often, to whom, what it does to our brains and bodies and what it's impacts might look.

Being trauma-aware we need to be open to learning new things as well as unlearning things we thought were true.

Trauma-sensitive

Becoming trauma-sensitive means that we are beginning to understand how this knowledge might change how we interact with ourselves and others.

Being trauma-sensitive means looking at our current ways of interacting and working. We look for areas of improvement and how they could be improved.

To ensure our approach is effective, we need to continue to reflect on our ways of interacting and working and be open to change.

Trauma-responsive

Becoming trauma-responsive means we are beginning to understand how our ways of interacting and working will change, how we will become trauma-informed. We are beginning to think about how our knowledge of trauma will look in action.

For organisations this means reviewing policies, procedures, structures, and systems to align with our understanding of trauma-aware and trauma-sensitive practices.

Trauma-informed

Being trauma-informed means we are living what we have learnt.

We are reflecting on our approach, we are open to feedback and new evidence, and we are centring TAPP values in our interactions.

The 4 Rs of trauma-informed:

- Realise the prevalence and impact of trauma and the paths for recovery.
- Recognise the signs and symptoms of trauma within ourselves and our community.
- Respond by changing the ways we interact, our policies, procedures, and practices.
- Resist re-traumatisation and triggering.

Being trauma-informed means we:

- Shift our lens from “what’s wrong?” to “what happened?”
- Recognise everyone in our community can grow and heal.
- Focus on strengths, building skills, and empowering choices.
- Understand the importance of consistency and patience, new relationships can feel unsafe for many people.

4 Understanding shame

Understanding shame is important to trauma awareness because of the relationship between trauma and shame.

Experiencing trauma can create chronic shame. Feeling shame can bring on a survival response for someone who has experienced trauma. This means shame can be triggering and even retraumatising.

The 3 E's of shame

Event:

Feeling or anticipating others judging or scrutinizing us. It could even be anticipating someone judging us.

Experience:

Feeling like we are worth less than others. We might feel inadequate, unlovable, flawed, or unworthy. This can make us feel abandoned or like our relationships are in danger.

Effect:

For some, shame passes with no real effect. Some shame is unavoidable, even necessary to understand the effects of our behaviours.

For others, shame can be unbearable. It can overwhelm us with feelings of hopelessness, of self-hatred, of having no control, or of being deeply flawed. This can lead to trying to avoid feeling shame at all costs, which can lead to behaviour that might seem unsociable or unsafe.

Types of shame

Healthy shame: shame that is felt and recovered from. Often leading to feeling humble, grateful, or respectful.

Acute shame: shame that is felt in response to a specific and single event. Leading to intense negative feelings in the moment that pass.

Chronic shame: a constant nagging of the possibility of shame. Leading to negative self-views, such as believing we are not good enough, a failure or worthless, or feelings of personal boundaries being crossed or violated.

Trauma and shame

Trauma is one cause of chronic shame. Feeling shame can bring on intense anxiety, triggering a trauma, or survival, response.

Shame can be brought on by:

- A potential traumatic event (or events)
- Self-blame for the event
- Feeling unlovable, violated or damaged after the event
- Labels such as victim, survivor, addict, homeless
- Taboos associated with the event, such as childhood sexual abuse
- Revealing the event, even in a in clinical or therapeutic setting
- Tools used to cope with trauma, such as drinking, self-harming, anger or hostility, or isolation.

Shame across cultures

Shame can be understood differently across cultures.

Even across First Peoples' cultures shame can be understood in different ways and be brought on by different experiences. For example, for some First Peoples, the term “help” can be shameful.

Being considerate of the communities, cultures and peoples we are working with is a step toward a shame sensitive community.

Coping with shame

Shame can be so unbearable that we try to avoid it at all costs by isolating ourselves and pushing others away.

When we experience healthy shame, we often try to avoid that specific behaviour in the future. But when shame is chronic, techniques to avoid shame affect our everyday lives. This can look like behaviours that avoid shame by isolating ourselves or by attacking ourselves and/or others.

Coping with shame by isolating ourselves or pushing others away makes recovery from trauma more difficult as we rely on social support to build resilience.

Coping strategy	Example
Avoiding behaviour	Isolation, withdrawal, cancelling appointments, giving up responsibilities, emotionally numbing, dissociating, being overly submissive or non-confrontational.
Attacking behaviour	Repeating attacking behaviours, communication and interactions that protect us from threats, criticism, or uncomfortable emotions. This can look like aggression, hostility, violence, narcissism, and perfectionism.

Shame sensitive

Being shame sensitive is an important step to creating a safe and engaged community and is necessary to becoming trauma-informed.

The 3 As of shame sensitivity

Acknowledge shame

Understand shame.

Appreciate different experiences of shame.

Recognize signs of shame:

- Body movements such as averting or downcast eyes, blushing, sweating, shrinking or slumping.
- Words used instead of shame such as self-conscious, embarrassed, foolish, or worthless.
- Verbal cues, such as stammering, silence, or long pause.
- These are only possible signs and could also be displayed for other reasons.
  For example, in some communities avoiding eye contact is a sign of respect, or for someone with neurodivergence eye contact may be distracting or not comfortable.
- If you notice signs, gently check-in to make sure everyone is comfortable before proceeding.

Avoid shaming

Avoid shaming individuals:

- In interactions where vulnerabilities are exposed, watch for of signs of shame.
  Vulnerabilities could be showing body parts to a doctor or sharing life details with a service provider.
- Be mindful of how vulnerabilities are assessed or scrutinized.
- Be mindful of interpersonal dynamics, such as gender, race, language, or disability.
- Be mindful that some people prefer to see the same person and others prefer seeing someone new.

Avoid shaming collectives:

- Be mindful of how language, attitudes, policies and practices can be shaming to groups of people.

Address shame

Address individual shame:

- Build safe spaces.
- Understand how and why shame is experienced.
- Find empathetic and sensitive ways to work around it in.

Support resilience to shame:

- Develop meaningful relationships that are trusting and empathic.

Combat systemic causes of shame:

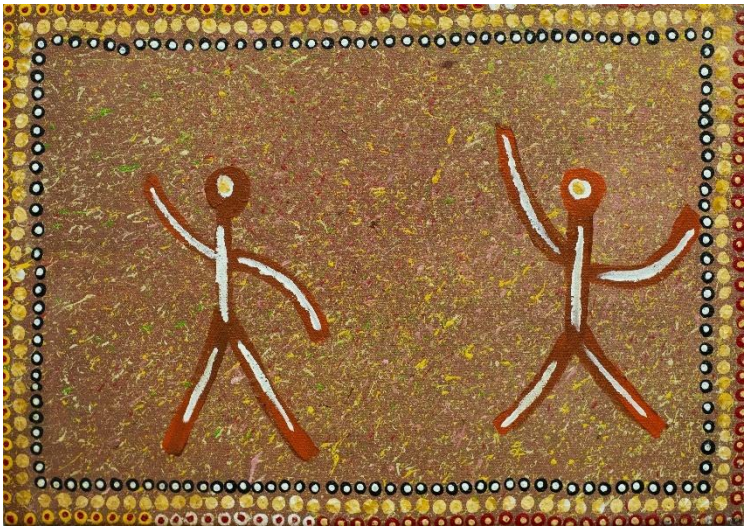
- Change traumatic, shaming, and oppressive conditions or attitudes in ourselves, our communities, organisations, and governments. This could be racism, gendered violence, homophobia, transphobia, and more.

5 Population-specific resources

Trauma in First Peoples' communities

Before colonisation, the rich and diverse cultures of First Peoples nurtured healthy and thriving communities across Port Phillip for thousands of years.

The trauma of colonisation experienced by First Peoples impacts minds and bodies, as well as families, connections to place (Country), culture, language, and ways of life across generations. The impacts of colonisation have meant that rates of trauma are higher among First Peoples than Australian averages.



Healing Journey by Sonia Harrison

The types of trauma colonisation can inflict include:	Such as:
Historical trauma	Stolen Generations, genocide, racism, poverty and more.
Community trauma	Substance abuse, violence, multiple deaths and more.
Lateral Violence	Trauma that is internalised and acted out within a community, such as bullying, shaming or isolating community members.
Family trauma	Intergenerational trauma, family violence, loss of parenting skills and more.
Individual trauma	Child abuse and neglect, challenges trusting and engaging with others, challenges engaging with culture, language and Country, and more.

Higher levels of trauma and social disadvantage experienced by First Peoples increases exposure to:

- Health inequalities
- Mental health disorders
- Drug use
- Alcohol use
- Suicide
- Self-harm
- Co-occurring mental health issues
- Socio-economic disadvantage

- Feeling disconnected from one's community
- Loss of identity loss
- Profound grief and loss
- Child maltreatment
- Fighting within a community or lateral violence
- Stressful life events, including:
    - Unemployment
    - Homelessness
    - Incarceration
    - Changed family dynamics

These tools are not part of First Peoples' culture but a response to the trauma of colonisation.

These issues rarely occur in isolation. They often overlap, making it more difficult to access support. Healing is especially difficult for First Peoples when traumas of racism, structural violence (such as child removal and incarceration) and intergenerational trauma continue.

Resilience within First Peoples communities

Resilience in First Peoples' communities in Port Phillip comes from many aspects of life. Supportive connections with family and community, connection to culture, language and Country.

First Peoples’ strengths:

- Culture
- Community
- Humour
- Courage
- Ability to live in two different cultures: First Peoples’ and Western

Collaborating with First Peoples and communities

Learn about the people whose lands you are living and working on and the people you are working with. This includes their culture, strengths and challenges. First Peoples and their cultures are many and varied. A one-size-fits-all approach will not meet everyone's needs and can be damaging.

In many First Peoples’ communities, health does not just include the individuals mind and body, but also the health of Country, language, culture, spirituality and family. It is important to ask and practice deep listening.

Practicing Dadirri (deep listening), patience, holistic care, and respecting someone right to seek culturally-based care, is a step toward cultural safety which is essential for a trauma-informed approach.

DADIRRI (Official Miriam-Rose Ungunmerr Video)

Healing as:

- Holistic
- Individual and community empowerment
- Connecting with identity and spiritual self
- A journey that involves time and pain
- Understanding how an individual's stories fits into First Peoples' stories of colonial trauma
- Evolving cultural traditions
- Hope for the future

SEWB Diagram adapted from Gee et al., (2014)

Trauma among people experiencing homelessness

In our community, over 40 people a night sleep rough on the streets, parks and foreshore. It is impossible to know how many more of our community members sleep on someone's couch, in cars or overcrowded dwellings.

Trauma has been identified as a cause of homelessness as well as a factor keeping people in homelessness. Across Victoria around 100% of people experiencing long-term homelessness have experienced at least one potentially traumatic event. As many as 97% have experienced more than four.

Trauma's impact on our mental health increases the likelihood of social disadvantage which impacts our ability to access support. These barriers make it harder to address trauma and heal.

Social disadvantage barriers include:

- Closure of mental health facilities
- Lack of specialised care for severe or concurrent mental illness
- General inaccessibility of our healthcare
- Pressure of everyday survival making accessing support impossible, for example finding food instead of navigating healthcare systems.

In a study of people experiencing long-term homelessness, 50% reported a time when they wanted professional help but could not access it. This should not be mistaken for a lack of interest. Only 9% expressed a lack of interest or readiness to address trauma and access support.

Reported reasons for not accessing support:

- Not knowing how to get help - 35%
- Not trusting anyone - 11%
- Thinking that no one could understand their situation - 11%
- Cost - 7%

Prevalence of trauma among people experiencing homelessness

In Victoria, 88% of people experiencing homelessness met the criteria for at least one mental health disorder:	**In Victoria, 60% of people experiencing homelessness reported interpersonal, prolonged and/or repeated trauma. These people reported:**
• PTSD (73%) • Depression (54%) • Alcohol abuse disorder (49%) • Alcohol dependence disorder (43%) • Substance abuse disorder (51%)	• Emotional regulation challenges (62%) • Difficulty maintaining social relationships (93%) • Risk-taking and putting self in danger (41%) • Suicidal ideation (19%) • Dissociative experiences (72%)

• Substance dependence disorder (44%) • Psychotic disorder (33%)	• Negative perceptions of the world and self (66%)

6 Toward trauma-aware organisations and workforces

The responsibility of creating a Trauma-Aware Port Phillip involves everyone in our community, including our workforce and organisations.

Being trauma-aware means understanding trauma, and how it affects our workforce and service users. It means we are starting to notice how our organisational spaces, policies and procedures might be triggering, re-traumatizing or shaming.

Becoming trauma-informed means we are changing our organisations and the ways we work to better support our community. For organisations with histories of harmful policies, this can seem overwhelming. Be mindful of this and recognise what you can achieve within your power and be compassionate with yourself.

Benefits of trauma-informed approaches

Group	Benefits
Service users	Reduction in trauma symptoms, behavioural issues and crisis; improved engagement; improved retention in programs and services.
Service users and providers	Improved overall mental wellbeing, mutual respect, enhanced sense of safety.
Service providers	Reduction in fatigue and burnout related to secondary trauma, reduction in injuries, improved morale, lower staff turnover, greater collaboration within and across systems.

A trauma-informed approach should be implemented vertically and horizontally. This means within our organisations, vertically, and across our organisations' referral networks, horizontally.

Within an organisation

Vertical trauma-informed approach

Being a trauma-aware organisation means different areas of our organisation need attention. This includes policies, structures, systems and procedures; governance, management and leadership; service provision; treatment and education of staff; the physical environment; and involvement of people with lived and living experience.

Organisational policies, structures, systems and procedures

The first step to making policies, structures, systems, and procedures trauma-informed is to understand the impact they have on service users, the community and our staff.

The impact could be service users feeling triggered or re-traumatised, or staff experiencing secondary trauma, vicarious trauma, burn out or compassion fatigue. Policies, structures, systems and procedures could impact staff or service users because of something included, such as rigid and inflexible policies, or because of missing, such as a lack of private space for staff to decompress.

To be trauma-informed, these policies, structures, systems, and procedures, must be reviewed, re-written and evaluated over time.

Governance, management and leadership

Becoming a trauma-informed organisation requires regularly evaluated and updated solutions that are championed by governance, management and leadership. Whether a bottom-up or top-down approach is taken, ongoing and visible encouragement and support from governance, management and leadership is the key to success.

Service provision

To provide trauma-aware services, we need to know what trauma is, how common it is, its impact and signs of triggering, re-traumatisation and shame. This will help us engage with everyone in a trauma-aware way.

Trauma-informed services:

- **Engage in safe, respectful, and empowering ways.**
  Offer private consultation spaces, actively listen, give options, check-in, offer breaks, notice signs of distress.
- **Make sure communication is respectful, clear and understood.**
  Use plain language, gently check everyone understands, and allow time for questions.
- **Focus on strengths and resilience.**
  See individuals as more than just victims.
- **Be mindful of triggers.**
  Be mindful of questions that might expose personal or stigmatised information, of interpersonal dynamics, of asking for consent before touching, of changes to appointments.

Workforce selfcare

Being trauma-aware can help the people we support, but it can also help us as workers.

Trauma can affect our work environment through the personal traumas we carry with us or the emotional demands of working with people in distressing situations.

Listening to or reading distressing life stories can lead to secondary trauma, vicarious trauma, burnout, or compassion fatigue. This can change how we think, feel, work, and relate to others.

If our work environment feels unsupportive, unsafe, or unpredictable our bodies may absorb more of the stress.

If we feel emotionally and physically safe and supported in our work environment, we're more likely to be engaged, effective and supportive.

Becoming trauma-aware workers means we begin to recognise our part in creating safe and supportive workplaces for ourselves, our coworkers and the people we support. Refer to Self-care strategies to learn more. But we also recognise the part our organisations play.

A trauma-informed approach shifts from understanding trauma to taking steps to reduce harm and promote healing. A trauma-informed approach means being intentional in how we support and engage with service users, coworkers and ourselves.

Organisational support of workforces

Impacts of trauma on a workforce

Knowing workplace stressors and signs of trauma can help us change our workplaces to better support our staff.

What puts our staff at risk	Signs of trauma in a workplace
• Large or unpredictable workloads • Long or inflexible hours • Unclear roles or responsibilities • Lack of support.	• High staff turnover • Staff frequently absent • Low morale • Low productivity • Increased stress • Reduced quality of work • Bullying, conflict, or harmful behaviours.

Trauma-informed organisations support their staff to build resilience and actively mitigate impacts of trauma.

This means having direct interventions as well as preventative measures such as creating safe, supportive and welcoming cultures and environments.

This looks like:

- Maximising staff input, choice, and flexibility in relation to their role, working conditions and the organisation.
- Creating cultures of communication, tolerance, respect, and cohesion.
- Having interventions for managing and supporting overwhelmed staff.

Physical spaces

Thinking about the effect of the physical environment is essential to trauma-awareness.

While our surroundings affect us all, if someone has experienced trauma, feeling uncomfortable or unsafe in an environment can trigger a trauma response.

Creating a space that feels warm, welcoming and safe helps staff and service users feel engaged, calm and in control.

Creating a safe environment can look like:

- Keeping spaces inside and outside well lit
- Being considerate of noise levels and the effects music.
- Arranging spaces to enhance privacy and a sense of calm.
- Using clear and welcoming language on signage.
- Having comfortable and private staff break rooms to decompress. This can help manage burnout, compassion fatigues, vicarious trauma and secondary trauma.

Collaborating with people with lived and living experience

Partnering with people with lived or living experience of trauma creates more responsive and inclusive services. Being such personal work, it is important that environments of safety and support are created. It is important for organisations to take on as much of the emotional labour as possible. This can be done through making environments and cultures as receptive and accessible as possible, and building trusting, committed and reciprocal relationships patiently over time.

This could look like:

- Making sure everyone feels heard and respected, not dismissed.
- Respecting lived and living experience as a job and participants as experts in their field.
- Recognising strengths and expertise of diverse lived experiences.
- Organizing work arrangements before engaging, such as payment, time, and meeting agendas.
- Recognising the emotional labour of this work and making sure participants have support.
- Being mindful that professional spaces can feel intimidating.

Across organisations

Horizontal trauma-informed approaches

Trauma-informed organisations encourage collaboration across referral networks.

This requires understanding your organisations place within a referral network, the role of other organisations, and how service users experience that network.

A collaborative referral network means staff and organisations know what situations are beyond their means and know where and how to safely refer service users. This ensures staff do not take on responsibilities beyond their capacity, which would put them and service users at risk. It also means service users are safely and respectfully referred to a suitable system of care.

Creating collaborative, coordinated and trauma-informed referral networks means service users have access to a continuity of care. This also means service users whole health can be taken into consideration and the different ways trauma impacts them can come to light.

The 4 Rs of Trauma-Informed Organisations:

- **Realise** the widespread impact of trauma and potential paths for recovery.
- **Recognise** the signs and symptoms of trauma in service users, staff and the community.
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices.
- **Resist** triggering and re-traumatization.

This can look like:

- Maximising choice, flexibility, autonomy, and transparency for staff and service users.
- Avoiding controlling and rigid approaches.
- Providing staff the education and support necessary to recognise and respond to the impacts of trauma.
- Addressing the barriers trauma can create to accessing services.
- Encouraging collaborative referral networks of trauma-informed organisations and service providers.

7 Self-care strategies

Being trauma-aware starts with ourselves. With knowing how we are feeling, how to maintain our mental wellbeing, how to regulate (calm) ourselves when we are overwhelmed, and knowing when to take a break or ask for help.

When engaging in a trauma-informed approach this is even more important. If we are triggered or dysregulated (not calm), people around us are more likely to also feel triggered or dysregulated (not calm).

Checking-in

Checking-in can help us shake off automatic responses and see how we are feeling. Checking in with ourselves helps us become aware of our stress and trauma levels. Noticing small changes, like struggling to focus or feeling tense, can be a sign that we need a break or support. If we check-in before we start something it can help us know if we feel regulated (calm) and ready; if we need to regulate (calm ourselves) first; or if we don't feel up to the task.

Check-in:

- Stop, breath, be present and curious
- Ask:
  - What am I feeling?
  - Where do I feel it in my body?

Self-reflection

Self-reflection helps us understand why we are feeling that way.

When reflecting on a situation or information, we use our thinking brain and emotional, which helps the information get stored in our long-term memories.

For example, feeling tired because of a challenging meeting, feeling overwhelmed due to a lack of support, or feeling triggered due to confronting statistics.

Think about:

- How you handled a situation
- What you thought and felt
- How your understanding of the world contributed to these

Ask:

- What challenged me?
- What would I like to learn more about?
- How could I use this knowledge in my life and work?
- In what ways would this knowledge change my life and work?
- What would that look like?

Self-care

Self-care is important to maintain our mental wellbeing. Self-care doesn't have to be big, in fact small and consistent habits are more effective at sustaining our wellbeing. Regular practices like journaling, walking, breathing, or taking regular breaks can help us manage stress. Self-care is best when we balance activities that help us to pause, to be active, to socially engage and to spark joy.

Wellbeing Action Tool

Set healthy boundaries

Clear boundaries help us maintain our energy and wellbeing.

Boundaries help us recognise our limits and needs, and respect the limits and needs of others. This means knowing what our abilities are, how capable we are feeling, what the requirements of the task are, the limits of our role and the resources available to us.

Having clear boundaries doesn't mean we can't adjust them. It means when our boundaries change, we communicate this clearly and kindly.

This helps prevent burnout and maintains our emotional wellbeing. It helps coworkers know what to expect. It helps service users stay safe as they are receiving appropriate and competent support.

Self-regulation

Self-regulation techniques help us to calm ourselves and remain in control when we are beginning to feel overwhelmed. This could look like taking deep breaths, humming, stomping, or focussing on our senses. There are many regulation practices out there.

Self-regulation practices

Breathing Exercise

Tune in to how you're feeling in your mind and body. Take a deep breath in through your nose while counting to 4. Breathe out through your mouth for the count of 6. Crunch your tummy muscles to release the last bit of air and tension from your lungs. Repeat.

Self-calming

Put your right hand on your heart and your left hand on your forehead. Close your eyes and breathe in. Breathe out and release the tension in your body. Feel yourself become calm.

Self-hug

Put your right hand under your left armpit (near your heart) and your left hand over your right shoulder. Give yourself a firm hug and breathe deeply.

The Five Senses

Use your five fingers for each of the senses. Bring your curiosity and focus to each of your senses one by one. This brings you're your thinking brain (frontal lobes) and your feeling brain (limbic system) together.

1. Thumb: smell
2. Index finger: feel
3. Middle finger: taste
4. Ring finger: hear
5. Little finger: see

Humming

Take deep breaths in and hum as you let each breath out. Repeat for one to two minutes. Humming vibrates your lips, mouth and throat. It helps regulate and deepen breathing, balancing the autonomic nervous system, which makes us feel calm. Deep humming and chanting are the only things that massage our hearts.

Swaying

Stand up, place your feet apart just under your hips and bend your knees a little. Now move your weight gently from side to side. This helps calms your system and gets rid of nervous energy.

Leg shaking

A simple way to move big muscle groups, get rid of nervous energy and release stress hormones is to shake your legs.

Foot and breath

Sit or stand with your feet flat on the floor. Breathe in and push your right foot into the floor at the same time. Breathe out and release that foot from the floor. Let the foot relax. Breathe in and push your left foot into the floor. Breathe out and release. Do that for three or four times. Remember to feel the pressure and the relaxation each time.

Clicking – after a stressful situation

Breathe deeply. Think to yourself "I did the best I could in that moment, and I can move on, heal and learn from that experience." Click your fingers from left to right, right to left. Feel the rhythm. Let your body move. Breathe in and out, nice and slow.

This shifts your focus between the left and right brain. The movement activates big muscle groups. Counting and concentrating on the rhythm activates your thinking brain (frontal lobes). It also releases stress hormones.

Grounding Exercise

Stand with your feet under your hips, central and balanced. Relax your hands by your side. Breathe in and lean as far forward as you can without falling over. Hold. Feel the strain on your body. Breathe out, come back to centre. Repeat. Breathe in, move to your right, keeping your left foot on the ground, lean as far as you can without falling. Hold. Breathe out, come back to centre. Repeat. Breathe in, move to your left, keeping your right foot on the ground. Hold. Breathe out, back to centre. Repeat. Give your body a bit of a shake.

Guided Body Scan and Check-in

Get comfortable, put your feet on the ground, close your eyes. Think about your feet. Feel the soles of your feet. Imagine there are roots growing out of the soles of your feet. Feel the roots pushing their way through the floor, through the concrete slab into the ground and into the earth. Pushing all the way down to the water table, where they get sustenance as you sit and relax. Wriggle your toes. Relax your toes, feet, ankles, calves. Let your knees fall out slightly. Relax the muscles in your thighs. Sink into the chair. Relax your hips. Focus on your tummy. Notice the feeling, then let it go and relax. Breathe in deeply then relax your chest. Gently draw your shoulders away from your ears and relax your shoulders. Move your fingers, release away any tension. Relax your fingers and put your hands on your lap. Let your arms grow heavy, relax your back, neck, jaw, cheeks and let your eyelids get heavy. Relax the muscles between your eyebrows. Relax your scalp. Imagine there's a string tied to the crown of your head that someone is gently pulling, stretching your spine. As you pull your head up, your chin tucks in, your tummy tucks in. Your blood rushes in and renews your whole nervous system. Breathe in deeply, then breathe out. Move a little. Come back to the room. Open your eyes. How do you feel? Where do you feel it in your body? What feeling word would you use to describe it?

8 Support services

If these topics have raised any concerns for you, please remember there are supports available.

In an emergency, always call Triple Zero (000).

Lifeline (24-hour Crisis Line): 13 11 14

13 YARN (24-hour crisis support for Aboriginal and Torres Strait Islander people): 13 92 76

Police Assistance line (for non-urgent police assistance, or to report a crime that has already occurred): 131 444 (open 24 hours)

Victoria Police Online Reporting

Find my nearest police station

Crime Stoppers: 1800 333 000

Kids Helpline: 1800 55 1800

Disability Gateway: 1800 643 787

1800 Respect National Helpline: 1800 737 732

Women's Crisis Line: 1800 811 811

Men's Referral Service: 1300 766 491

MensLine: 1300 789 978

Text STOPIT (non-urgent reporting of unwanted sexual or anti-social behaviours on public transport): 1499 455 455

Homelessness - City of Port Phillip

Salvation Army: 1800 627 727

Sacred Heart Mission: 03 9537 1166

Launch Housing: 1800 825 955

Better Health Network: 03 9525 1300

Tenants Victoria: 03 9411 1444

Justice Connect (legal assistance for people experiencing homelessness): 03 8636 4400

Southside Justice: 03 7037 3200

Southport Community Legal Service: 03 9646 6066

Artworks

Mural by Juzpop (Justine Millsom). Photo by Yoshi Yanagita.

Juzpop is a Naarm (Melbourne)-based artist known for her bold, surreal imagery that merges delicate realism with dreamlike abstraction. Her work explores transformation, identity, and the emotional landscapes of growth—often centering women as symbols of strength, evolution, and self-discovery.

Available for projects across Australia and internationally.

For collaborations, commissions, or inquiries, get in touch at contact@juzpop.com.

Healing Journey by Thelma Beeton

Thelma Beeton is a Palawa woman with family ties to Cape Barren Island off the north-east coast of Tasmania. She grew up in Swan Hill, a small town on the Murray River in the Loddon Mallee region. Most of Thelma's work is inspired by her totem, the Tasmanian Emu. A former graffiti artist, she first started creating work with The Torch in 2016 and has developed a unique painting style using bold, often primary coloured backgrounds with 2D depictions of emus. Thelma has a dedicated practice and has recently been exploring incorporating landscapes into her scenes. She loves connecting with her culture including researching the practice of muttonbirding, a traditional hunting method for Aboriginal Tasmanians.

Healing Journey by Sonia Harrison

Sonia Harrison is a Bidwell, Mutti Mutti, and Tutti Tutti artist. Sonia has been an artist all her life. Her painting are of spirits and her brother and have been exhibited through Blak Pearl and Changing Lives.

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