*University of Southern Queensland*

# Camilla Cripps

## *Subverting Trauma: Evidencing a need for trauma-informed principles in editing practice*

Abstract:

Trauma-informed practice is a strengths-based framework that guides the service provisions of the Australian healthcare and education sectors. Based on Mental Health Australia's (Kezelman, 2014) definition of trauma-informed care, the principles underpinning a trauma-informed approach to practice include safety, trustworthiness, opportunity for choice, collaboration, empowerment and respect for diversity. While there is significant research on trauma-informed care and trauma-informed pedagogy in both national and international contexts, there is a dearth of literature on trauma-informed editing practice. Given that writing itself is a vehicle for processing and sharing traumatic experience, the lack of directives around editing potentially traumatic content and working with authors who have histories of trauma is concerning, with risks of harm to both the author and editor if adequate provisions are not in place. This qualitative study reviews existing trauma-informed frameworks and conducts a field survey of practising editors who self-identify as working, or having worked, with traumatic material or trauma survivors. The use of trauma-informed tools in a creative industry necessitates a cultural and philosophical shift and the findings from this research corroborate the need for both formalised guidelines, and for future editors to be explicitly educated in these practices.

Biographical note:

Camilla Cripps is a lecturer and researcher at the University of Southern Queensland, and a production editor with a special interest in Australian short-form fiction. Through her research into trauma-informed editing practice, she raises awareness of the importance of trauma-informed care in the Creative Arts, and how trauma affects the praxis of authors and editors. At present, Camilla is developing a set of trauma-informed guidelines for Australian and New Zealand editors and investigating the efficacy of these principles being included in early editor pedagogy.

Keywords:

Trauma-informed editing, trauma-informed practice, editing, trauma, editor education

> One of the last frontiers of our society is the lack of realisation about the extent of trauma.
> – Warwick Middleton (as cited in Tobler, 2011)

## Introduction

*Primum non nocere.*

First, do no harm.

This common aphorism, which doubles as a moral injunction, is rife in popular renderings of medical practice and is frequently attributed to the Hippocratic oath (Schmerling, 2020). The principle of *primum non nocere*, historically implemented as nonmaleficence by the Western medical field (Varkey, 2021), has increased in prevalence in recent years (Vibert, 2022) as an ethical directive in other social agencies (CSWA, 2016; DFAT, 2016, 2018). Given the aphorism's new relevance to broader sociological applications, a clear definition of the principle's meaning and significance is still in construction. Charancle and Lucchi (2018) speculate that this moral instruction is commonly interpreted as the directive to "avoid exposing [others] to additional risks" and, fundamentally, to "mitigate potential negative effects [of one's actions] on the social fabric, the economy and the environment" (p. 9). Charancle and Lucchi's (2018) research suggests that this risk mitigation is achieved by taking a step away from the proposed social intervention to consider its broader implications on the individual and wider community.

Indeed, in *The Subversive Copyeditor*, Carol Fisher Saller (2016) reminds us that, as editors, it is "a privilege to polish a manuscript without the tedium and agony of producing it" (p. 7). As editors, our relationship with an author can be combative or collaborative – we can pillage our way through a manuscript, or we can protect and promote the author's voice. Regardless of genre, form or audience, our first goal should always be to do no harm (Fisher Saller, 2016). And while, traditionally, this concept of minimising harm has been applied to using caution when acting as editor so as to not "harm" the text through introducing errors or removing authorial voice, it can be equally applied to harm done to stakeholders. That is, when editing potentially traumatic material or engaging in practice with individuals with trauma histories – whether that is the traumatic experiences of the author or of the editor themselves – editors are guided by this aphorism: "first, do no harm". Indeed, in our editing practices and processes, we must take care to not retraumatise or incite new trauma. Rather, we must champion messages of resilience and recovery, engage sensitively with authors and responsibly approach problematic texts in a manner that protects our own wellbeing.

Best-practice editing – and editing that does no harm – must be shaped by directives and standards. Many highly developed, industrialised nations boast non-profit organisations that act as recognised authorities on editing and proofreading in their countries. The Australian and New Zealand authority for editors is the Institute of Professional Editors (IPEd). Currently, neither the IPEd Code of Ethics (IPEd, 2021), nor the *Australian standards for editing practice*

2

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

(IPEd, 2013) adopt a "do no harm" (Kezelman, 2014; Fisher Saller, 2016; Charancle & Lucchi, 2018) approach to service provision. Nor do they provide specific guidelines for trauma-informed editing practice. An absence of standards and directives on trauma-informed editing practice leaves the onus on the individual editor to navigate exposures to problematic texts and relationships with authors who have trauma experiences, leading to potentially negative effects on editor and author wellbeing.

## Research aims and objectives

Trauma-informed practice [1] is a strengths-based framework that guides the service provisions of the Australian healthcare and education sectors. Generally conceived as practice that draws on six core principles – safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and acknowledgement and appreciation of cultural, historical, and gender issues (Harris & Fallot, 2001; Kezelman, 2014; SAMHSA, 2014) – this sociocultural model of care seeks to prevent retraumatisation and promote resilience through a skills-based approach to coping and capacity building (Gildersleeve et al, n.d.; Harris & Fallot, 2001; SAMHSA, 2014). These principles guide and inform this research, which aims to improve the accessibility, diversity and, most importantly, safety of editors and authors engaging in the transactional relationship of editing.

While there is significant research on both trauma-informed care (Center for Substance Abuse, 2014; Reeves, 2015; Bendall et al., 2021; RACGP, 2022) and trauma-informed pedagogy (Thomas et al., 2019; Harrison et al., 2020; Thompson & Carello, 2022), there is a dearth of literature on trauma-informed editing practice. Given that writing itself is often a vehicle for processing and sharing trauma experience, the lack of research into how editing and trauma interrelate is concerning, with risks of harm to both the author and the editor if adequate support is not in place (Carello & Butler, 2014; McMahon & Lyall, 2020). This leads us to the question: Can established trauma-informed care principles guide the creation of a strengths-based framework that could be applied to Australian editing practice?

To address this question, this qualitative study reviews current trauma theory and assesses Australian healthcare and education trauma-informed practice frameworks before culminating in a field survey of Australian and New Zealand editors who self-identify as working, or having worked, with traumatic material or authors with histories of trauma. This two-phase project sought to identify thematic commonalities between existing trauma-informed care frameworks across sectors, and practising editors' knowledge and implementation of similar guiding principles. Compiled data was investigated to propose simple and sustainable ways for editors to ethically approach traumatic material while protecting their personal and professional wellbeing. This research acknowledges that the implementation of trauma-informed services in an industry that is so heavily populated by freelance or self-employed individuals necessitates a cultural and philosophical shift. As such, the findings from this research pave the way for existing editors to broaden their understanding of trauma-informed practices through professional development, and for future editors to be explicitly educated in these practices.

3

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

Given the current dearth of formal research into trauma-informed editing practices, the benefits of this research are significant. It is envisioned that the affordances of a trauma-informed editing framework include advances in practice knowledge, heightened editorial insight and understanding, and gains in expertise for individual editors. In a practical sense, the groundwork conducted in this project will provide opportunities for professional development in post-qualification editors, as well as inform future adaptations to editing and publishing curricula. However, it goes without saying that adapting a set of principles that originates in the healthcare sector to a creative arts industry necessitates some degree of caution – editors are not qualified to act upon the clinical needs of trauma survivors. To this end, this research remains transparent in its understanding of the limitations of trauma-informed practice compared to a more clinical perspective of trauma-specific therapy (RACGP, 2022), where complex trauma is seen to require additional knowledge and training to ensure a safe therapeutic process to recovery.

**Trauma and trauma-informed practice**

Trauma is defined as physical or emotional harm that results in lasting adverse effects on an individual's functioning, including their physical, social, emotional or spiritual wellbeing (Anda et al., 2006; Nemeroff, 2016; SAMHSA, 2014).

Trauma also causes adverse impacts on impulse control, executive functioning and emotion-based activities (Toth et al., 2013; Cowell et al., 2015). In fact, many trauma survivors report increased incidence of anger (Chemtob et al., 1997), anxiety (Harness & Javankbakht, 2021), and agitation (Iyadurai et al., 2019), including feelings of distress without periods of respite and intrusive recollections that continue despite a return to safety (Iyadurai et al., 2019). Long-term responses to traumatic exposure include sleep disorders and fatigue, flashbacks, depression, and avoidance of emotions, sensations or activities that are even remotely associated with the trauma (Center for Substance Abuse Treatment, 2014).

Contemporary trauma theory provides a framework for conceptualising the effects of trauma on a survivor's functioning and behaviour. Where past theories hold that a survivor's poor functioning signifies a weak moral character (Goodman, 2017), contemporary theories of trauma regard survivors as psychologically and physically injured (Salovey & Sluyter, 1997; Williams, 2006; Bloom & Farragher, 2011; van der Kolk, 2014). Neurobiological research suggests that trauma – especially childhood trauma – affects the development and functioning of the brain, including its physical structure (Toth et al., 2013; Cowell et al., 2015). In this context, being trauma-informed is accepting that a person's behaviours, reactions and responses may be symptoms of maladaptive coping with past trauma experiences, rather than indicative of the person themselves (Levenson, 2014).

Trauma-informed care practices recognise that trauma experiences are common, with many people having multiple adverse experiences across their lives (Wall et al., 2016) – they acknowledge both trauma prevalence and pervasiveness (SAMHSA, 2014). These practices also accept that the impacts of trauma may be lifelong (NSW Health, 2022) and felt both

4

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

psychologically (SAMHSA, 2014) and physically (Anda et al., 2006; Nemeroff, 2016). An Australian Institute of Family Studies (AIFS) paper explains that, while being trauma-informed in clinical work is paramount, so too is recognising that trauma survivors have care needs beyond the clinical:

> In addition to evidence-based programs or clinical interventions that are specific to addressing trauma symptoms, such as trauma-focused cognitive behaviour therapy, there is a need for broader organisational – or service-level systems of care that respond to the needs of clients with a lived experience of trauma that go beyond a clinical response. (Wall et al., 2016, p. 2)

The key tenet of trauma-informed care is to create a space of safety that does not retraumatise the survivor or cause trauma for the care provider (Harris & Fallot, 2001). This is achieved through viewing symptomatic behaviour as normal reactions to abnormal experiences (Evans & Coccoma, 2014; van der Kolk, 2014), implementing a screening process to flag the potentiality for trauma (Harris & Fallot, 2001), seeing trauma-informed care practices as an organisation-wide commitment to strengthen relationships between clients and practitioners (Leitch, 2017), and enhancing personal safety through creating a sense of welcome and mutual respect (Elliott et al., 2005; Harris & Fallot, 2001).

**Methodology**

The data collection process for this research took a two-fold qualitative approach. In Phase 1, the researcher collated publicly available trauma-informed care recommendations, principles, frameworks and guidelines that have been adopted across the Australian healthcare and education sectors, before using thematic analysis to identify a common set of trauma-informed principles to locate a definitive answer to the question: What is trauma-informed practice?

In order to ensure contemporaneous data were gathered for this phase of the study, the trauma-informed frameworks and recommendations surveyed were: published in English, produced in the past decade (2012–2022) and published or produced by an Australian organisation [2]. Due to limited results located in the scoping searches conducted in academic databases such as InformIT and EBSCOhost, Boolean searches were conducted that combined the three areas of interest: (1) trauma; (2) trauma-informed frameworks or guidelines; and (3) best practice in the relevant sector (healthcare and education). Despite this limitation, an effort was made to collect a broad sample of trauma-informed frameworks and recommendations. Those within the healthcare sector included publications belonging to both general medical practice and social welfare services, while education data included publications from both the primary and secondary school years, as well as tertiary institutions [3]. Significantly, there were no results found for arts-based social enterprises and/or organisations acting within Australia's creative industries. While this parameter was included to better situate data within the scope of editing, the decision was made to refrain from expanding the search to offshore organisations lest the results be confounded. A total of four frameworks were selected for survey on the basis of their accessibility, contemporaneity and variety.

5

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

In Phase 2, the researcher conducted an online survey of practising Australian and New Zealand editors. The survey was designed to examine the scope and extent of the editors' professional encounters with either traumatic content or trauma-affected authors. The survey asked respondents to (1) identify and rank the trauma-informed principles that they believe most important in guiding their practice; and (2) share examples of author–editor situations or scenarios where trauma-informed principles were applied, or could have been applied, to improve editing practice. In addition, the survey included open-ended questions that invited the participants to (3) share any emotional responses, reactive behaviours, or associations triggered by these encounters. The survey also investigated the participants' knowledge of trauma theory and trauma-informed principles.

The online survey was distributed via social media networking groups on Facebook and LinkedIn and circulated by email to the researcher's professional contacts and the Institute of Professional Editors (IPEd) member database.

**Findings**

Overwhelmingly, the quantitative data collated in Phase 2 supports the hypothesis that exposure to traumatic material, narratives of trauma and/or authorial disclosures of trauma is a commonplace occurrence in the editing profession, with 87% of participants indicating that they have encountered traumatic material and 60% indicating they have experienced disclosure of trauma by an author. The potential for editors to have trauma histories also remains an important consideration for the development and implementation of a framework, with 16% of participants disclosing this status. Certainly, editors' personal trauma experiences increase the likelihood of retraumatisation when encountering traumatic material.

The potential harm of editors' exposure to traumatic material or authors with trauma experiences is compounded by a lack of formal or informal learning on trauma-informed principles. Analysis determined that just 20% of editors from the participant group indicated that they had engaged in formal learning on trauma-informed care practices. This lack of formal learning about trauma confirms a scarcity of learning opportunities in both early-editor education programs and the professional development programs on offer, reaffirming the value of the desired pedagogical outcomes of this study. This is supported by revelations that 70% of participants would engage in education on trauma-informed editing practices if it were made available.

Additionally, the predominantly positive response to a framework that could guide a safer approach to editing traumatic material or assist in a more ethical negotiation of the relationship between the editor and the author with a history of trauma, reinforces the need for a trauma-informed, discipline-specific framework made available to contemporary editors, especially those editors who work with or are regularly exposed to traumatic content or material.

Qualitative data gathered from the survey of practising editors uncovered an inadequate awareness of the more pervasive traumas present in Australian society. Overarchingly, the

6

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

interpretation of trauma was of an event experienced by an individual that had immediate and acute effects. Articulated far less frequently was an understanding of more complex forms of trauma – such as collective, intergenerational or historical trauma – with only two respondents referring to trauma in these terms. Contemporary collective traumas in Australian communities commonly present through shared experiences of natural disasters, such as the 1999–2020 bushfire season (Smith & Burkle, 2020) and the multiple floods experienced by the east coast in 2021 and 2022 respectively. The cause-and-effect phenomenon of intergenerational trauma results in a cycle of victimisation and perpetration, compounding within and across multiple generations (Healing Foundation, 2013) and perpetuating the cycle of trauma itself (Atkinson & Atkinson, 1999; Wilson, 2016). The limited understandings of trauma theory relayed by the participants supports the hypothesis that Australian editors remain under-educated on the scope and extent of trauma, not only in their practice but in society at large, which raises concerns about the potential for failure on the editor's part to recognise trauma signs and symptoms in an author, as well as the potential for reduced sensitivity around difficult or sensitive themes in authors' respective narratives. It is hoped this risk is ameliorated by ensuring that outputs developed from the findings of this research, including a framework for guiding practice and adaptations to higher education curricula, include definitions of trauma beyond the individual or acute trauma experience. Certainly, references to these more complex trauma types are prevalent in the guidelines surveyed in the first phase of data collection for this study.

While it is easily conceivable that trauma narratives are frequently encountered in fiction and creative non-fiction, just over half of the respondents reported that they also regularly encounter traumatic material in their editing of both academic and corporate texts. One Australian First Nations participant reported:

> Every piece of writing that I edit is traumatic material. Every day I edit material that is based on historical records, to academic statistics of trauma, to writing that is just plain ill-informed ... In general, almost every academic journal article about Aboriginal people is filled with trauma statistics of death, disease, and disadvantage. (Participant 70, personal communication, October 4, 2022)

This was the sole participant to explicitly address trauma exposure linked to the Australian post- or neo-colonial identity. The survey did not ask demographic questions around cultural identity, so the percentage of respondents identifying as Australian First Nations is unquantifiable. Despite this, it is notable that the only respondent to address issues of historical and ongoing trauma experienced by Australian First Nations people identifies as such themselves. This study confirms the need for a more comprehensive understanding of the effects of cultural trauma on Australian First Nations people in order to engage in editing processes from a trauma-informed perspective with a particular focus on cultural safety.

Engaging with traumatic material, narratives of trauma, or in the act of editing with authors who have histories of trauma leaves the editor exposed to risks of burnout, compassion fatigue, vicarious trauma or retraumatisation. Vicarious trauma manifests as increased stress, distress, discomfort, sadness, overwhelm, increased emotional intensity, or fatigue. In fact, several

7

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

respondents expressed feelings of inadequacy, frustration, and exacerbated stress, all of which are associated with burnout and the cumulative nature of work-related stress. Indeed, trauma more broadly, as one participant explains, "can lie in wait, ready to ambush you when you least expect. It never seems to go away" (Participant 83, personal communication, October 4, 2022). This powerful analogy succinctly articulates the insidious and compounding nature of trauma when not mediated through judicious use of self-care practices and the setting of boundaries.

While compassion fatigue was not mentioned in response to any of the questions – raising concerns around participants' understanding of this key characteristic of secondary traumatic stress – participants did recount feelings of emotional exhaustion, indicating the taxing nature of editing traumatic material. As one participant explains, "It was tiring and stretching. I no longer edit trauma material due to the delicate nature of the work" (Participant 59, personal communication, October 4, 2022). Interestingly, this decision to "opt-out" of editing traumatic material is a recurring theme in the participants' responses, with 25% of surveyed editors deciding to avoid editing traumatic material in the future. While opting out of editing traumatic material is an editor's prerogative, and far more easily managed when working in a freelance capacity, the option to do so is not always possible, nor is it always in the best interests of editors or their clients. This common response of avoiding editing traumatic material due to the emotional load of the practice further reinforces the overarching hypothesis of this study: Australian editing practice needs a framework to guide editors through the processes of safely and ethically editing traumatic material or working with authors who have personal trauma histories.

This tendency to opt-out of editing traumatic material, or working with authors who are survivors of trauma, raises important questions about the role that reading resilience plays in maintaining editor wellbeing. This study establishes that reading resilience, a pedagogical theory of skills-building that allows for the critical reading of texts that challenge or subvert the ideologies of the reader or that cause discomfort, could be of particular value in the editing of traumatic works.

With consideration of the historical, cultural and personal ramifications of literary representations of trauma across the Australian canon, it is prudent to assume that reading resilience is crucial for readers, and therefore editors, in order to safely and respectfully approach traumatic material (Seaboyer & Gildersleeve, 2018). Therefore, this study confirms the need for additional research to investigate the role of reading resilience in editing praxis, with consideration given to how established theories of reading resilience in literary studies and creative writing classrooms may be applied to editing pedagogy design more broadly.

**Discussion**

To be trauma-informed in the editing context, then, requires an understanding of the ways in which traumatic experiences shape the lives, perceptions and behaviour patterns of the individuals involved. It requires active application of that understanding to the provision of editing practice in a manner that accommodates the needs of trauma survivors while

8

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

simultaneously promoting healing and recovery. Trauma-informed editing practice also incorporates the process of designing systems that protect the wellbeing of the editor, minimising the risk of vicarious trauma and compassion fatigue. A trauma-informed care framework, in general, would be built upon the aforementioned six fundamental principles consonant with such protective measures. Arguably, each principle is of equal value, but to map these principles to the editing context, the participants in this study were asked to rank the principles in order of perceived importance to editing. As established, there is a range of understandings about what each of these principles represent, which has the potential to hinder effective implementation in editing processes and editor–author interactions. To combat this, proposed frameworks and pedagogy would include both semantic definitions and practical examples of these principles as they are executed in an editing context. Certainly, this dual approach to defining these trauma-informed principles attempts to bridge the gap between theory and praxis, with this research thus making a salient contribution to the potential wellbeing of editors and authors alike.

As established at the beginning of this research, trauma-informed practice was originally instituted as a directive in healthcare and is subsequently used to promote more ethical provisions across a range of social services. Understandably, the transition from clinical practice to a non-clinical setting has required some adjustment to the context and application of trauma-informed principles. Despite this, the key principles of trauma-informed practice – safety, respect for diversity, opportunity for choice, collaboration, trustworthiness, and empowerment – are not inherently medical or clinical concepts and can be applied quite readily to the author–editor relationship. Indeed, editing, by its very nature, takes place in an important part of our social fabric – where writing is the physical manifestation of our history-keeping. To align with other non-healthcare iterations of trauma-informed guidelines, it is proposed that outputs generated from this study include explicit direction for editors to act only within the scope of their editing role when encountering authors with trauma histories or managing their own wellbeing when working on problematic texts. These directions will include seeking information on referral services, as well as clear and explicit guidelines around how to refer and when.

In addition to uncovering a limited awareness of the more pervasive traumas present in Australian society and validating the need for a trauma-informed framework to guide editing practice, this study establishes that reading resilience is also of particular use in the editing of traumatic works. Likewise, this study confirms that reading resilience appears under-represented in both formal and informal editor education programs. The skill of reading resilience is particularly important in the Australian context, where "reflection, in response to such reading, might expose historical legacies of privilege and injustice, and thereby the fragility of identity, even for those – or perhaps especially for those – who belong to the dominant culture" (Gildersleeve et al., n.d.). Indeed, given that many current Australian editors would have completed education in the historically colonialised Australian curriculum, editing manuscripts that challenge this ideology could be particularly problematic or uncomfortable. Therefore, this study confirms the need for additional research to investigate the role of reading resilience in editing praxis, with consideration given to how established theories of reading

9

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

resilience in the Australian tertiary literary studies classroom may be applied to Australian tertiary editing pedagogy design more broadly. Additionally, it confirms the need for adaptations to new-editor pedagogy to include trauma theory and trauma-informed practices as core learning objectives, to raise a new generation of editors who are aware that trauma is more than just assault, violence or neglect and is, instead, something that encompasses historical and collective traumas perpetuated by the very social structures we work within.

## The framework design

The survey of practising Australian and New Zealand editors validates the need for guidance around approaching editing traumatic material and negotiating editing relationships with authors who have trauma histories. An analysis of existing trauma-informed guidelines in the education and healthcare industries establishes conditions to direct the development of a framework for trauma-informed editing practice. These conditions include:

- Establish a definition of trauma, including collective, generational and historical trauma
- Establish the principles of trauma-informed practice, namely safety, respect for diversity, opportunity for choice, collaboration, trustworthiness and empowerment
- Provide practical strategies for how editors can implement trauma-informed principles in their daily practice
- Encourage ongoing professional development for editors, including the opportunity for knowledge growth in trauma-informed theories and practices
- Define the limitations of the editor in terms of identifying, diagnosing and treating trauma symptoms, and direct editors to refer instances beyond these limitations to the appropriate mental health professionals. Where possible, provide a list of possible organisations and their contact details to assist with such referrals
- Promote self-care and collective-care as practical methods for preventing overload, compassion fatigue, vicarious traumatisation, and retraumatisation
- Ensure the framework is accessible, appropriately sized and contains easy-to-read breakout boxes with important information summaries

While designed primarily for freelancers, a framework conceptually advocates for the introduction of trauma-informed principles and approaches across the full spectrum of publishing services and editor education programs. While the framework will provide practical suggestions for their implementation, workforce training and development is recommended to optimise the integration of trauma-informed principles and practice into services and systems. A framework is intended to inform policy reform, underpin strategy statements and be embedded in action plans.

## Conclusion

Despite significant research on both trauma-informed care (Center for Substance Abuse, 2014; Reeves, 2015; Bendall et al., 2021; RACGP, 2022) and trauma-informed pedagogy (Thomas et al., 2019; Harrison et al., 2020; Thompson & Carello, 2022), the literature review undertaken as the preliminary investigation for this study determines that there is a dearth of research into

trauma-informed editing practice. This study also establishes that writing itself is often a vehicle for processing and sharing trauma experiences, with a statistically significant portion of participants recalling exposure to traumatic material, traumatic narratives, or disclosures of trauma in the execution of their editorial roles. In addition, the synthesised data clearly substantiates that there is scope within non-fiction and academic texts to represent or reinforce traumatic themes and content, especially when associated with Australian First Nations storytellers and stories.

Participant data corroborates that there is a high incidence of Australian and New Zealand editors encountering traumatic material or narratives, or experiencing trauma disclosures by authors. It concluded that many editors have insufficient training and education in trauma theory and trauma-informed practice, potentially preventing them from safely engaging with both traumatic material and traumatised authors. It is also clear that, in the editing profession, there is a broad appreciation of what constitutes trauma; however, within this broad definition, there remains a tendency to misperceive trauma as an individual encounter of physical violence, neglect or sexual abuse. With the exception of those participants with a background in trauma theory, few editors made reference to the generational, collective or historical traumas that could impact post- or neo-colonial Australian writing and editing communities. The results indicate a genuine need for early-editor education programs and mid-career editor professional development offerings, to meet this shortfall in knowledge on the broad reach of potential trauma and its implications for author and editor wellbeing.

With the proposed framework presently in draft form, ongoing research is working to determine its validity in practical contexts, as well as how it influences the relationship between editors and authors with trauma histories. It is hoped this will confirm and extend the value of this framework, as well as enrich both the content of the framework and the conclusions reached. Given that new research continues to uncover ongoing learnings on trauma-informed care principles and how these principles can improve practice in an editing context, it is envisaged that the proposed framework remains a living document, with future iterations striving to incorporate the latest knowledge from an evolving evidence base. Thus, it is suggested that establishing and embracing a more robust, interdisciplinary research agenda with the specific purpose of integrating these findings within early-editor education programs is the first step towards engaging editors in trauma-informed practice. It is hoped that this will improve the accessibility, diversity and, most importantly, safety of authors and editors.

As established in the introduction, editors must, when editing traumatic material, be guided by the aphorism: "first, do no harm". Indeed, this maxim shapes the passage of research across the breadth of this study, with deliberate actions taken to minimise the potential for retraumatisation of participants and collaborators. As a researcher, and in the design and implementation of the proposed trauma-informed guidelines and editing curricula, I am compelled to champion messages of resilience and recovery to both editors and authors and, in engaging sensitively and responsibly, I commit to first, do no harm.

**Notes**

11

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

[1] Quite the buzzword, a simple Google search of "trauma-informed" generates multiple hits: "What are the 5 principles of trauma-informed care?" "What are the 4 concepts of trauma-informed care?" "What are the 6 principles of trauma-informed practice?" and, most alarmingly, "what are the 11 theories of trauma-informed practice?" This rhizomatic mapping indicates a lack of cohesion across sectors and raises questions about how effective trauma-informed practice is, or how effective trauma-informed practice can be, when organisations are unable to agree upon a definition of what constitutes trauma-informed care.

[2] However, to broaden the reach of the survey conducted in Phase 2 of the data collection, editors from both Australia and New Zealand were invited to participate. This was facilitated by the membership database of the Institute of Professional Editors, which represents members from both countries. Given the similarities in culture, and the use of IPEd's *Australian standards for editing practice* in a New Zealand context, it is assumed that outcomes of this study may be extrapolated to a New Zealand setting.

[3] No results were found from searches with "early childhood education" parameters, despite additional email contact made with a number of Australian early childhood education providers. Thus, this category of education was excluded from the research.

Note: In this article, I have chosen to use the term Australian First Nations. I understand that many of my primary and secondary sources use variations of the terms First Nations, Indigenous, and Aboriginal and Torres Strait Islanders interchangeably. I recognise that none of these terms are perfect and, within their imperfection, each carry nuanced residual forms of colonialism and power. With this in mind, the research conducted during this project was undertaken with full intentions of integrity and respect, giving appropriate consideration to the needs of minority groups and vulnerable peoples.

## References

Anda, R., Felitti, V., & Bremner, J. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European archives of psychiatry and clinical neuroscience, 256*, 174–186.
Atkinson, C., & Atkinson, J. (1999). Talking about perpetrator programs. In R. Thompson (Ed.), *Working in Indigenous perpetrator programs: Proceedings of a forum*. Ministerial Council for Aboriginal and Torres Strait Islander Affairs.

Australian Government Department of Foreign Affairs and Trade (DFAT). (2016, March). *Good practice note: Environmental protection principle 1: Do no harm*. https://www.dfat.gov.au/sites/default/files/principle-1-do-no-harm.pdf

 Australian Government Department of Foreign Affairs and Trade (DFAT). (2018, November). *Do no harm toolkit*. https://www.dfat.gov.au/news/news/Pages/do-no-harm-toolkit

Bendall, S., Eastwood, O., Cox, G., Farrelly-Rosch, A., Nicoll, H., Peters, W., Bailey, A. P., McGorry, P. D., & Scanlan, F. (2021). A systematic review and synthesis of trauma-informed care within outpatient and counseling health settings for young people. *Child Maltreatment, 26*(3), 313–324. https://doi.org/10.1177/1077559520927468

Bloom, S., & Farragher, B. (2010). *Destroying sanctuary: The crisis in human service delivery system*. Oxford University Press.

Carello, J., & Butler, L. (2014). Potentially perilous pedagogies: Teaching trauma is not the same as trauma-informed teaching. *Journal of Trauma & Dissociation, 15*(2), 153–168. https://doi.org/10.1080/15299732.2014.867571

Center for Substance Abuse Treatment (US). (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. https://www.ncbi.nlm.nih.gov/books/NBK207201/

Charancle, J., & Lucchi, E. (2018). *Incorporating the principle of "do no harm": How to take action without causing harm: Reflections on a review of Humanity & Inclusion's practices*. Humanity & Inclusion. https://www.alnap.org/system/files/content/resource/files/main/donoharm_pe07_synthesis.pdf

Chemtob, C., Novaco, R., Hamada, R., Gross, D., & Smith, G. (1997). Anger regulation deficits in combat-related posttraumatic stress disorder. *Journal of Traumatic Stress*, *10*(1), 17–36. https://doi.org/10.1002/jts.2490100104

Clinical Social Work Association (CSWA). (2016, April). *Clinical social work association code of ethics*. https://www.clinicalsocialworkassociation.org/CSWA-Ethics

Cowell, R., Cicchetti, D., Rogosch, F., & Toth, S. (2015). Childhood maltreatment and its effect on neurocognitive functioning: Timing and chronicity matter. *Development and Psychopathology*, *27*(2), 521–533.https://doi.org/10.1017/S0954579415000139

Evans, A., & Coccoma, P., (2014) *Trauma-informed care: How neuroscience influences practice*. Routledge.

Fisher Saller, C. (2016). *The subversive copy editor*. University of Chicago Press.

Gildersleeve, J., Cantrell, K., Bryce, I., & Cripps, C. (n.d.). Reading, reflection and resilience in the study of Australian literature [Unpublished journal article]. *Teaching in Higher Education*.

Goodman, R. (2017) Contemporary trauma theory and trauma-informed care in substance use disorders: A conceptual model for integrating coping and resilience. *Advances in Social Work*, *18*(1), 186–201. https://doi.org/10.18060/21312

Harness, J., & Javankbakht, A. (2021, June). *Trauma*. Anxiety and Depression Association of America. Website. https://adaa.org/understanding-anxiety/trauma

Harris, M., & Fallot, R. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services*, *2001*(89), 3–22. https://doi.org/10.1002/yd.23320018903

Harrison, N., Burke, J. & Clarke, I. (2020). Risky teaching: Developing a trauma-informed pedagogy for higher education. *Teaching in Higher Education*, *28*(1), 180–194. https://doi.org/10.1080/13562517.2020.1786046

Healing Foundation. (2013). *Growing our children up strong and deadly: Healing for children and young people*. https://healingfoundation.org.au/app/uploads/2017/02/Growing-our-Children-up-SINGLES-updated-2015.pdf

Institute of Professional Editors. (2013). *Australian standards for editing practice* (2nd ed.). https://www.iped-editors.org/wp-content/uploads/2021/05/ASEP-Flat-Onscreen-Version.pdf

Institute of Professional Editors (2021, May 24). *Code of ethics*. https://www.iped-editors.org/about-iped/code-of-ethics/

Iyadurai, L., Visser, R., Lau-Zhu, A., Porcheret, K., Horsch, A., Holmes, E., & James, E. (2019). Intrusive memories of trauma: A target for research bridging cognitive science and its clinical application. *Clinical Psychology Review*, *69*, 67–82. https://doi.org/10.1016/j.cpr.2018.08.005

Kezelman, C. (2014, June 12). *Trauma informed practice*. Mental Health Australia.
http://mhaustralia.org/general/trauma-informed-practice

Leitch, L. (2017). Action steps using ACEs and trauma-informed care: a resilience model. *Health & Justice*, *5*(5). https://doi.org/10.1186/s40352-017-0050-5

Levenson, J. (2014). Incorporating trauma-informed care into sex offender treatment. *Journal of Sexual Aggression*, *20*(1), 9–22. https://doi.org/10.1080/13552600.2013.861523

McMahon, C. & Lyall, K. (2020). *Leading resilience: A guide for editors and news managers working with freelancers exposed to trauma*. DART Centre for Journalism and Trauma Asia Pacific. https://c1a6a674-8e44-478c-a978-fcc60843c275.usrfiles.com/ugd/c1a6a6_1e776aca2c1f45fa9ef7b34b94969399.pdf

Nemeroff, C. (2016). Paradise lost: The neurobiological and clinical consequences of child abuse and neglect. *Neuron*, *89*(5), 892–909. https://doi.org/10.1016/j.neuron.2016.01.019

Reeves, E. (2015). A synthesis of the literature on trauma-informed care. *Issues in Mental Health Nursing*, *36*(9), 698–709. https://doi.org/10.3109/01612840.2015.1025319

Royal Australian College of General Practitioners (RACGP). (2022, April 13). *Abuse and violence: Working with our patients in general practice* (5th ed.). https://www.racgp.org.au/getattachment/4ab6102c-67d9-4440-9398-a3ae759164ef/Abuse-and-violence-Working-with-our-patients-in-general-practice.aspx

Salovey, P., & Sluyter, D. (1997). *Emotional development and emotional intelligence*. BasicBooks.

Schmerling, R. (2020, June 22). *First, do no harm*. Harvard Health Blog, Harvard Health Publishing. https://www.health.harvard.edu/blog/first-do-no-harm-201510138421

Seaboyer, J., & Gildersleeve, J. (2018). Teaching Fun Home to instil reading resilience in first-year literature students. In J. K. Gardiner (Ed.), *Approaches to teaching Bechdel's Fun Home* (p. 163–167). Modern Language Association of America.

Smith, E. & Burkle, F. (2020, February). *Collective trauma is real, and could hamper Australian communities' bushfire recovery*. Australian Institute of Family Studies. https://aifs.gov.au/resources/short-articles/collective-trauma-real-and-could-hamper-australian-communities-bushfire

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Thomas, S., Crosby, S., & Vanderhaar, J. (2019). Trauma-informed practices in schools across two decades: An interdisciplinary review of research. *Review of Research in Education*, *43*(1), 422–452. https://doi.org/10.3102/0091732X18821123

Thompson, P., & Carello, J. (2022). *Trauma-informed pedagogies: A guide for responding to crisis and inequality in higher education*. Springer Nature.

Tobler, H. (2011, 23 July). Early trauma takes a long-term toll. *The Weekend Australian*.

14

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove

Toth, S., Gravener-Davis, J., Guild, D., & Cicchetti, D. (2013). Relational interventions for child maltreatment: Past, present, and future perspectives. *Development and Psychopathology*, *25*(4 Pt 2), 1601–1617. https://doi.org/10.1017/S0954579413000795

van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Group, LLC.

Varkey, B. (2021). Principles of clinical ethics and their application to practice. *Medical Principles and Practice*, *30*(1), 17–28. https://doi.org/10.1159/000509119

Vibert, F. (2022). The 'do no harm' principle: So simple? So easy to misunderstand!. *Oxford Global Society*. https://oxgs.org/wp-content/uploads/2022/02/The-Do-No-Harm-principle.pdf

Wall, L., Higgins, D., & Hunter, C. (2016, February). *Trauma informed care in child/family welfare services* (CFCA Paper No. 37). Australian Institute of Family Studies (AIFS). https://aifs.gov.au/resources/policy-and-practice-papers/trauma-informed-care-childfamily-welfare-services

Williams, W. (2006). Complex trauma: Approaches to theory and treatment. *Journal of Loss and Trauma*, *11*(4), 321335. https://doi.org/10.1080/15325020600663078

Wilson, D. (2016). Transforming the normalisation and intergenerational whānau (family) violence. *Journal of Indigenous Wellbeing – Te Mauri – Pimatisiwin*, *1*(2), 32–43. https://journalindigenouswellbeing.co.nz/media/2022/01/49.41.Transforming-the-normalisation-and-intergenerational-whanau-family-violence.pdf

15

*TEXT* Vol 27 No 2 2023
Managing Editor: Julienne van Loon. Editors: Ross Watkins & Shady Cosgrove