

Sensing and Building Safety:

a trauma-informed and healing oriented approach for whole person care



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

Nine guiding principles the underpin Social Emotional Wellbeing:

1. health is **holistic**
2. the right to **self-determination**
3. the need for **cultural understanding**
4. the impact of history in **trauma and loss**
5. recognition of **human rights**
6. impact of **racism and stigma**
7. recognition of centrality of **kinship**
8. recognition of **cultural diversity**
9. recognition of **Aboriginal strengths**

CREATED BY SHRG AND ADAPTED FROM SWAN AND RAPHAEL (P.57 IN WORKING TOGETHER ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH (2010)

DUDGEON, P., GIBSON, C., WALKER, R., BRAY, A., AGUNG-IGUSTI, R., DERRY, K., ... & GEE, G. (2025). SOCIAL AND EMOTIONAL WELLBEING: A REVIEW. ADAPTED FROM FIGURE 4.1 SOCIAL AND EMOTIONAL WELLBEING FROM AND ABORIGINAL AND TORRES STRAIT ISLANDER'S PERSPECTIVE GEE, DUDGEON, SCHULTZ, HART, KELLY 2012. ARTIST TRISTAN SHULTZ, RELATIVE CREATIVE



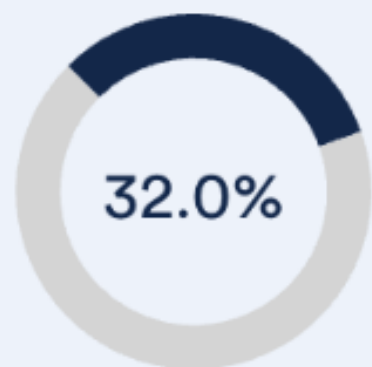
“The women who are degraded and dominated in this country occupy a deep underground. They walk on isolated paths... unseen and alone”

Jess Hill (2019) See what you made me do. Black Inc: Sydney

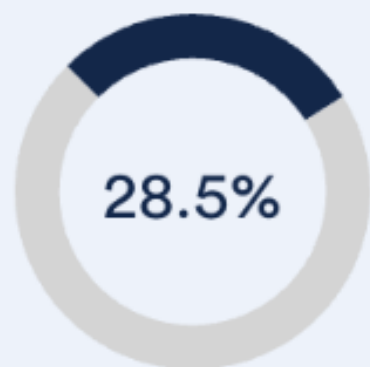


Australian Childhood Maltreatment Study (2023)

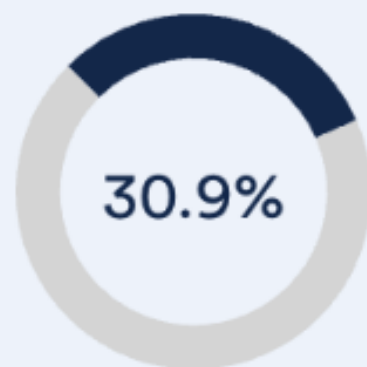
Across the Australian population (ages 16-65+) we found:



experienced
physical abuse



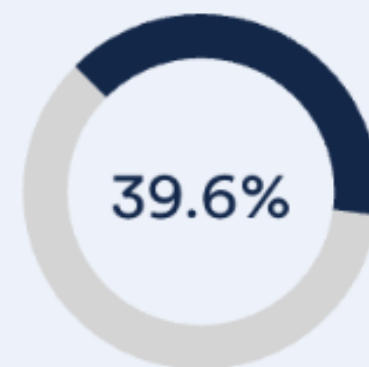
experienced
sexual abuse



experienced
emotional abuse



experienced
neglect



experienced exposure
to domestic violence

In childhood before the age of 18*

Disease
and deficit
focussed

What is wrong with you?

What happened to you?

Past and
perpetrator
focussed

**Second wave trauma-informed care:
Building Sense of Safety**



What is wrong with you?



What happened to you?



**How are you being comforted?
How is your sense of safety being built?**





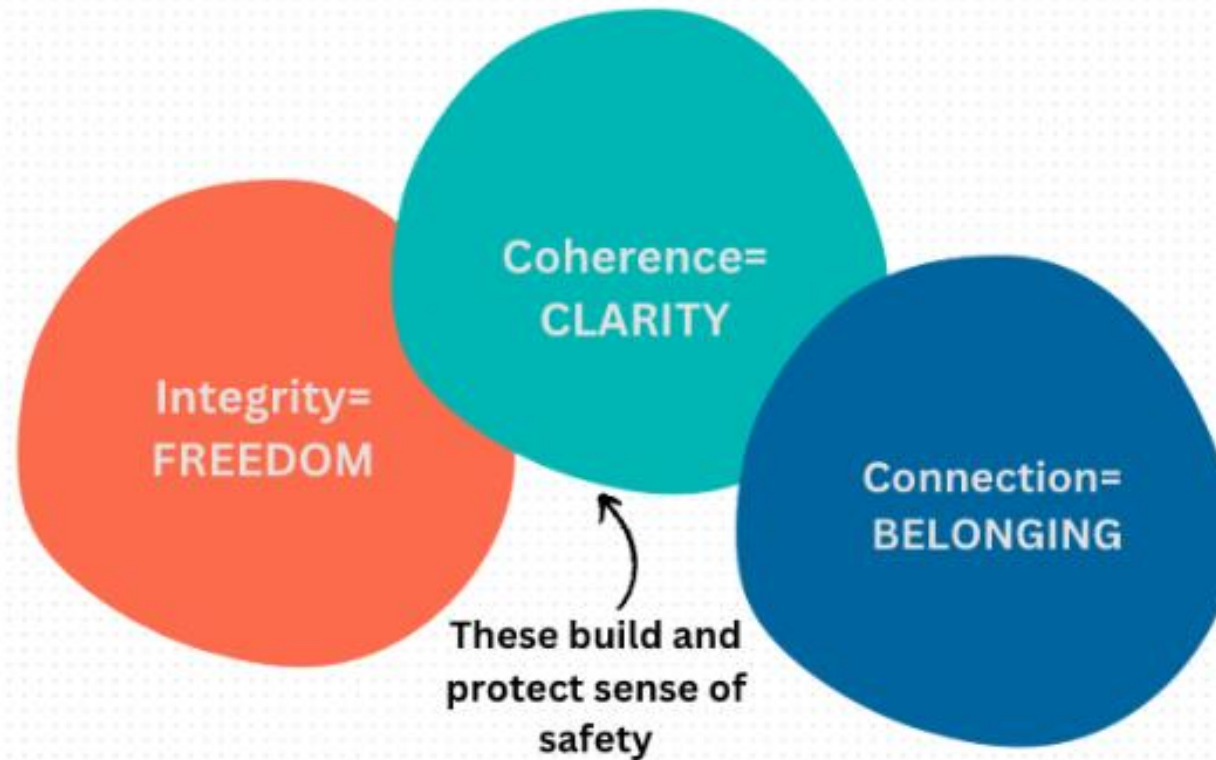
Three quick **calming** techniques

#1 Physiological sigh

#2 Three things (see, hear, sense with touch)

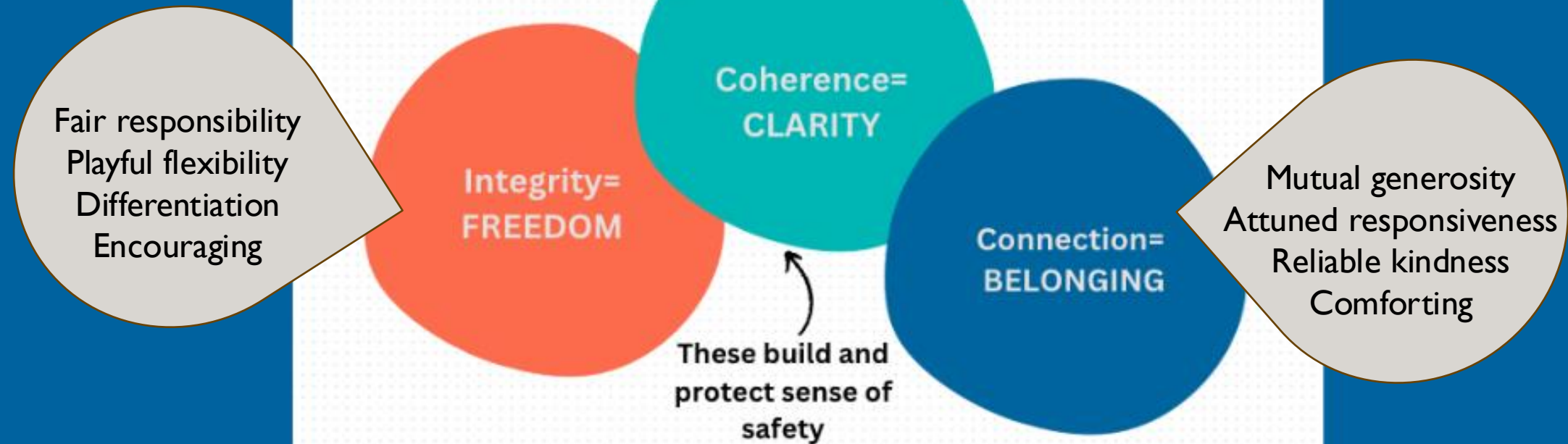
#3 Connecting to me (fingertip touching)





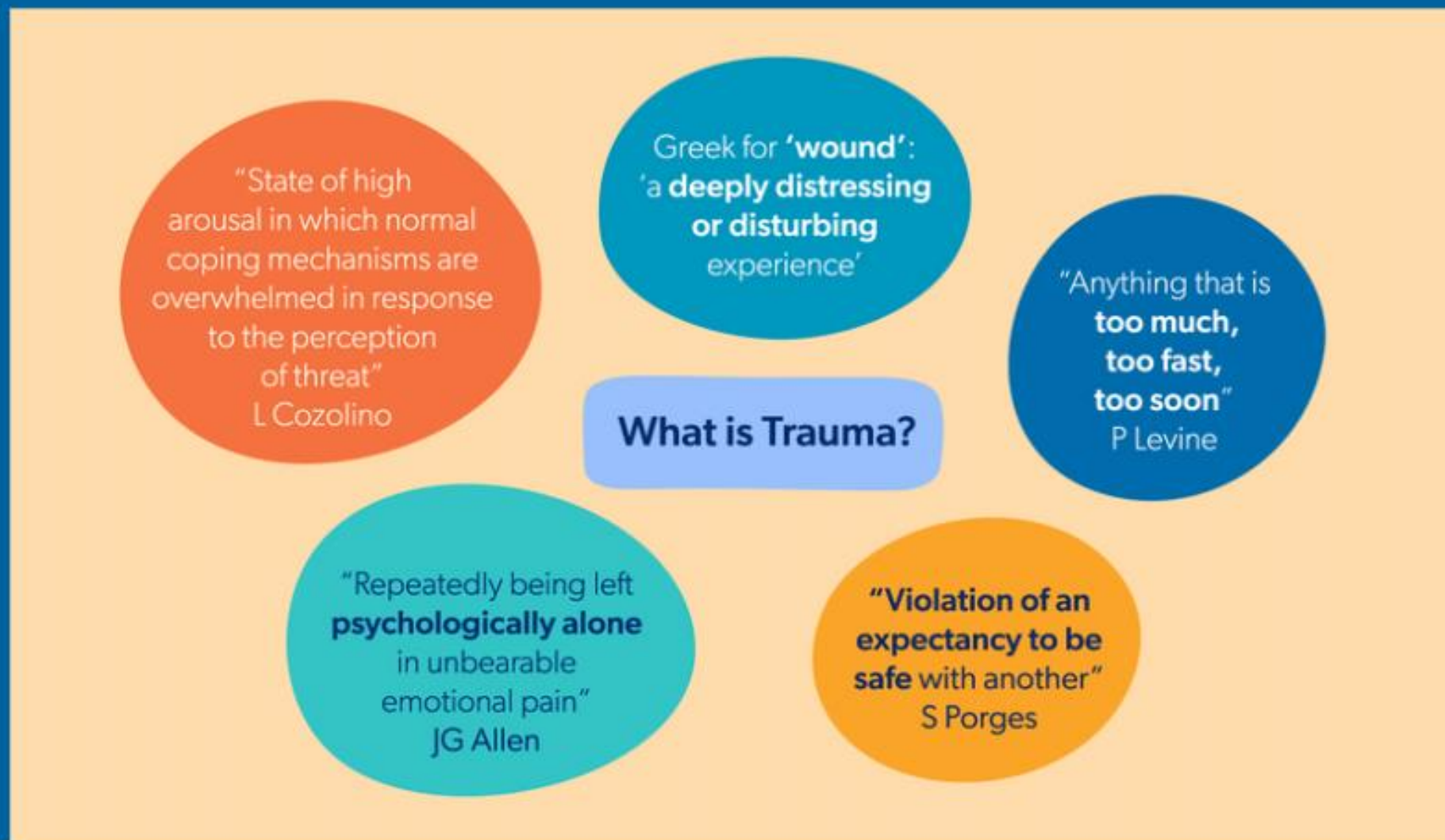
Adapted and shared with permission from Lynch et al (2021) A whole person approach to wellbeing: Building Sense of Safety. Routledge. London.

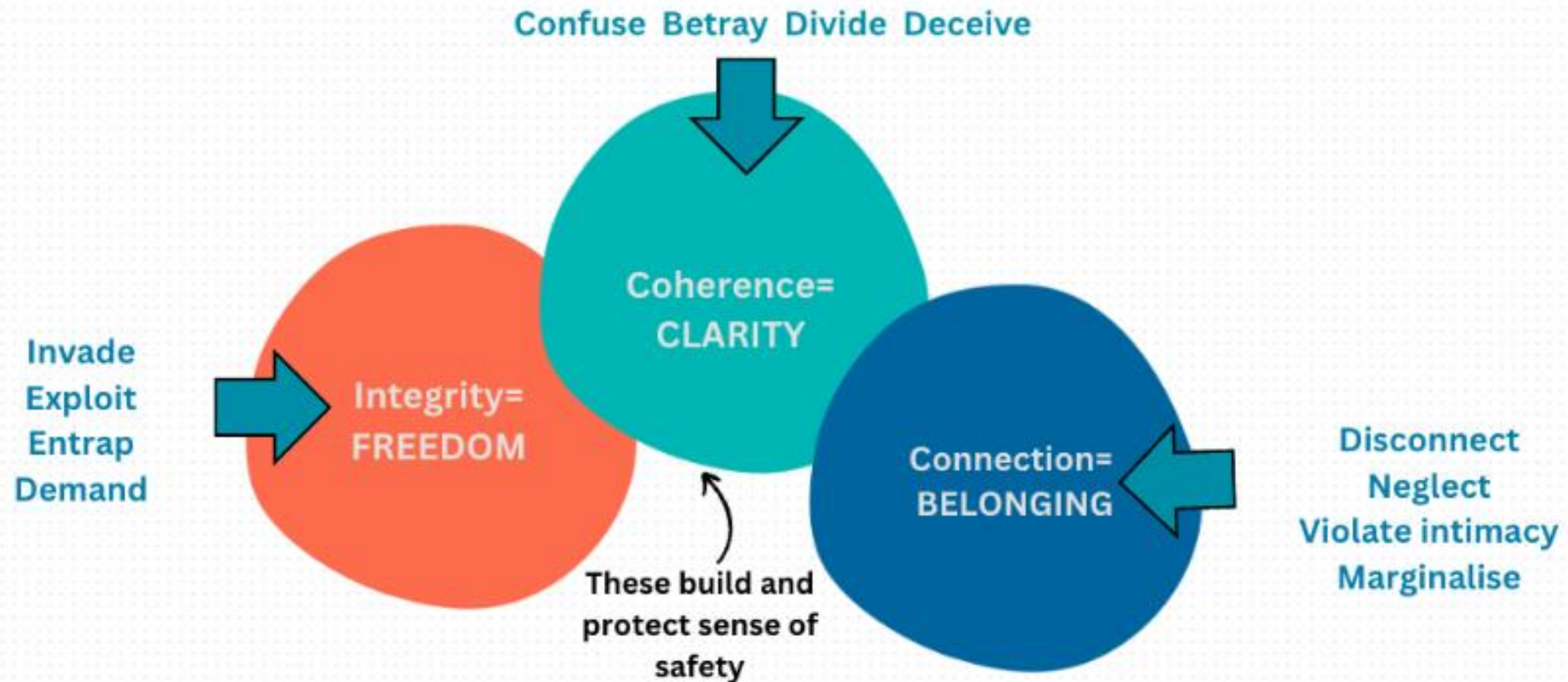




Adapted and shared with permission from Lynch et al (2021) A whole person approach to wellbeing: Building Sense of Safety. Routledge. London.





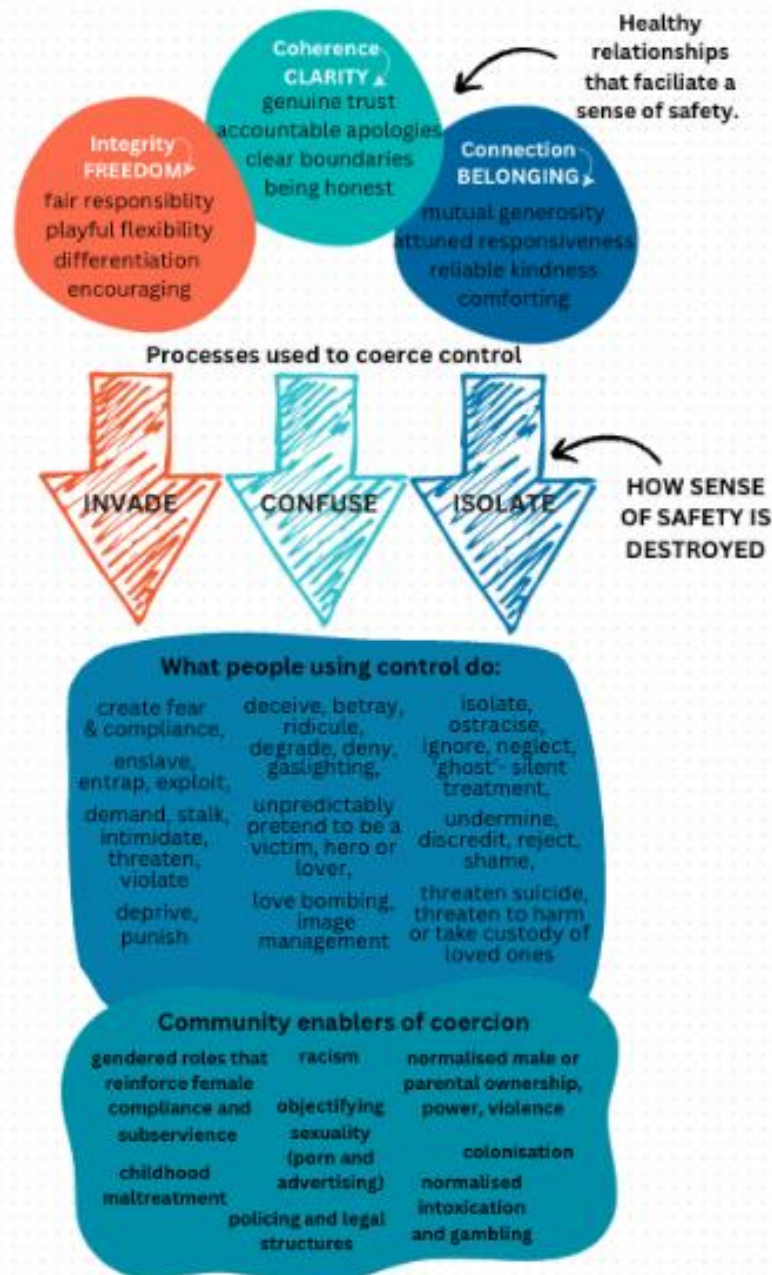


Processes that cause loss of sense of safety (as depicted by arrows) seen through Sense of Safety Theoretical Framework. Adapted and shared with permission from Lynch et al (2021) A whole person approach to wellbeing: Building Sense of Safety. Routledge. London.



Recognising coercive control in general practice.

Lynch JM, Klieve-Longman J, McLindon E, Cullen P, Giles F, Hegarty K. Coercive control: Recognising relational patterns that affect patient wellbeing. Australian Journal of General Practice. 2025 Dec;54(12):855-61.



Adverse childhood experiences with proven physiological impacts

Isolation

Physical neglect

Emotional neglect

non-verbal -
emotional abuse*

Invasion

Physical abuse
(including intimidation)

Sexual abuse

Peer physical
abuse*

Confusion

Emotional abuse

Witnessing
violence against
siblings*

Loss of a safe caregiver

Absent parent
(including divorce)

Intoxicated parent

Mentally unwell
parent

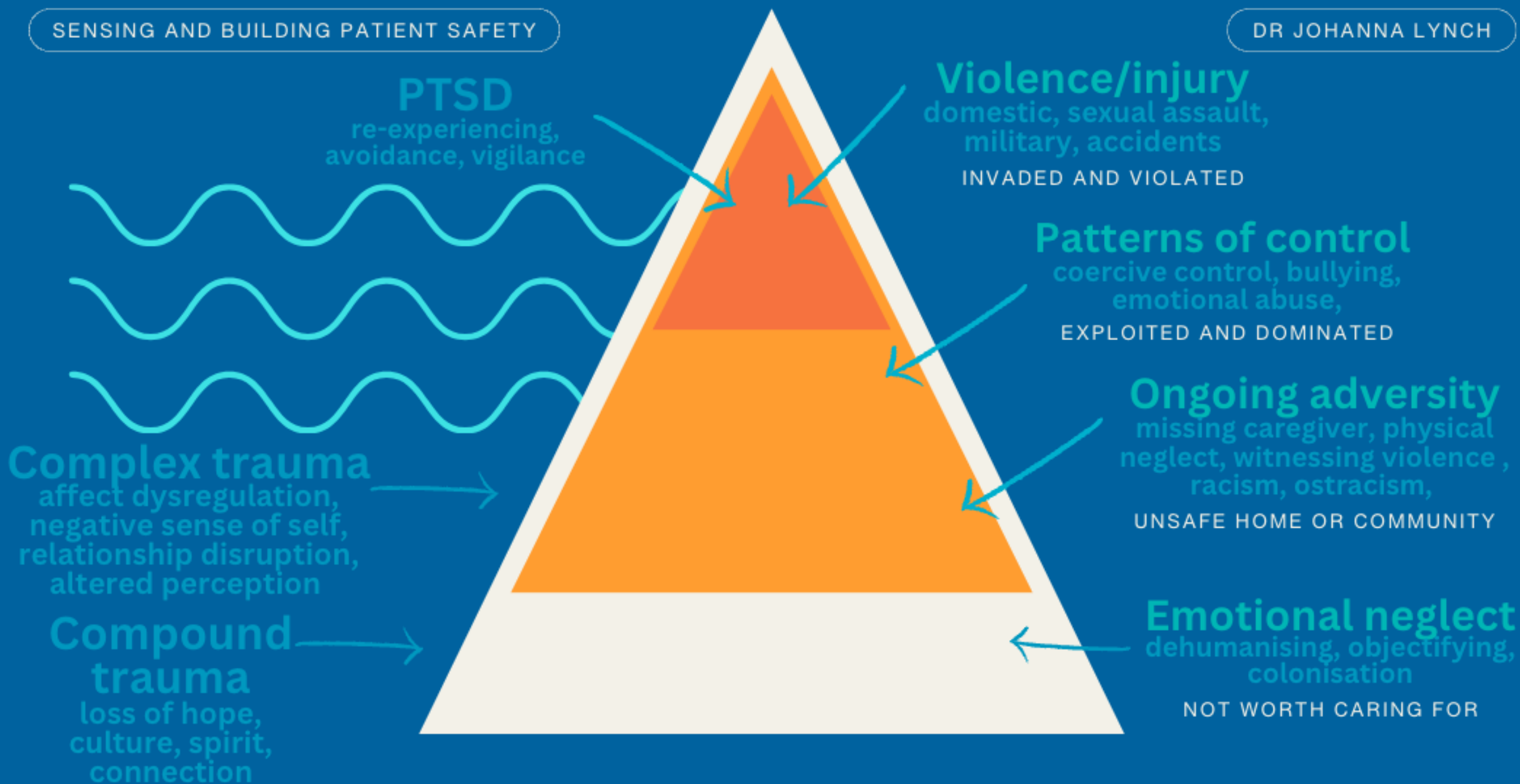
Incarcerated parent

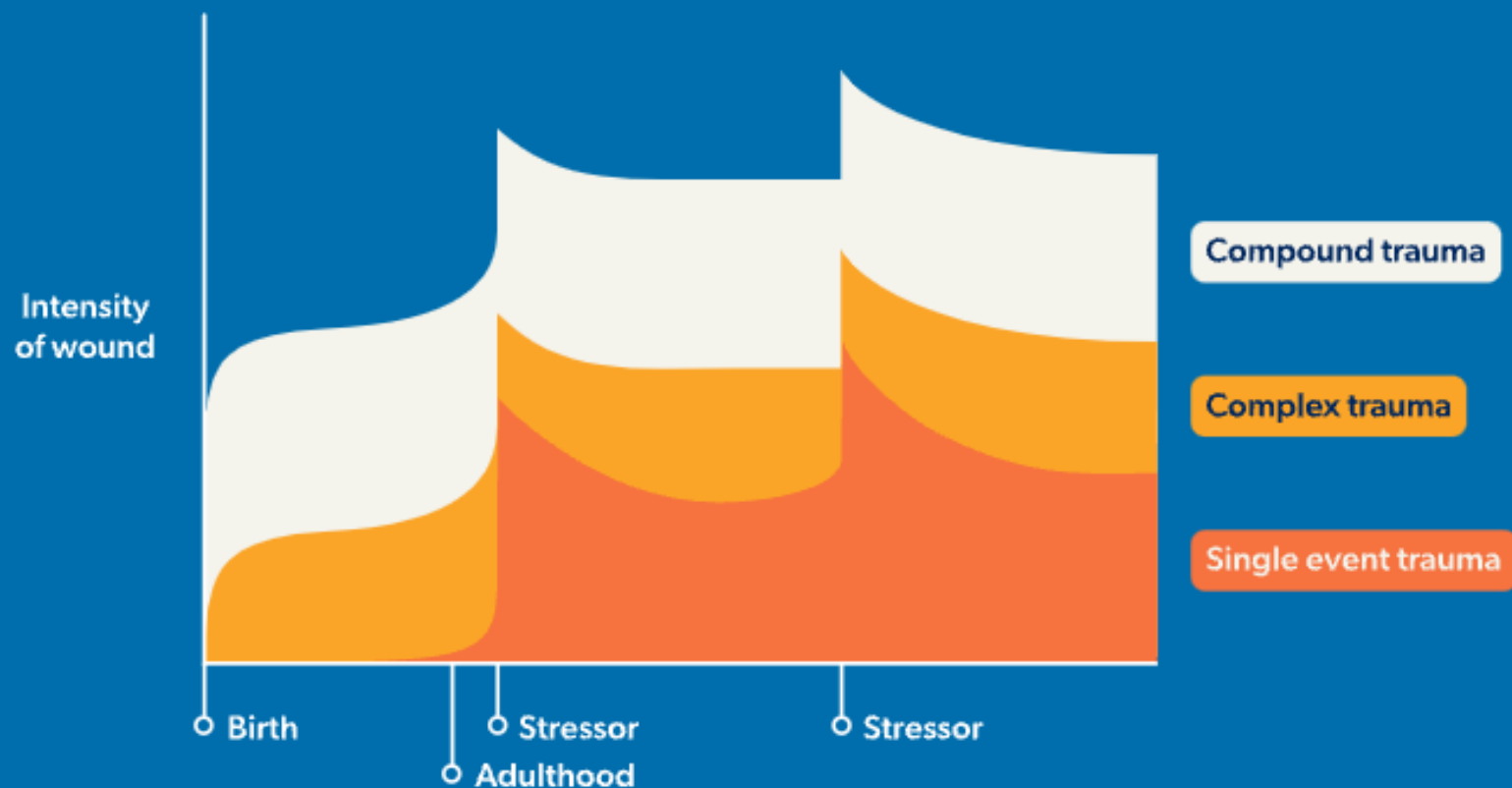
Witnessing
interparental
violence

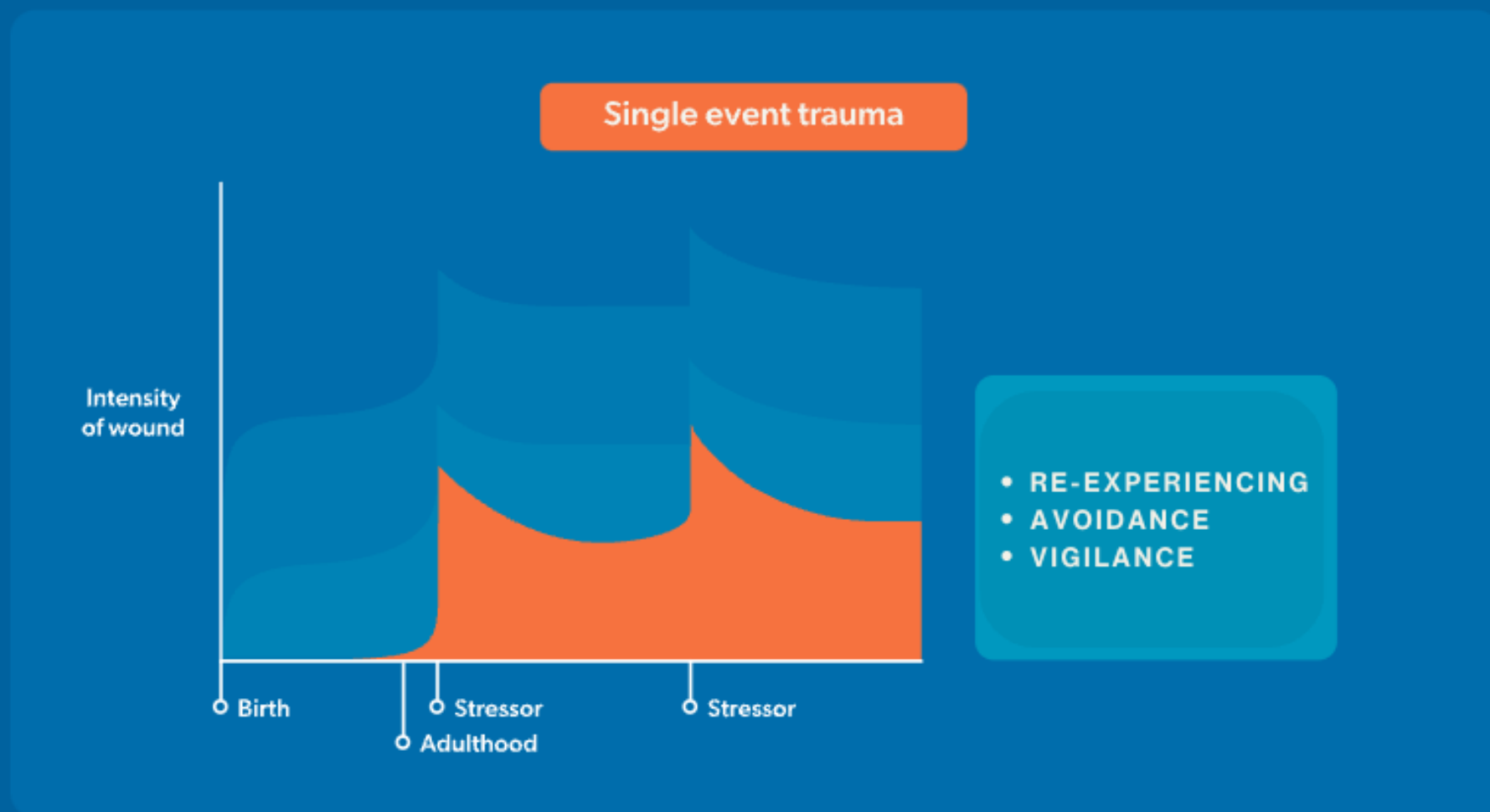
*Teicher MH, Samson JA, Anderson CM, et al. The Effects of Childhood Maltreatment on Brain Structure, Function and Connectivity. *Nat Rev Neurosci* 2016;17:652-66

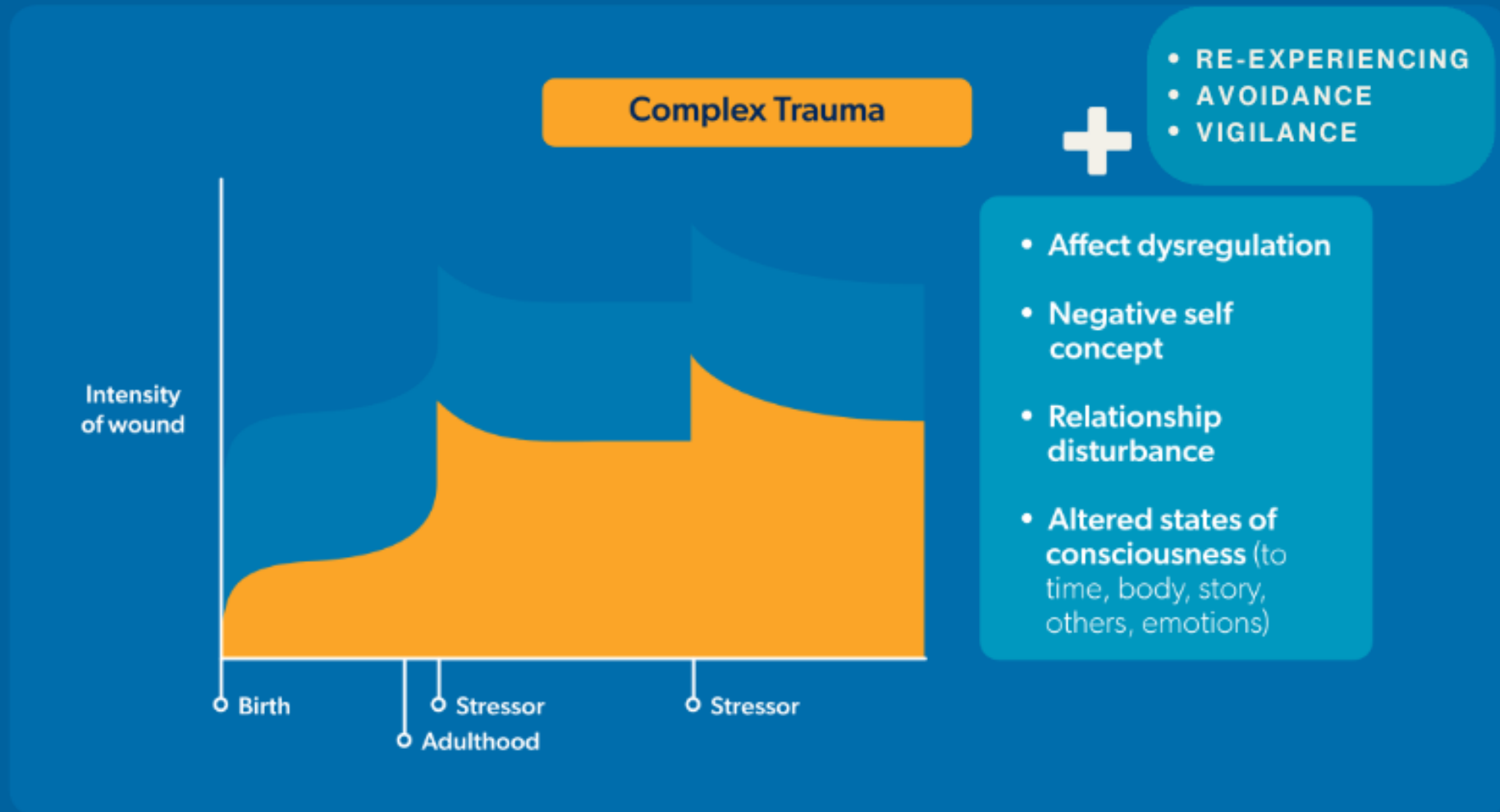
*Felitti V, Anda R, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse childhood experiences (ACE) study. *AM J Prev Med* 1998; 14: 245-58

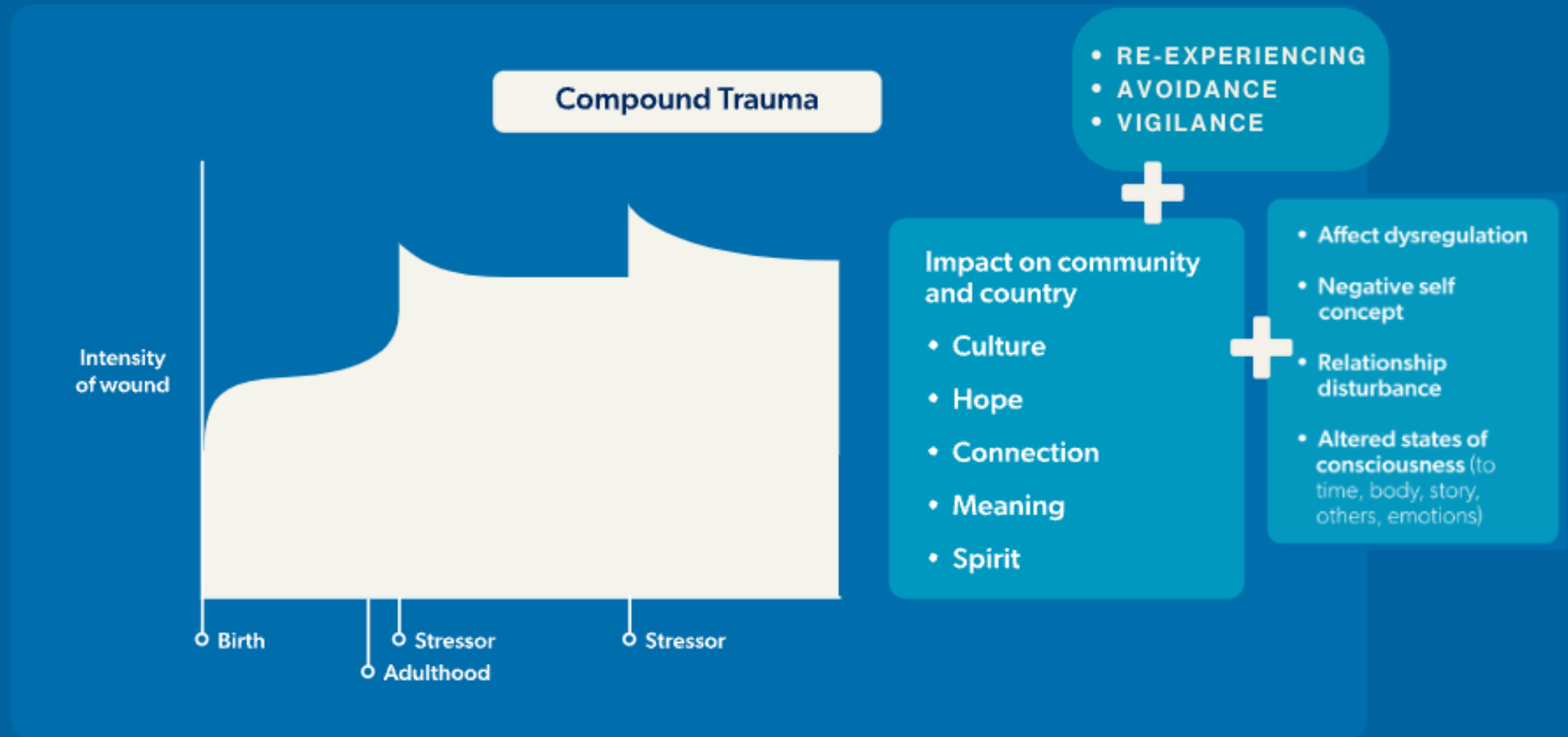


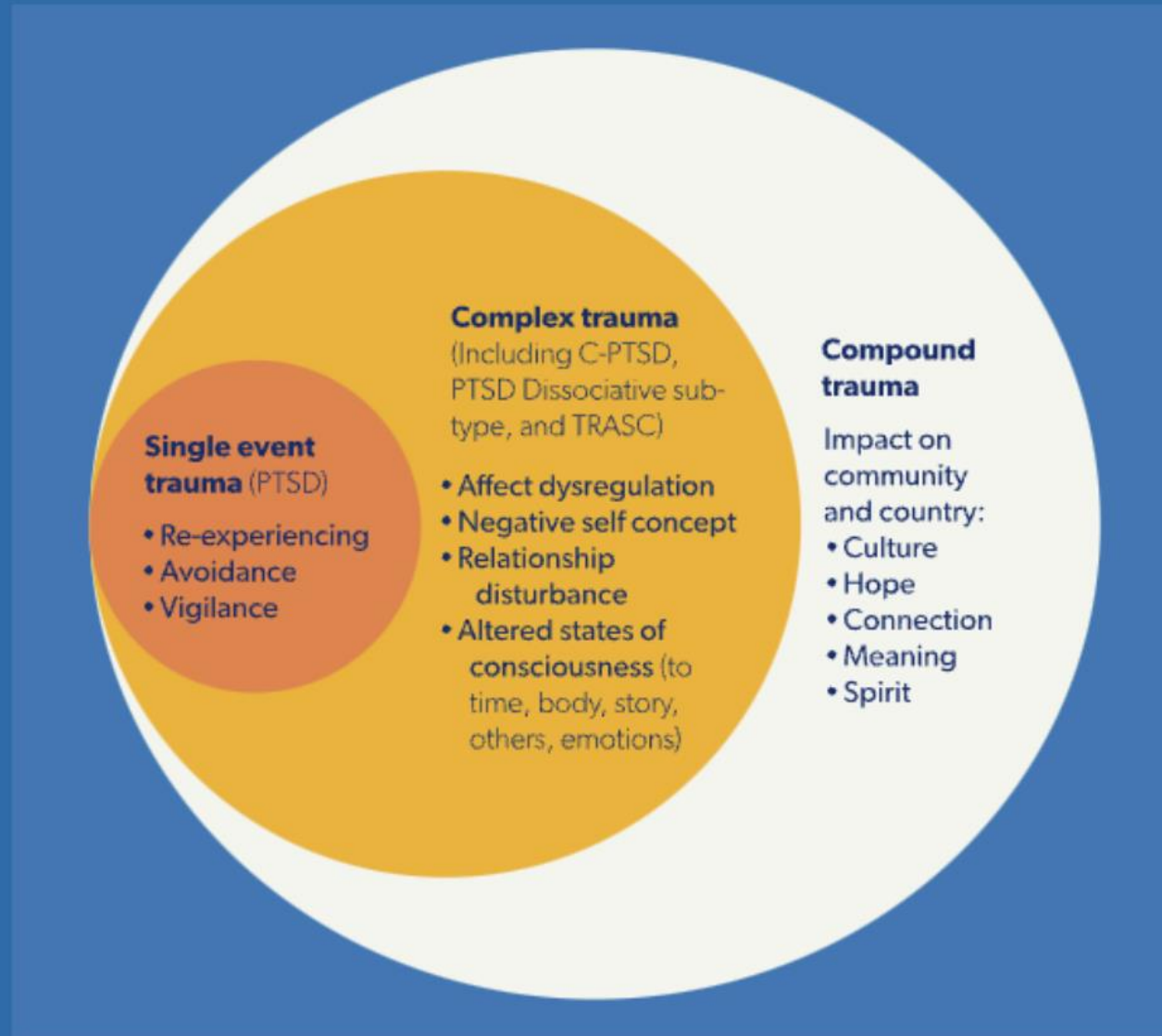














Three quick **calming** techniques

#1 Physiological sigh

#2 Three things (see, hear, sense with touch)

#3 Connecting to me (fingertip touching)



“on the school bus”
“like a deep breath”



Sense of safety

A whole person experience

“feeling secure within myself, my community, and the wider world”
- Mental health clinician

“feeling (emotionally and bodily) safe in this particular place, this particular time, with this particular person”
- GP

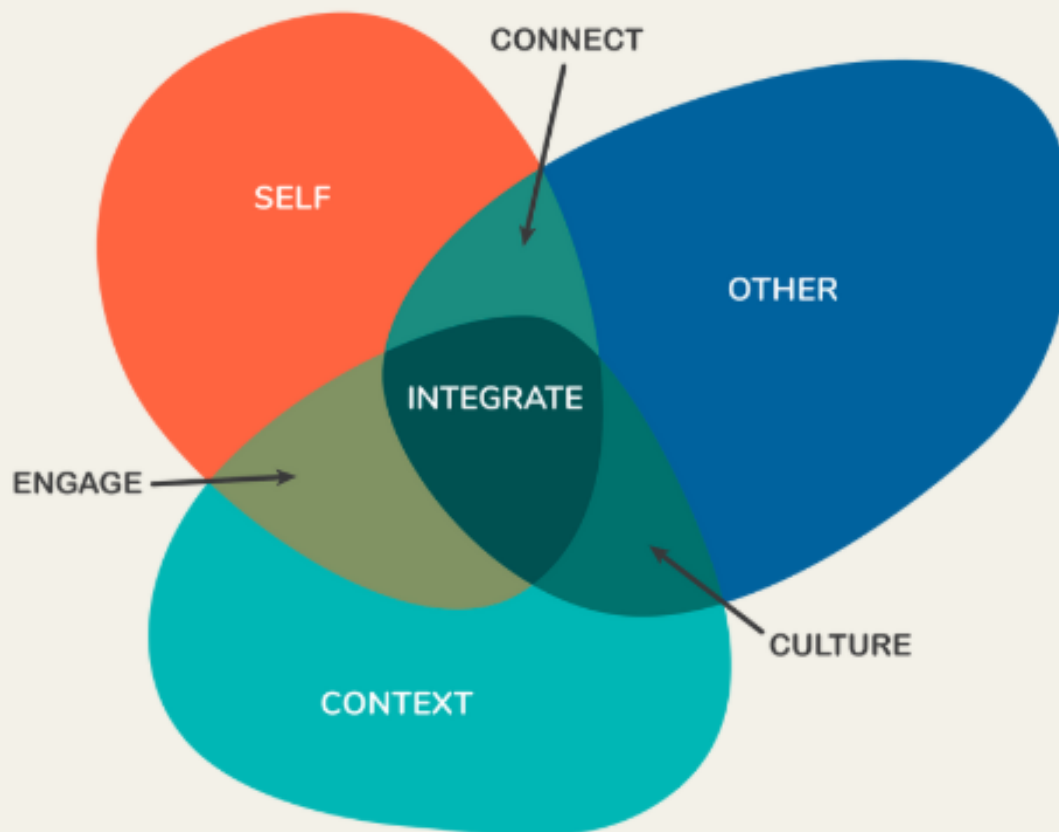
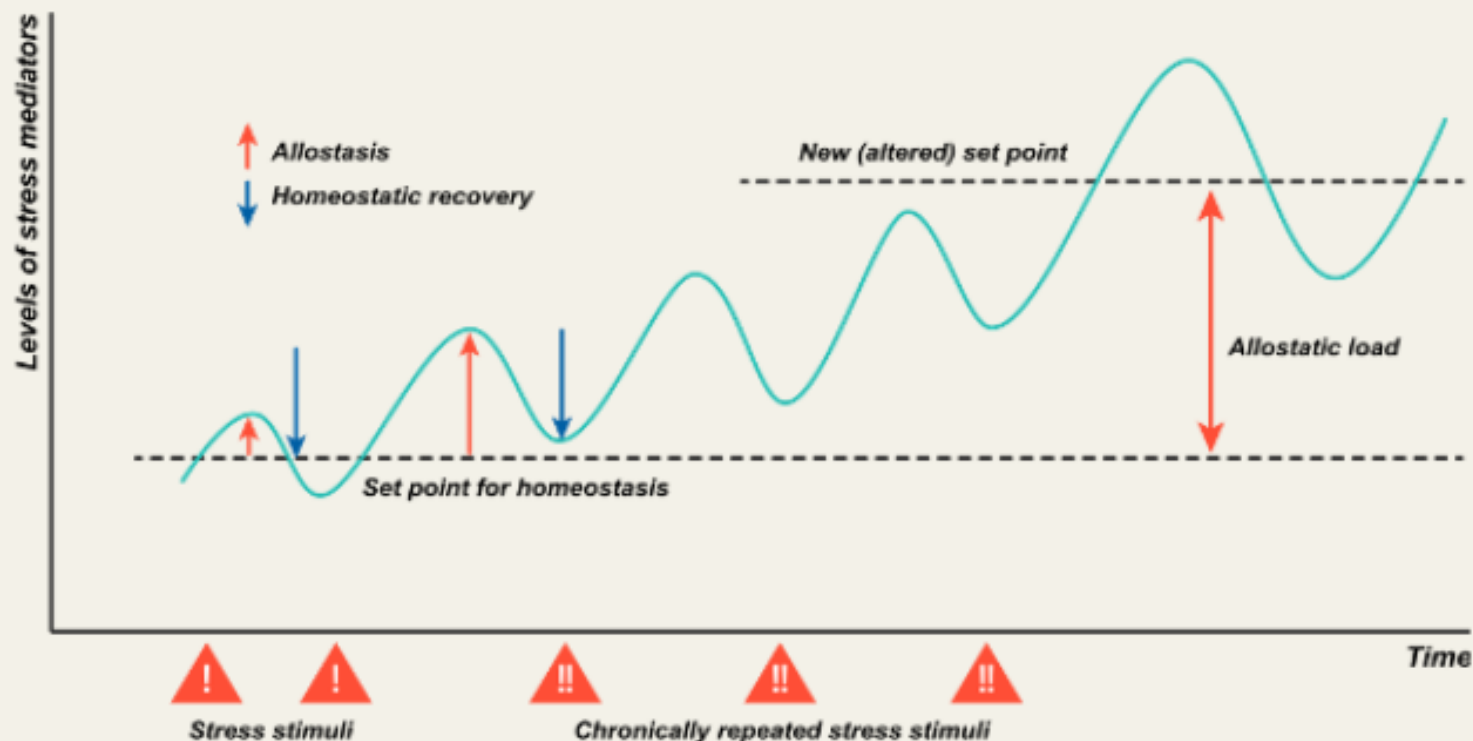


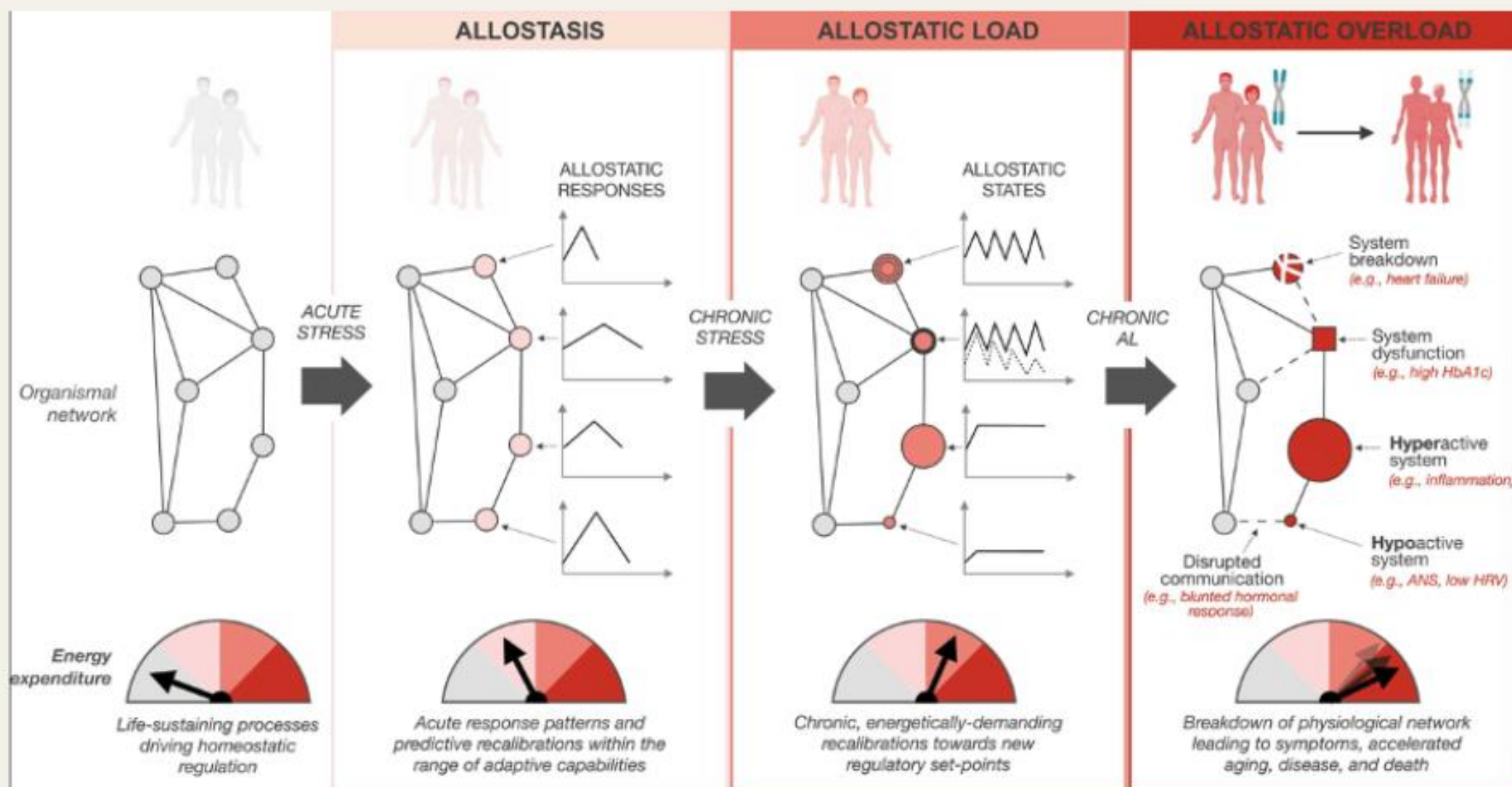


IMAGE CREDIT: ROBERTO NEUMILLER/SOS SAHEL

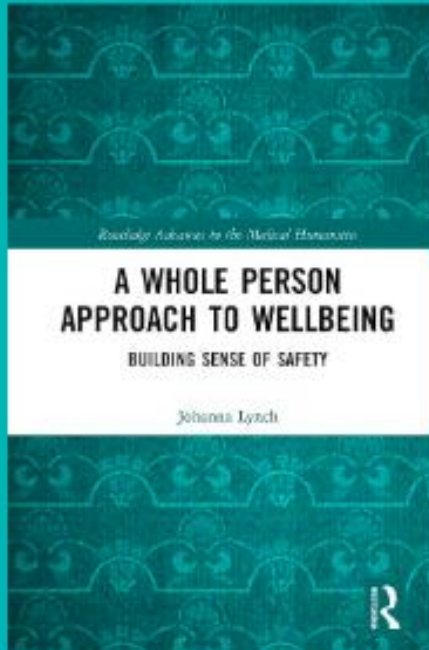


Allostatic load: The biology behind stress-induced disease

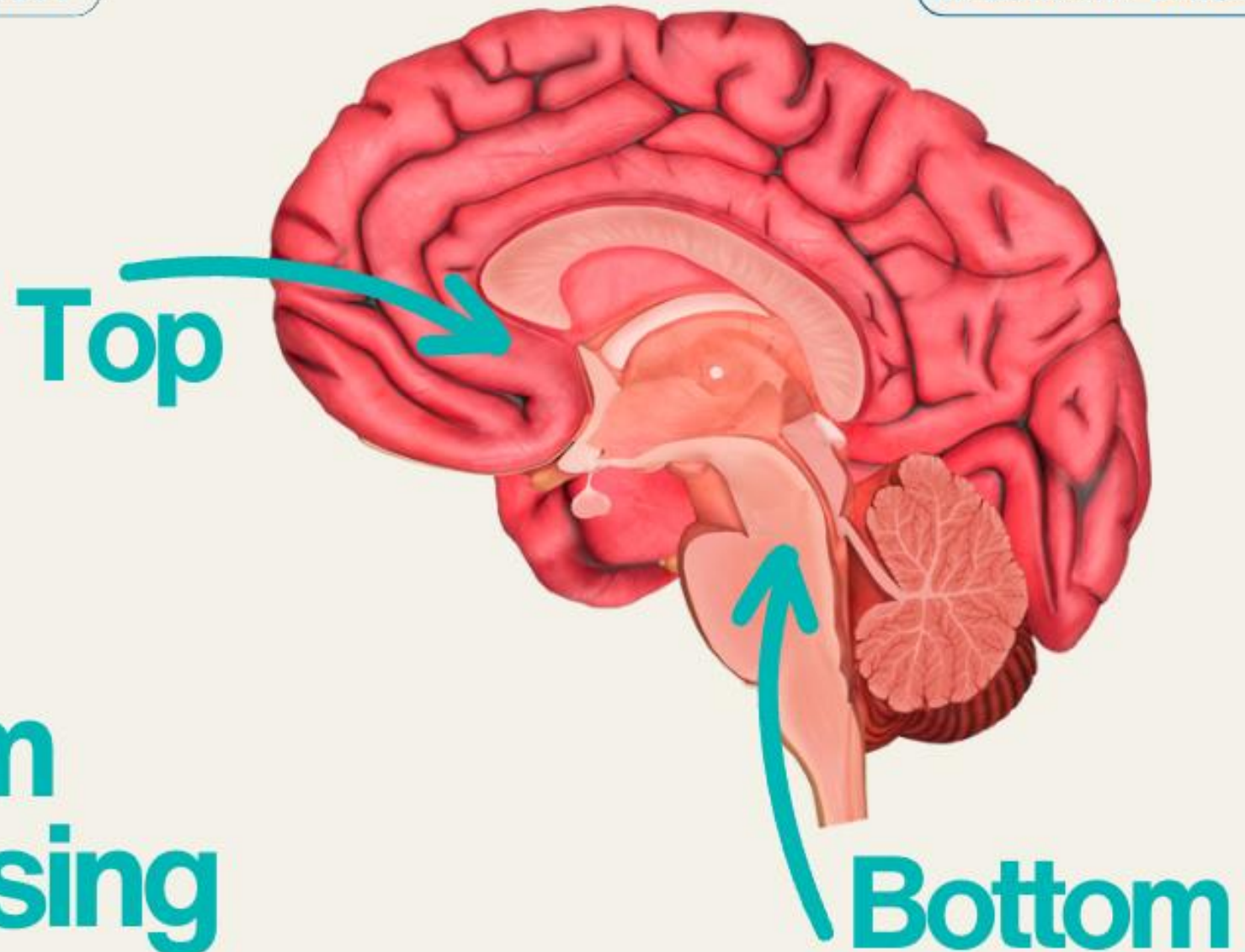




Whole Person Domains



Top Down and Bottom Up Processing





Three quick **calming** techniques

#1 Physiological sigh

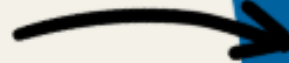
#2 Three things (see, hear, sense with touch)

#3 Connecting to me (fingertip touching)



SENSE OF SAFETY GOALS OF CARE

Building Sense
of Safety



Establishment
of Safety

Safe Enough to
Grieve



Remembrance and
Mourning

Safe Enough to
Grow



Reconnection with
Ordinary Life

Lynch, J.M (2021) A whole person approach to wellbeing: Building sense of safety. Routledge: London; Herman, J (2015) Trauma and recovery: the aftermath of violence from domestic abuse to political terror. Hachette: UK



“Feeling **secure in a frightening circumstance is often perceived as a **more urgent goal** than remaining healthy over a longer time.”**



**“practically everything
looks less important
than safety and protection”**



Maslow's Theory of Motivation:

“metaneed”

“safety seeking organisms”

Social Safety Theory:

“social safety and social threat lie at the heart of life's most impactful experiences.”

Polyvagal Theory:

“Contemporary strategies for health and wellbeing fail our biological needs by not acknowledging that feelings of safety emerge from inside the body.”

Generalised Unsafety Theory of Stress

“The stress response is a default response that is active when no information about safety, or no safety is perceived...stressors are not necessary for the stress response to be released: a lack of information about safety is sufficient. .”

BROSSCHOT JF, VERKUIL B AND THAYER JF (2018) GENERALIZED UNSAFETY THEORY OF STRESS: UNSAFE ENVIRONMENTS AND CONDITIONS, AND THE DEFAULT STRESS RESPONSE. INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH 15(3): 464.(P.472)

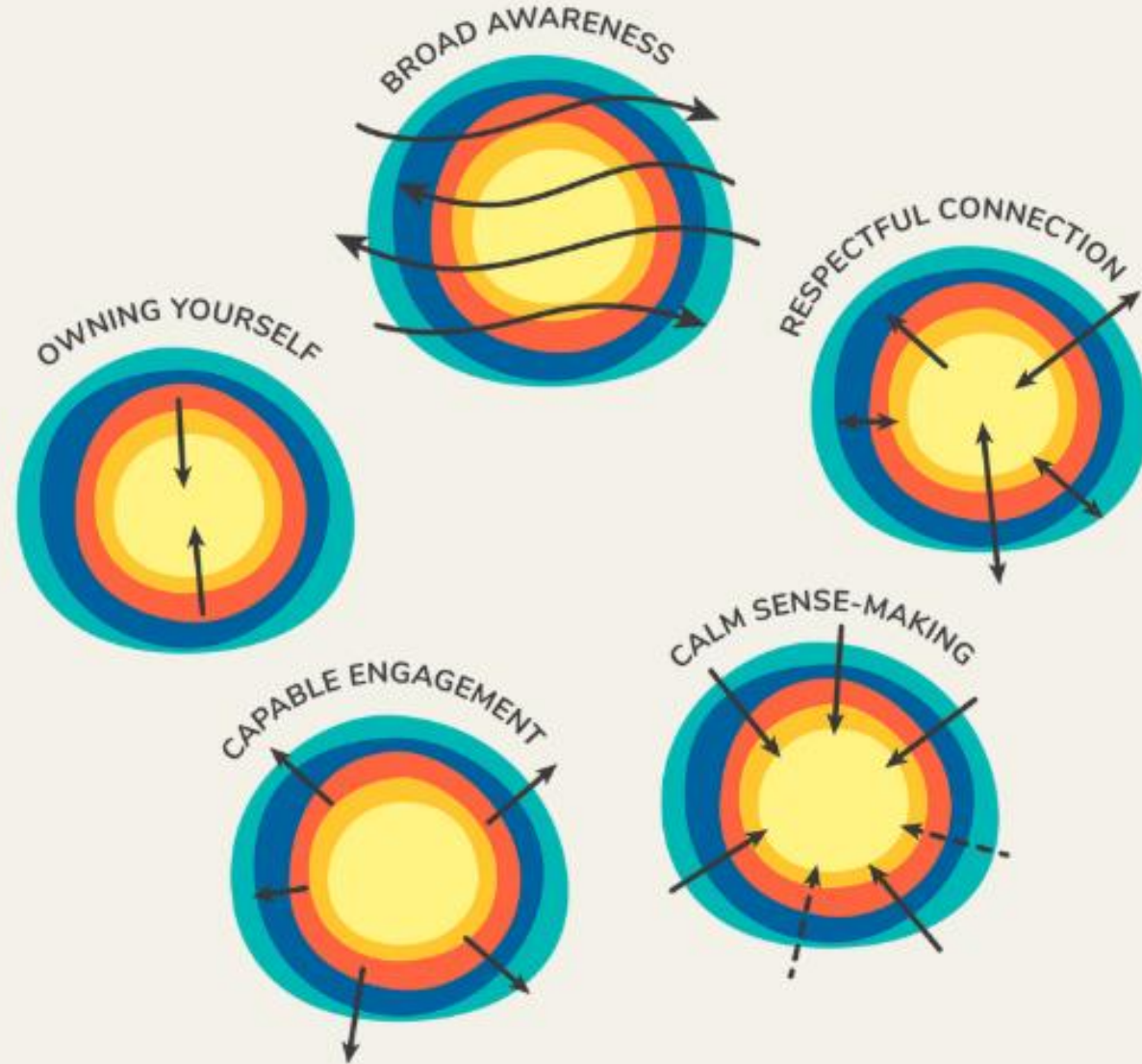
MASLOW AH (1943) A THEORY OF HUMAN MOTIVATION. PSYCHOLOGICAL REVIEW 50(4): 370-396.

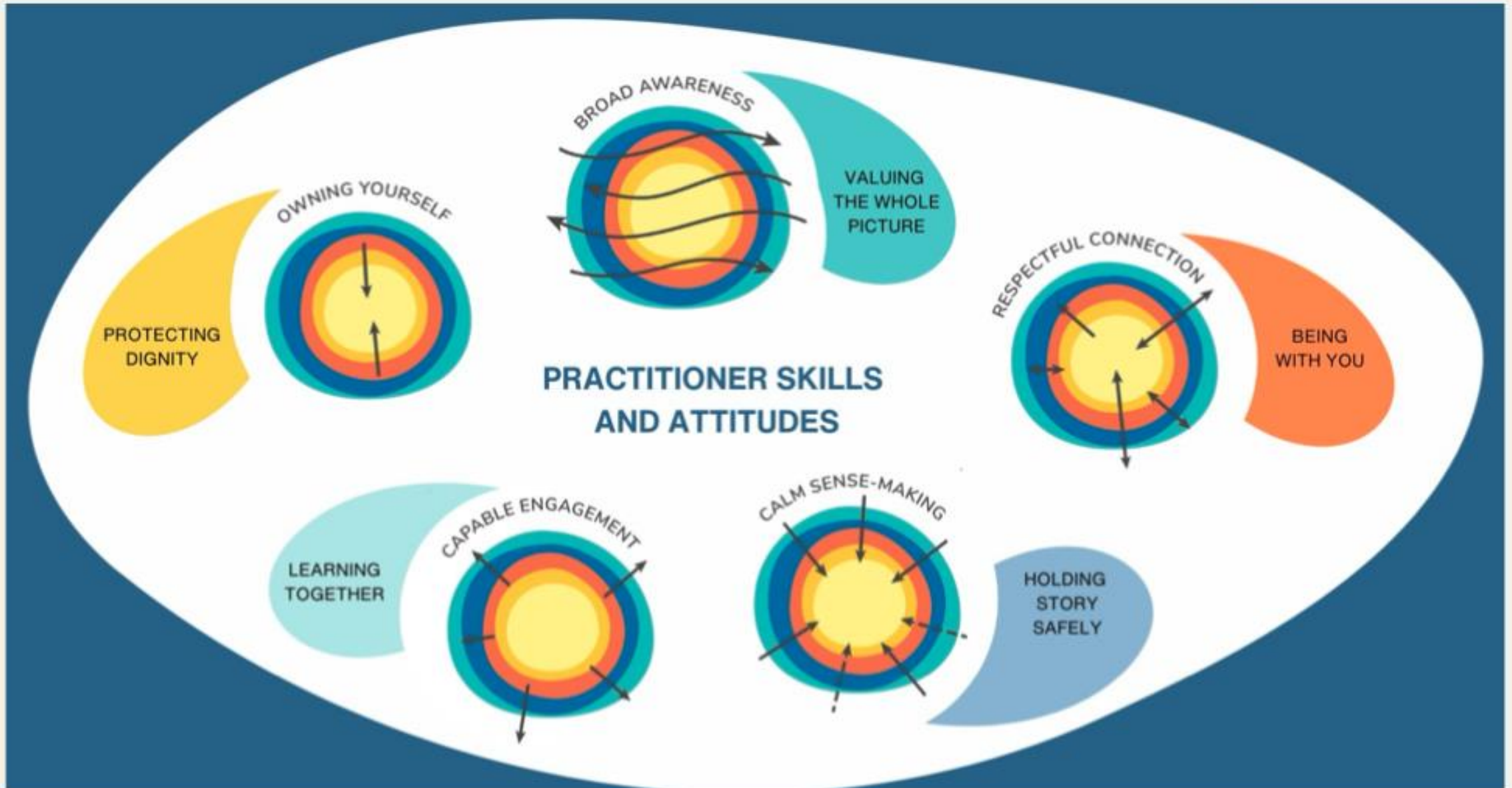
PORGES SW (2022) POLYVAGAL THEORY: A SCIENCE OF SAFETY. FRONTIERS IN INTEGRATIVE NEUROSCIENCE 16: 871227

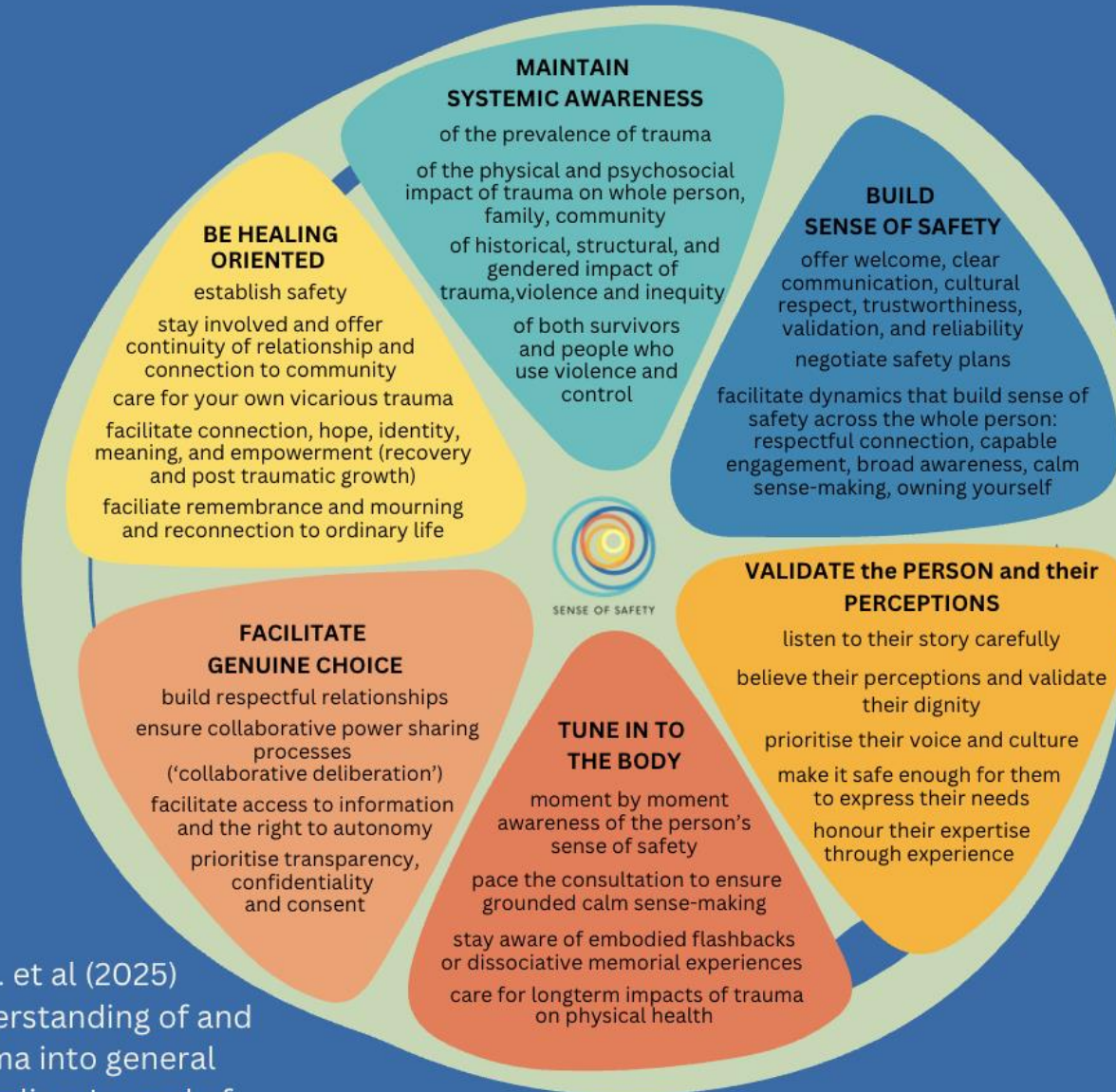
SLAVICH GM (2020) SOCIAL SAFETY THEORY: A BIOLOGICALLY BASED EVOLUTIONARY PERSPECTIVE ON LIFE STRESS, HEALTH, AND BEHAVIOR. ANNUAL REVIEW OF CLINICAL PSYCHOLOGY 16(1): 265-295. (P.287)



Sense of Safety Dynamics

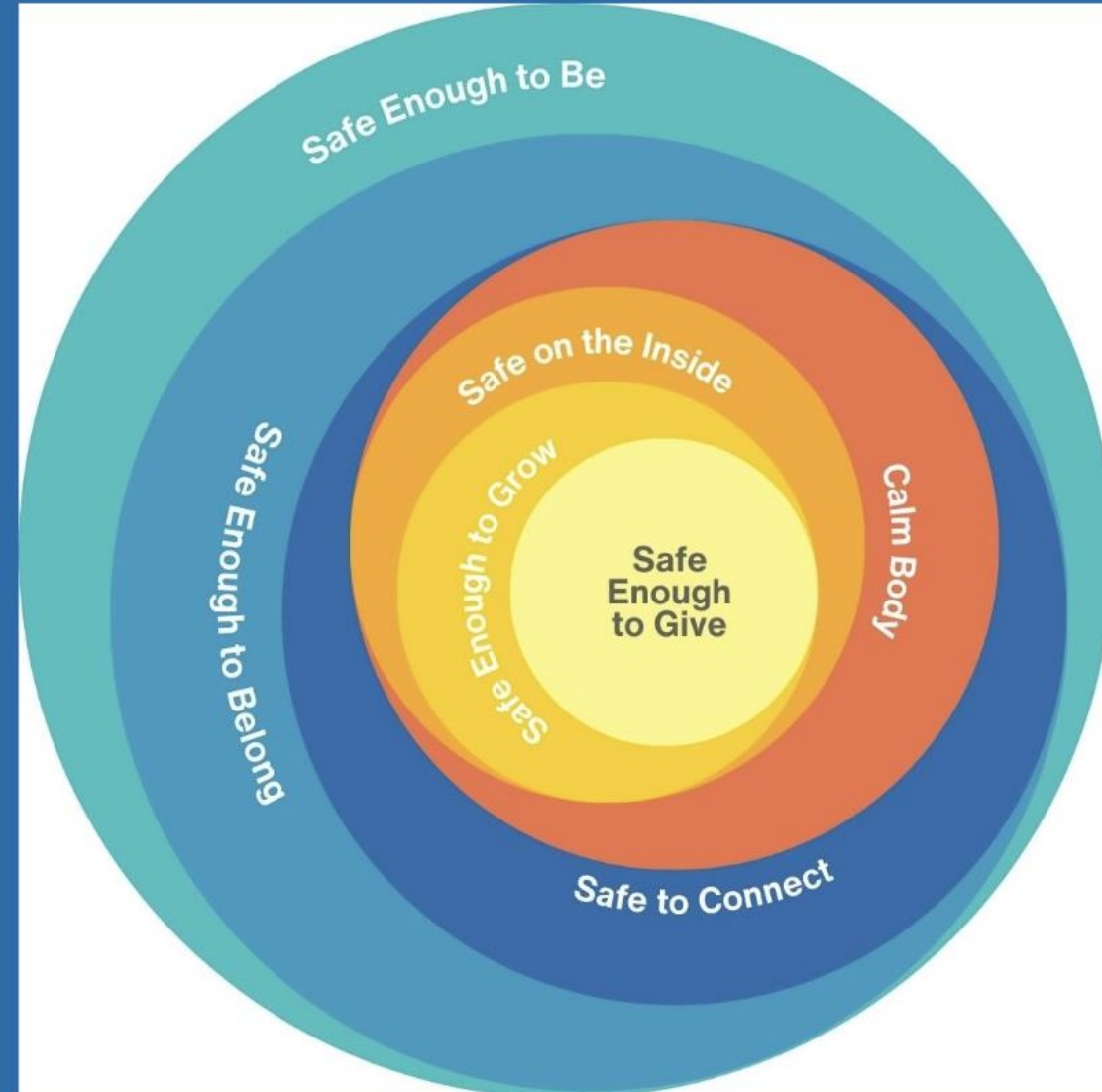
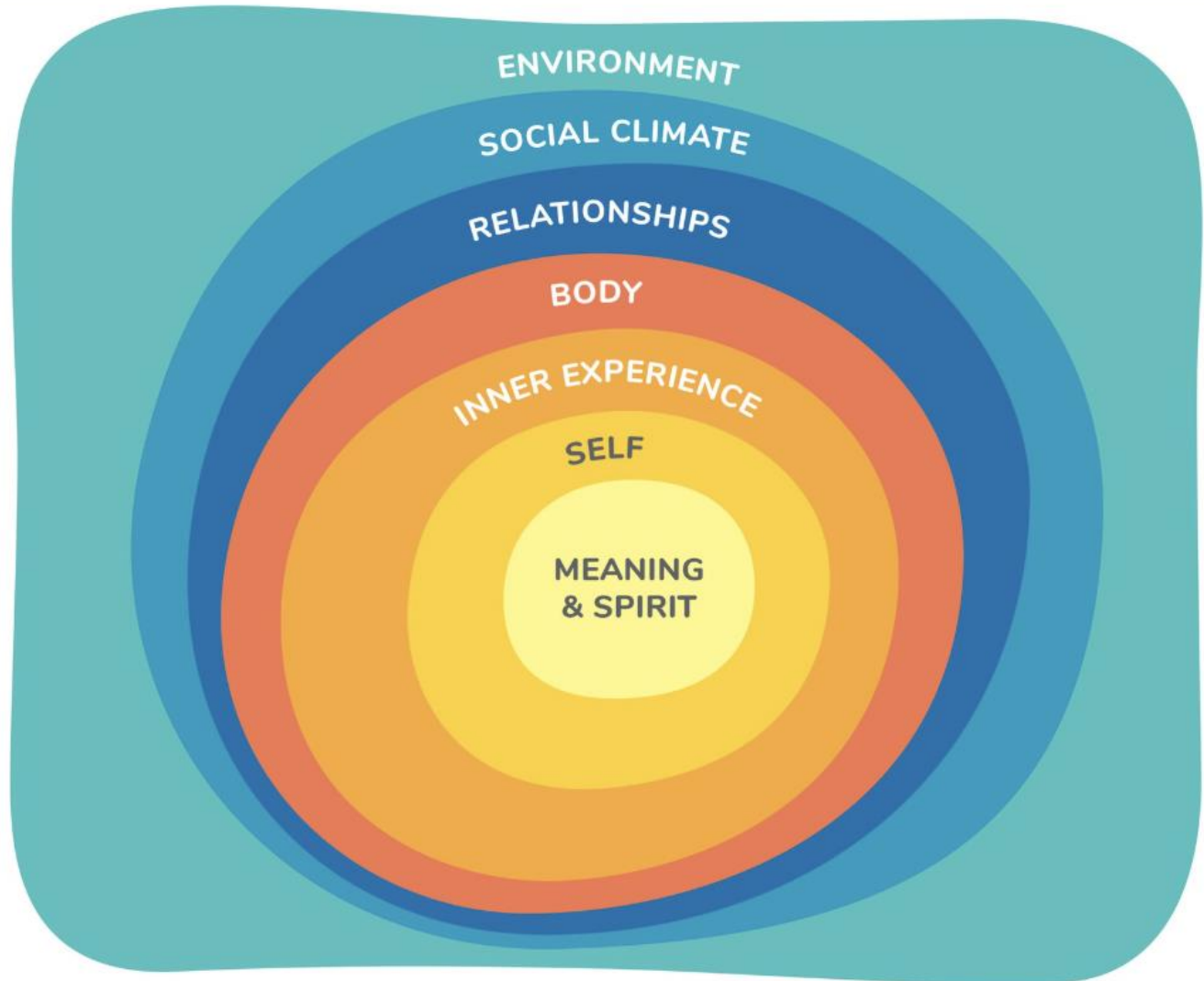


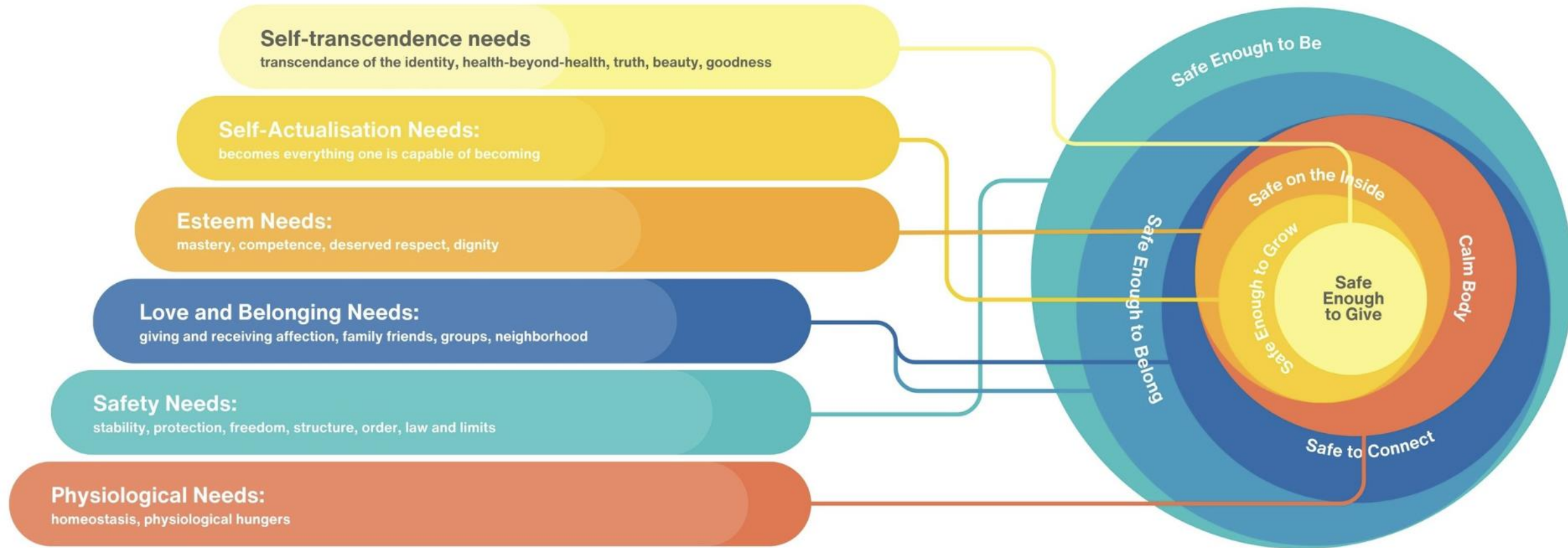




Lynch, J.M. et al (2025)
Integrating understanding of and
care for trauma into general
practice. Australian Journal of
General Practice





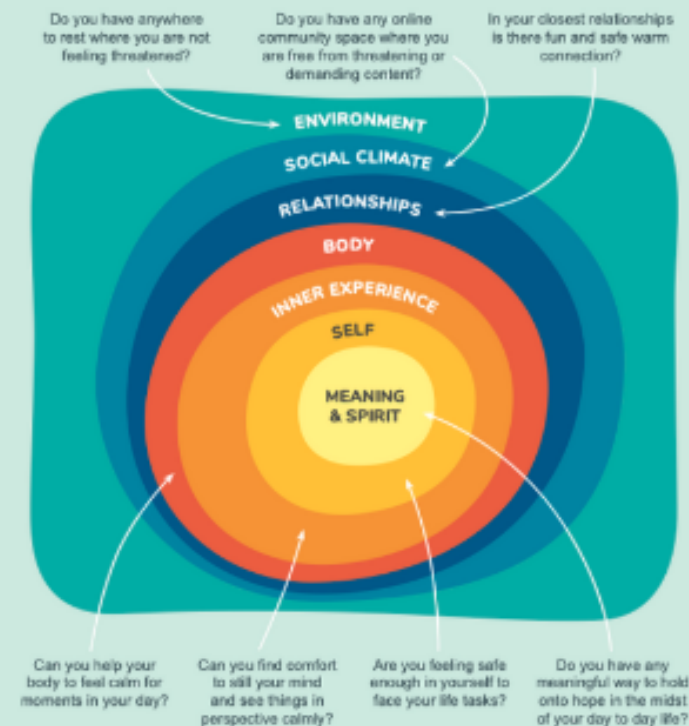


Koltko, M.E (2006) Rediscover the later version of Maslow's hierarchy of needs: Self transcendence and opportunities for theory, research and unification. Review of general psychology 10 (4) p 302-317. Maslow, A. H. (1954). Motivation and Personality Third Edition. New York, Harper Collins Publishers. Adapted from Lynch, J.M. (2021) A Whole person approach to wellbeing: Building Sense of Safety. Routledge: London

Post-Traumatic Growth



Sense of Safety for Clinicians



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 NHS: doctors.nhs.uk/10852323

This model of self-care is the outcome of a transdisciplinary project that integrates attachment, trauma-informed, psychophysiology and stress research in the context of whole person approaches to distress in primary care.

More on the sense of safety framework can be found in *A Whole Person Approach to Wellbeing: Building Sense of Safety* (2023 Routledge).

Lynch, J.H. Sense of Safety: a whole person approach to distress, in *Primary Care Clinician Unit*, 2019, University of Queensland (Stirling). © Copyright 2023 Dr Johanna Lynch.

What helps you to feel safe?



Sense of Safety for Practitioners Foundation Course

A course to help people care for each other more

This course has been developed by Dr. Johanna Lynch and powered by Better Health Company.



SENSE OF SAFETY

What is included in the course?

This course contains up to 10 hours of self-paced content plus additional resources and reading for learners to engage with to strengthen their approach to building a sense of safety.

- Practical tools to use in practice with clients.
- Reflection activities to prompt personal reflection.
- Calming techniques for use by practitioners or with clients as part of consultations.
- Further reading and resources.
- Downloadable completion certificate to claim CPD hours.



**MENTAL HEALTH AND TRAUMA
INTEGRATED COURSE
10 ONLINE CPD HOURS**

Welcome to the course

Explore the rationale, history, and research behind the Sense of Safety Approach.

Whole person

Learn how to recognise the different factors that can help or harm someone's sense of safety by focusing on the person as a whole.

Trauma informed

Understand how distress can come from many forms of threat and explore a new approach that offers a clearer understanding of trauma and how to support healing.

Relationship-based

Discover how safe and trusting relationships are key to improving health and wellbeing, especially between a care provider and their clients.

Embodied awareness

Understand how a person's life story and experiences impact their body and their sense of wellbeing, and learn how to apply this in practice.

Healing oriented

Practice skills and attitudes that keep a recovery focus and help to consistently build and restore a sense of safety for both clients and practitioners.

Summary A brief summary looking at the key components of this course.

