

WMHNV INFORMATION SHEET:

TRAUMA-INFORMED CARE

This information is taken from Module 2 of our 'Gender Sensitive and Safe Practice' Training. For more details on how to access the full training, please contact us adm@wmhmv.org.au

Experience of trauma increases the risk of someone developing mental illness. Every patient, client, consumer that presents to a mental health care facility could likely have experienced some sort of trauma. Gender-sensitive [and safe] practice recognises people's lived experiences and is particularly responsive to experiences of trauma.

What is trauma in this context?

- External threat that overwhelms a person's coping resources and results in specific symptoms of psychological or emotional distress.
- Trauma is unique to everyone, but **generally occurs in any situation where one person misuses power over another.**
- Some groups are particularly vulnerable due to their circumstances – Aboriginal and Torres Strait Islander peoples, women, children, people with disabilities, and people who are homeless or living in institutions.

Sources of Trauma include:

- Emotional, physical, or sexual abuse in childhood
- Abandonment or neglect (especially for small children)
- Sexual assault
- Family/intimate partner violence
- Experiencing or witnessing violent crime
- Cultural dislocation or sudden loss
- Terrorism, war
- Historical violence against a specific group such as slavery or genocide
- Chronic stressors such as discrimination, racism and poverty
- Medical procedures
- Natural disasters

NB: Any situation where one person misuses power over another (including in a mental health care role)



We do not need to know the source of the trauma to work safely with the individual.

Trauma-informed care

- ✓ Take the time to develop an understanding of the profound neurological, biological, physiological and social effects of trauma on the individual or group.
- ✓ Become informed by research and evidence of effective practice.
- ✓ Maintain primary goals of empowerment and recovery.
- ✓ Inform the individual or group of their rights.
- ✓ Emphasise respect, compassion and collaboration as key elements of good therapeutic relationships.
- ✓ Consumer/Client/patient viewed as expert and resilient survivor active in recovery – not passive recipient.
- ✓ Staff member seen as active participant in recovery – not caretaker.
- ✓ Strength based, multi-systems approach, holistic, collaboration with individual, staff member and relevant external agencies.
- ✓ Uses neutral language – does not label.
- ✓ Maintain discussion topics and practices that are mindful of potential triggers to the individual or group.
 - Ask about the persons experience of health care; have there been any experiences of feeling uncomfortable, unsafe, that have generated feelings of guilt, shame, or mistrust. Explain that we are asking to reduce the risk of repeating any experiences of inadequate or harmful treatment/engagement.
 - Explain why you are asking questions, why you are suggesting certain procedures and why some processes exist.
 - Explain what to expect of the interview, of the admission, of the treatment plan/framework.
 - Check if there are any questions.

If you notice any of the following behaviours in your organisation, you must address/report it:

- ✓ Consumers/clients/patients labeled and pathologised as manipulative, needy and attention seeking.
- ✓ Misuse or overuse of displays of power – keys, security, demeanor.
- ✓ Culture of secrecy – no advocates, poor monitoring of staff.
- ✓ Staff believe key role is to enforce rules.
- ✓ Emphasise compliance rather than collaboration.
- ✓ Appropriate right to privacy is not respected.
- ✓ Touching and body contact without permission.
- ✓ Reports of abuse/incidents not reported up the line.