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Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

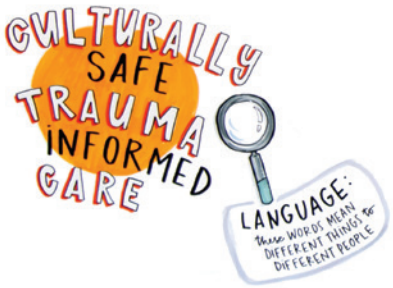
SUMMARY REPORT: MAY 2019

The First Response project

Trauma and culturally informed approaches to primary health care for women who experience violence

Fear, shame and stigma prevents women from disclosing experiences of family violence or intimate partner violence (IPV) and accessing support. This can be compounded for First Nations women due to systemic racism and traumatising experiences with police, legal and health services. In response to these barriers, recommendations include the provision of trauma informed care, in which the multiple, complex nature of women's lives is properly understood and responded to without judgement or shame.

Research has shown that trauma informed services are effective in reducing the burden of violence against women[1]. This is reflected in Australian policy landscape, including National Plan to Reduce Violence against Women and their Children 2010–22, which calls upon services to deliver trauma informed care. However, much of the research that guides policy is based upon Western concepts of trauma, which may not consider First Nations peoples experiences and perspectives on trauma. To address this, the First Response project explored how the workforce within Aboriginal Community Controlled Health Organisations (ACCHOs) conceptualise trauma and culturally informed care and how this informs approaches to primary health care for women who are experiencing violence.



The partnership for First Response was developed between the researcher team and four New South Wales ACCHOs with the shared vision of centring Aboriginal and Torres Strait Islander peoples' worldviews throughout the research activities. Firstly, the research team interviewed 24 staff from the ACCHOs, including: Aboriginal and Torres Strait Islander Health Workers and Practitioners, clinical staff (General Practitioners and Nurses), Early

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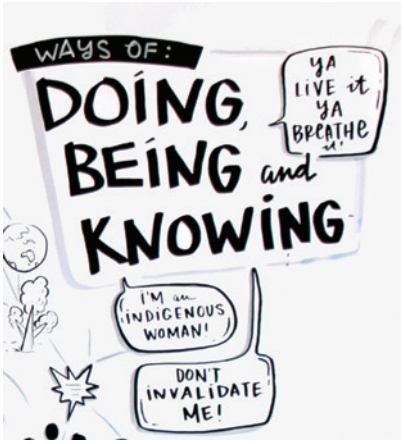
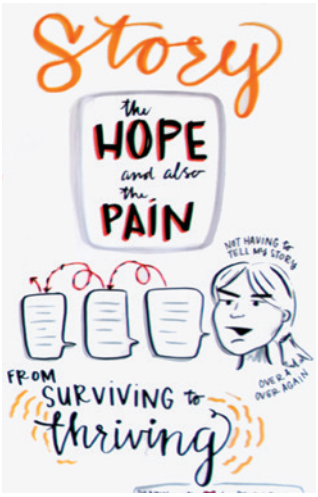
Childhood Nurses, Midwives, Mental Health Nurses, Integrated Care Team, Social and Emotional Wellbeing team, Ear and Eye team, Drug and Alcohol team and Management staff. In these interviews, we asked staff about their experiences and insight into trauma informed care, as well as any areas that they would like to develop and resources that would support their work. Secondly, we held a knowledge translation workshop with staff and the research team, which included a yarning circle to draw together the information from the interviews and delve deeper into some of the issues that staff had identified as important. Here we share the results from these two phases of the project.[2]

What does trauma and culturally informed care mean to ACCHO staff?



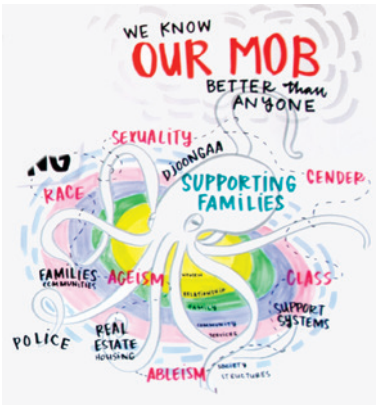
Being trauma and culturally informed differs to having clinical expertise and includes meaningful consideration of women's lives in terms of their family and community. This also encompasses understanding the context and impact of colonisation, cumulative and historical trauma as well as current day trauma and how this impacts access to services and seeking help. Staff describe an intersection between trauma informed care and cultural safety, which goes well beyond cultural competency. Staff understand and work from this standpoint, that is both trauma and culturally informed, and do not impose a Western model of healing or health onto Aboriginal and Torres Strait Islander women. Underpinning this is a collaborative service model that provides integrated primary health care, with *soft entry pathways*[3] both within and external to the service through strong community partnerships.

Supporting holistic client trajectories



The comprehensive and integrated service delivery model, with soft entry pathways, is key to responding to women throughout their healing and in times of crisis. Soft entry pathways are facilitated by building rapport and trust with clients and recognising that this takes time. Within this model, Aboriginal and Torres Strait Islander Health Workers and Practitioners play a vital role in consultations, where they offer support for clients and importantly recognise non-verbal cues that other clinical staff may not observe or act upon. Clinical staff felt well supported when working alongside Aboriginal and Torres Strait Islander Health Workers and Practitioners and other case management staff, including Social Workers and Mental Health staff. For example, clients may present to clinical staff for a health consult but end up disclosing violence and requiring help with housing and crisis support from the case management teams. This integration between clinical and case management teams also prevents re-traumatisation by minimising clients re-telling their stories.

Government services and involvement can be re-traumatising for clients, however effective partnerships with ACCHOs can minimise this. Key staff in ACCHOs built strong networks and relationships with external services including Police, Housing, Family and Community Services, Legal services and Justice Health and Forensic Mental Health Network. ACCHO staff frequently witnessed or encountered racism in mainstream and government services, which can be directed at both clients and ACCHO staff also systemically as the ACCHO staff



attempted to seek support while engaging with these services. To counteract this, staff emphasised that effective communication is key to developing and strengthening these partnerships and achieving positive outcomes for clients. However, this partnership building takes considerable resources and time, which is not recognised within prescribed key performance indicators, for example in the Primary Health Networks Performance Framework.

Finding the right people: 'Why we do what we do'

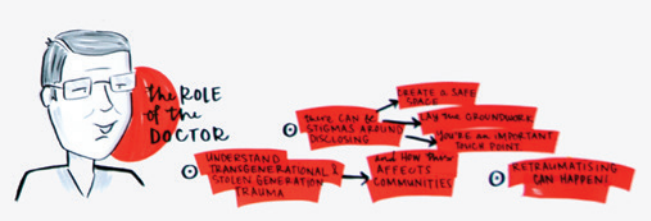
Staff across the ACCHOs are invested in their work and the service. Importantly they felt valued and had built strong connections with community and clients. There was also recognition that such staff possess intangible qualities (e.g. presence, warmth) that keep them motivated and passionate.

Key staff were identified in each service as 'go to' people for supporting women and families in times of crisis and are integral to ensuring that the clinical and case management teams are cohesive and working well together. These key people, often from the case management teams, are unofficially tasked with fostering awareness and engagement with trauma informed practice across the service. In the clinical teams, General Practitioners were also considered to be key people for supporting women experiencing violence in their relationships; this was related to patient confidentiality, one-one-one consultations and long-term, trusting relationships with clients.

Keeping the right people: 'Boundaries help clients and staff'

Clinical supervision and self-care were critical to preventing burnout and vicarious trauma. Supervision was hugely beneficial to maintaining boundaries with clients, as was working within a strong and supportive team with effective leadership. Staff described challenges of self-care and this was often identified as an area for improvement.

Maintaining boundaries is important for supporting clients and staff, however there are additional challenges for Aboriginal and Torres Strait Islander



Health Workers and Practitioners who are very present in community and/or have family and/or kinship connections to clients. It was emphasised that staff are very careful to not make promises that they could not deliver on, as this undermines trust in the ACCHO – and this is particularly important around child protection. There was recognition that overstepping boundaries does not enable clients and could also be a sign that staff needed more support or supervision.

Training and resources – what is needed?

Staff reflected on their current practice and ways of improving or providing services differently. Many staff identified mental health and trauma as areas where they would like to access further training. Staff who have attended such training felt that it was limited as it did not come from a standpoint of addressing trauma from an Aboriginal and Torres Strait Islander perspective.

All staff felt that training that is trauma and culturally informed, including family violence training, is important but that there is also a need for such training in the wider community. For example, 'imperfect allies', which is held regularly to unpack and discuss whiteness and white privilege with ACCHO staff and service providers from the community including police and hospital staff.

The First Response research team are continuing to work with key community partners to develop resources and share the learnings from *First Response* with stakeholders from peak bodies and policy. The "first response" from practitioners is critically important when women disclose violence, and it is essential that communities, services and staff are well equipped to respond in a way that is non-judgemental, supportive and acknowledges the lived experiences of Aboriginal and Torres Strait Islander women and their families.

References

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2. Illustrations created by Devon Bunce who was the digital scribe for the workshop; https://devonbunce.com/
3. Cortis, N., 2012 Overlooked and under-served? Promoting service use and engagement among 'hard-to-reach'populations, *International Journal of Social Welfare*, vol. 21(4), pp.351–60.

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