

Spotlight

on Trauma-informed practice and women

November 2019

Traumatic experiences result 'from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening,¹ such as intimate partner violence or childhood sexual abuse. Trauma can also be experienced as a result of structural violence, that is, the multiple ways that political, economic and social structures result in injustice, inequality and marginalisation.² A trauma-informed approach requires an awareness of a person's history of trauma and understanding the impact that violence and victimisation has in their lives. The aim is to move away from a victim-blaming deficit focus towards a strengths-based approach, asking 'what has happened to you?' rather than 'what is wrong with you?'.³

A framework that is grounded in understanding and responding to trauma is important in any service that supports women, due to the links between poor mental health and experiences of gendered violence, including family violence⁴ and sexual abuse.⁵⁻⁶ A gendered approach is also essential due to the disproportionate impacts of violence on women, as well as trans and gender diverse people. For example, women are more likely than men to experience violence and sexual abuse from a partner or relative. Women experience higher levels of dissociative symptoms and are more likely to self-harm and suffer from internalising disorders such as eating disorders, following traumatic experiences.⁷

While violence is prevalent in the community, traumatic experiences intersect with systemic oppression, and disproportionately affect people on low incomes, racial and ethnic minorities, the LGBTIQ community and young people.⁷ A trauma-informed approach should recognise how socio-cultural factors such as gender inequality, power, colonisation and disenfranchisement give rise to victimisation and are barriers to seeking support.⁶ Using this intersectional lens, behaviours that may be considered 'difficult' are understood as appropriate responses or adaptations to trauma.³

There are broad practice principles for trauma-informed practice,³ and these include: recognition of traumatic events and the impact on life and functioning; ensuring the physical and emotional safety of service users; fostering a sense of trust between the service user and service provider;¹ peer support; emphasis on collaboration; and autonomy and strength-based approaches. Importantly, trauma-informed practice needs to be responsive to cultural, historical, and gender issues.⁶ This last principle includes the provision of gender-responsive services, or considering gender-specific needs when interacting with individuals. The Blue Knot Foundation's 2019 guidelines emphasise the need for counsellors to be attuned to the contexts in which individuals are embedded.⁸

A trauma-informed framework sets out how an understanding of the impact of trauma on an individual should inform the service model provided by health and human service agencies. It informs not only service delivery, but also the organisational, structural and systemic levels of an agency. This includes being aware of potential triggers that trauma survivors may experience when accessing services and taking steps to avoid re-traumatisation.

Critiques of trauma-informed practice highlight the focus on a biomedical and psychiatric framing of trauma, which can blame and pathologise the individual rather than acknowledge and address the broader structural inequalities which cause trauma, such as colonisation and/or gender-based violence.³ A framework for trauma- and violence-informed practice expands the concept of trauma-informed practice to account for the impact that systemic and interpersonal violence and inequities have on a person's life.⁹ Further, a *social justice and violence-informed* model of mental health avoids pathologising or locating the problem in the individual by 'acknowledging the individual's resistance and that until injustices of violence and oppression can be addressed, the prevalence of mental illness is unlikely to be reduced'.¹⁰

There is debate about whether all settings can be trauma-informed. For example, it has been argued that prison services cannot be trauma-informed due to the inherently violent nature of the process of criminalisation and prison infrastructure.¹¹

There is no consistent approach to trauma-informed practice or how to implement it across different settings in Australia, and publicly available evaluations of trauma-informed services are limited.¹⁰

Spotlight author:

- Renata Anderson

WHV thanks the following expert reviewers for their input:

- Melinda Dows, Eastern Centre Against Sexual Assault, Eastern Health
 - Alyssa Fooks, CASA House
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Overview

[Engaging with complexity: providing effective trauma-informed care for women \[UK\]](#) Centre for Mental Health (London), 2019

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Emergence of trauma-informed practice for women

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[The importance of gender-responsive trauma-informed care \[US\]](#) Women's Health Research Institute [Blog], 2015

[Understanding trauma through a gender lens \[US\]](#) NCCD Centre for Girls and Young Women, 2010

Trauma-informed practice in Australian settings

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[Trauma-informed care in general practice: findings from a women's health centre evaluation](#)
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[As the world becomes trauma-informed, work to do](#) *Journal of Trauma and Dissociation*, 2017

[The future of healing: shifting from trauma informed care to healing centered engagement](#) Medium, 2018

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GPO Box 1160 Melbourne, Victoria 3001 - Phone: [+61 3 9664 9300](tel:+61396649300)
Email: library@whv.org.au - Website: www.whv.org.au

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