

# Trauma-informed healthcare

A resource for health practitioners supporting children and whānau in primary care settings



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*Trauma experiences are common. This resource is for health practitioners supporting children and whānau in primary care settings. It describes the impact of trauma on physical health and wellbeing, and people's engagement with services. Guidance is provided on how health services can become trauma-informed when supporting children and whānau.*

*The benefits of creating trauma-informed environments include safer spaces for staff, improved clinical decision-making and building collaborative care networks to help address the needs of the whole person and whānau.*





## Trauma and wellbeing

Trauma impacts the health and wellbeing of many people in Aotearoa New Zealand. Trauma can affect how people engage with health services and respond to care options. Culture, which is central to people's identity also influences how people **experience** trauma and respond to support.

By recognising and validating people's trauma experiences and their potential to heal, health practitioners can support people and whānau to address issues affecting health and wellbeing early.

### Trauma can be:

- a single traumatic or stressful life **event** e.g. car accident, natural disaster or assault
- a period of prolonged stress due to a traumatic experience e.g. ongoing economic hardship, domestic violence or sexual abuse.
- historical or intergenerational. This is when there is cumulative emotional and psychological harm to a people or whānau that occurs across generations and continues in everyday life e.g. colonisation, intergenerational poverty, family violence.

Trauma can have lasting adverse effects on a person's mental, physical, social, emotional, or spiritual wellbeing. **Effects** can vary depending on the resources of individuals, whānau and communities and on how people in services work to make a difference.



# Resilience

Whilst trauma puts people at higher risk of adverse outcomes, these outcomes are not inevitable. Adverse experiences are common and how people respond to them is influenced by the support around them. Responsive relationships and positive experiences can foster resilience in people and counter the effects of traumatic experience.



## What is a trauma-informed approach?

A trauma-informed approach is about understanding the pervasive nature of trauma and how it affects people's lives. It recognises the potential of people to heal despite traumatic experiences.

*“With good social support, human beings are resilient.”<sup>1</sup>*

There is not one single way to be trauma-informed. Being trauma-informed is about creating a culture of service delivery that promotes healing and empowerment and works to avoid inadvertently re-traumatising people.

A trauma-informed approach shifts our focus from what is wrong with a person, to understanding **what has happened to a person and how this impacts them**. It's about building on people's strengths and relationships to support healing.

Trauma impacts people's health and wellbeing and consequently their behaviours and how they engage and respond to staff and services. Our assumptions and interactions with people have the potential to re-traumatise if we are not sensitive to their experiences. In every interaction there are always opportunities to make a positive difference for a person.

A limited understanding of the effects of trauma can lead to inappropriate care options including medication and poor physical and functional recovery following injury and illness. By becoming more aware of how trauma affects people, practitioners can change how they support children and whānau in coping with their emotional reactions to illness and injury.



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<sup>1</sup> James, K. & MacKinnon, L. (2012). Integrating a trauma lens into a family therapy framework: Ten principles for family therapists. Australia and NZ Journal of Family Therapy, 33(03), 189–209.

# What you and your service do each day can make a difference.

## THE SIX GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH<sup>2</sup>

### CULTURAL, HISTORICAL AND GENDER ISSUES



**Services are responsive to the cultural, age and gender needs of their communities. The healing value of traditional cultural connections is understood, and historical trauma is recognised and addressed. Services build a culture of diversity, equity and inclusion.**

*How a person experiences trauma and what meaning they ascribe to it is influenced by culture. Are you aware of your own culture, values and biases? The residual effects of historical trauma such as colonisation, war and racism are experienced across generations - Is your service responsive to these issues to avoid re-traumatisation? Women and men often experience and respond to traumatic events differently. Are staff familiar with Māori and Pacific approaches to wellbeing? How connected is your service to kaupapa Māori providers, Pacific, refugee, rainbow and migrant communities?*

### SAFETY



**Staff and people accessing the service and their whānau feel emotionally and physically safe.**

*How safe do people feel when they enter your service? Is the environment inclusive? How are transitions between staff and other services managed?*

*If necessary, can a consultation be extended? What follow up can you or your service offer?*

### TRUSTWORTHINESS



**Services operate and make decisions transparently and collectively with the goal of building trust among people, whānau, staff and others involved with the service.**

*Make sure people understand their options. Be clear about limits to confidentiality. Be sure to do what you say you will do. Think about how trust is affected by trauma - how do you know people and whānau trust your service?*

### PEER SUPPORT



**People who have experienced trauma and healing are key people in establishing safety and hope, building trust, and enhancing collaboration to promote wellbeing.**

*Facilitate group and partner interactions for sharing recovery and healing from lived experiences*

*Consider existing peer support services and groups e.g. AA, Al-Anon, 'P' Pull, Living Sober, Youthline, Women's Refuge, rape crisis response, crisis respite.*

*Include peer supporters in health teams as navigators.*

*Are people aware they can have a support person attend appointments?*

### COLLABORATION AND MUTUALITY



**Maximising collaboration and sharing of power with people, whānau and staff. Healing happens in the context of relationships built on mutual trust, respect, and empowerment.**

*Everyone has an important role to play in a trauma-informed environment. What barriers to care do power hierarchies create? Are people actively involved in making choices about treatment? Including no treatment?*

*Does your service have co-created and co-led treatment and wellbeing plans?*

*How do you utilise consumer feedback information?*

### EMPOWERMENT, VOICE AND CHOICE



**Individual's strengths and experiences are recognised and built upon. A service user's voice and choice is validated. The service fosters a belief in people and their resilience when they have the resources they need.**

*The experience of trauma takes away choice and control. Maximise opportunities for people to feel empowered about their care e.g. provide choices, self-management resources and programmes.*

*Build on people's capabilities and strengths rather than focusing on what's wrong with them. This applies to staff as well the people attending the service. How have people managed their challenges? What support network do they already have?*

<sup>2</sup> Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. (2014). [https://www.nasmhpd.org/sites/default/files/SAMHSA\\_Concept\\_of\\_Trauma\\_and\\_Guidance.pdf](https://www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf)



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# The impact of trauma on mental and physical health

*“Trauma sets in motion a cascade of events that places a person at risk for long term health conditions and premature death”<sup>3</sup>*

Traumatic experiences can create prolonged and very high levels of stress for people. This can have damaging effects on people’s health and social outcomes over a lifetime.

An ongoing high-level stress response affects the structure and function of key areas of the brain associated with planning, emotional regulation and expression, and memory. This can lead to reduced ability to self-manage and a greater likelihood of engaging in health risk behaviours e.g. smoking, substance misuse, unsafe sex, violence. A prolonged stress response also impacts the endocrine system, resulting in greater daily output of cortisol, and in turn, increasing inflammation levels. Chronic, increased inflammation is related to cardiovascular disease, atherosclerosis, diabetes and cancer.<sup>4</sup>

Long-term effects of an ongoing stress response will be influenced by the person’s age and stage of brain development when they are exposed to the stress. Generally, the younger the person, the more damaging the effects can be. Yet the brain is also capable of changing in response to new experiences (plasticity), which when positive, provides greater opportunity for healing.

ACEs, or adverse childhood experiences, include emotional and physical abuse, neglect, caregiver mental health and addiction problems and household violence. The more ACEs experienced, the greater the likelihood of developmental delays and later health and addiction problems. The negative effects of ACEs can extend across generations. The effects of intergenerational poverty, family violence, racism and colonisation are examples of trauma that can occur across generations. For Māori, these unacknowledged and unresolved challenges continue to have a residual influence on health and wellbeing.<sup>5</sup> Similarly for Pasifika the effects of intergenerational trauma may be experienced as a result of collective dislocation and also racism.

Violence, neglect and other traumatic experiences (including previous encounters with care and support services) can have profound implications for the health and wellbeing of both people and practitioners. Community trauma, such as a pandemic or earthquake can also exacerbate people’s experience of trauma and adversity. How we respond can help enable whānau to regulate and restore their wellbeing.

# Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing.

## HOUSEHOLD CHALLENGES

Domesic violence  
Substance abuse  
Mental illness  
Parental separation/divorce  
Incarcerated parent

## ABUSE

Emotional abuse  
Physical abuse  
Sexual abuse

## NEGLECT

Emotional neglect  
Physical neglect

## 4 OR MORE ACEs

**3x** the levels of lung disease and adult smoking

**14x** the number of suicide attempts

**4.5x** more likely to develop depression

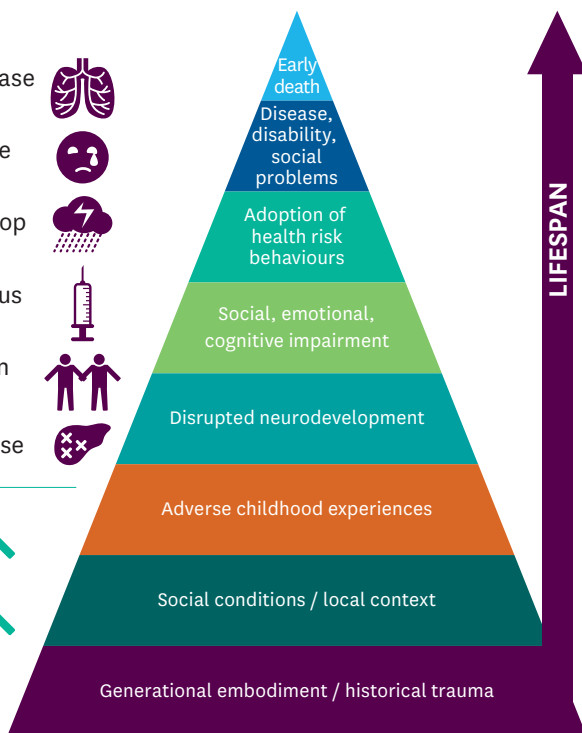
**11x** the level of intravenous drug abuse

**4x** as likely to have begun intercourse by age 15

**2x** the level of liver disease



**1/8 of the population have 4 or more ACEs**



*New Zealand studies are finding results similar and on par to international findings around ACEs*

<sup>3</sup> Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258.

<sup>4</sup> Hamberger, L.K., Barry, C. & Franco, Z. (2019). Implementing Trauma-Informed Care in Primary Medical Settings: Evidence-Based Rationale and Approaches, *Journal of Aggression, Maltreatment & Trauma*, 28:4, 425-444, DOI: 10.1080/10926771.2019.1572399

<sup>5</sup> McClintock, K., Haereroa, M., Brown, T., Baker, M. (2018). *Kia hora te marino - Trauma Informed Care for Māori*. Wellington, New Zealand: Te Rau Matatini.



# The D-E-F framework<sup>6</sup>

Working in a trauma-informed way is about recognising and validating people's experiences to provide them with the most appropriate care. Every health practitioner has the opportunity to prevent, assess, and interact in ways that can promote emotional recovery and resilience. The D-E-F framework helps health practitioners identify what they can do, within their scope of practice, to address and prevent traumatic stress responses in people and whānau.

D-E-F follows on from the A-B-C (Airway, breathing, circulation) protocol that identifies the crucial checks to saving a life.

<b>D</b>	<b>REDUCE DISTRESS</b> <ul style="list-style-type: none"><li>• Realise the widespread impact of trauma on people.</li><li>• Recognise that receiving care can be distressing.</li><li>• Validate how the person is feeling – ask about fears and worries.</li><li>• Does the person and whānau understand what is happening?</li><li>• Is physical pain management required?</li><li>• What other strategies could help relieve distress?</li></ul>
<b>E</b>	<b>EMOTIONAL SUPPORT</b> <ul style="list-style-type: none"><li>• Who and what does the person and whānau need right now?</li><li>• Build on people's strengths and coping strategies.</li><li>• Encourage whānau presence and support.</li></ul>
<b>F</b>	<b>REMEMBER THE FAMILY</b> <ul style="list-style-type: none"><li>• Gauge family stressors and supports – who are the calm people in the whānau?</li><li>• Check in – give whānau the opportunity to voice their fears, worries, and concerns.</li><li>• Communicate clearly and provide information on care options and next steps. Show awhi – guidance and support.</li></ul>

Traumatic experiences can occur at any point along the continuum of care. By keeping a trauma-informed perspective in mind, health practitioners can help minimise potentially traumatic aspects of care within their own services and reduce the likelihood of ongoing traumatic stress and promote wellbeing for people and whānau.

<sup>6</sup> Trauma-informed Paediatrics. The Children's Hospital of Philadelphia Research Institute. (2019). <https://tinyurl.com/tyujelc>

## Self-care

*Staff wellness is central to becoming a trauma-informed organisation.<sup>8</sup>*

Being aware of your own wellbeing is an important part of providing trauma-informed care. Trauma takes a toll on individuals, whānau and communities. Trauma can also have an impact on practitioners and staff, leading to burnout or secondary and vicarious trauma. Burnout is being physically, mentally, or emotionally worn out due to heavy work demands. Vicarious trauma is when a person starts to experience the signs and symptoms of trauma themselves, after being exposed to the trauma of others.

**Recognising** the signs of stress early, finding ways to **maintain balance** through activities you enjoy and **connecting** in supportive relationships are three basic aspects of self-care.

A self-care plan is a good place to start and organisations also have a role. When staff feel valued, looked after and supported, burnout is minimised and productivity increases. Ask -

*Can staff have open conversations about stress, trauma and self-care?*

*Are staff encouraged to take breaks, practice mindfulness, connect with one another and nature?*

*Is there space for humour and celebration in the team culture?*

*Are there opportunities for work variation and continuing education?*

*Are staff encouraged to use their leave (annual and sick leave)?*

*Do staff have access to professional support (e.g. employee assistance programmes, supervision)?*



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<sup>7</sup> Menschner, C. & Maul, A. (2016). Key Ingredients for Successful Trauma-Informed Care Implementation. Center for Health Care Strategies.

# Workforce training in Trauma-informed approaches in Aotearoa

## Trauma-informed care e-learning

### Whāraurau

- Self-care in trauma-informed organisations
- Childhood trauma: impact on development and behaviour
- Trauma-informed care for the children's workforce
- Trauma-informed care for caregivers

[www.wharaurau.org.nz](http://www.wharaurau.org.nz)

### Te Pou o te Whakaaro Nui

Let's get real - Real Skills for working with people and whānau with mental health and addiction needs. [www.tepou.co.nz/Let\\_sgetreal](http://www.tepou.co.nz/Let_sgetreal)

### Weaving together knowledge for well-being: trauma-informed approaches

<https://tinyurl.com/samo4jj>

### Le Va

A trauma-informed approach when working with Pasifika people: Shifting from trauma-informed care to healing-centred engagement. <https://tinyurl.com/ucdkkdz>

### ICAMH

Foundations in Infant Child and Adolescent Mental Health

[www.wharaurau.org.nz](http://www.wharaurau.org.nz)

## Evidence-based parenting programmes for providing parenting support to whānau

### Triple P

Positive Parenting Programme <https://tinyurl.com/ycdrwufv>

### Incredible Years

<https://incredibleyears.nz.co.nz/>

## **Māori models of care**

### **Te Rau Ora**

New Zealand's lead Māori Health and Indigenous Wellbeing organisation.  
<https://terauora.com/>

### **Te Atawhai o Te Ao**

A Kaupapa Māori Institute that undertakes a range of environmental and health research.  
[www.teatawhai.maori.nz](http://www.teatawhai.maori.nz)

## **Pacific Models of care**

**Le Va** supports Pasifika families and communities to unleash their full potential and have the best possible health and wellbeing outcomes.  
[www.leva.co.nz](http://www.leva.co.nz)

## **International resources**

### **Fostering Resilience and Recovery: A Change Package for Advancing Trauma-informed Primary Care**

<https://tinyurl.com/qljgsrl>

### **SAMHSA**

Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

### **NCTSN**

The National Child Traumatic Stress Network  
[www.nctsn.org](http://www.nctsn.org)

### **Trauma-informed Oregon**

[traumainformedoregon.org](http://traumainformedoregon.org)

### **Blueknot Foundation**

[www.blueknot.org.au](http://www.blueknot.org.au)

### **Emerging Minds**

[emergingminds.com.au](http://emergingminds.com.au)

