

## The relevance of trauma informed care to Aboriginal primary health care services

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Aboriginal lives are shaped by not only contemporary factors and experiences but also a legacy of significant personal and cultural loss associated and persistent oppression linked to colonisation and consequent government policy and practice (Dudgeon et al., 2014; Parker & Milroy, 2014). Within Aboriginal Australian health there are histories of traumatic events that have occurred from colonisation, including dispossession of land, forcible removal practices and the oppressive legislative policies of the day. There is extensive evidence to indicate that historical events continue to impact significantly on Aboriginal Australian peoples in the form of complex trauma (Kelly, Dudgeon & Glaskin, 2009; Dudgeon et al., 2014; Carson et al., 2007; Holland, Dudgeon & Milroy, 2013). Recognising, understanding and responding appropriately to trauma are critical for those working with Aboriginal Australian peoples, due to the greater level of complex trauma in Aboriginal communities. If trauma is overlooked, unresolved trauma may reduce the effectiveness of services provided within trauma affected communities, and place individuals, communities and also the workers at risk of further harm. Unresolved trauma continues to impact on Aboriginal Australian people's health and wellbeing (Atkinson, 2013; Denham, 2008; Dudgeon et al., 2014).

Aboriginal Community Controlled Health Services (ACCHSs) have established a significant role in the effective delivery of Comprehensive Primary Health Care (CPHC) services to Aboriginal people within Australia (Cooper, 2011; Wenitong et al., 2007). These services address social and emotional wellbeing and alcohol and other drug concerns as part of CPHC. CPHC has been highlighted as a critical component of reducing the gap in health equality that exists for disadvantaged populations worldwide (Browne et al., 2012). Becoming trauma-informed or articulating our trauma-informed practices will help us understand how to work better with people when providing services in rural and remote Australia. The following are identified as key to trauma-informed service provision: preventing re-traumatisation; awareness, understanding & education; safety; control & choice; relationships, connections & collaboration; empowerment, strength & resilience; and, cultural competence & diversity (Atkinson, 2013; Bath, 2008; Fallot & Harris, 2009; Guarino et al., 2009; Hopper, Bassuk & Olivet, 2010).

There are a number of ways that the principles of trauma-informed care and ACCHSs align. They both aim to increase the accessibility of services, promote self-reliance, participation, collaboration and control, and recognise the underlying social determinants of health. With its compatibility with the principles of ACCHSs, an integrated trauma-informed approach represents another possible step forward.

This strength based, holistic and culturally appropriate approach inspires the possibility of greater outcomes for Aboriginal Australian peoples.

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## Presenters

**Sarah Haythornthwaite** grew up in Fremantle, WA, on Noongar land and completed her training as a Clinical Psychologist in the West Kimberley 15 years ago. She first moved to the NT in 2008, working with Wurli Wurlinjang Health Service and started working with AMSANT 3½ years ago. Her role at AMSANT involves providing clinical supervision and support to those working in alcohol and other drug, social and emotional wellbeing and mental health programs throughout Aboriginal community controlled health services. Sarah's role involves working closely with members of the Remote AOD Workforce and Remote AOD Workforce Support Program. Sarah and her AMSANT colleagues recognise trauma, both historic and present day, as a significant underlying issue to many of the most complex issues being faced throughout communities, this recognition led to AMSANT's work exploring the principles and relevance of trauma informed care to Aboriginal Community Controlled Health Services.

**Tanja Hirvonen** is a proud Aboriginal Australian woman who grew up in Mount Isa, QLD, and is from the Djaru people of Halls Creek WA, Bunuba people of Fitzroy Crossing WA and connections from the Barkly Tablelands NT. Tanja is a Psychologist who has just completed Clinical Masters in Psychology.

Tanja has lived and worked in rural/remote settings for the past 15 years. Tanja commenced work at the Aboriginal Medical Services Alliance of the NT (AMSANT) in late 2014. Since this time, Tanja has been involved in the work that AMSANT is doing examining the relevance of trauma informed care to the delivery of Aboriginal primary health care services and providing training and support on this topic to Aboriginal community controlled health services throughout the NT. Tanja and her AMSANT colleagues recognise trauma, both historic and present day, as a significant underlying issue to many of the most complex issues being faced throughout communities, this recognition led to AMSANT's work exploring the principles and relevance of trauma informed care to Aboriginal Community Controlled Health Services.