



Mental Health  
Commission



# A Trauma-Informed Approach

Guidance for Western Australian State Government



## Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this Country and its waters. The Mental Health Commission wishes to pay its respects to Elders past and present as the caretakers of memories, culture and dreaming and recognises this knowledge has preserved land, waterways and sky for millennia, and extend this to all Aboriginal people seeing this message. The Mental Health Commission would like to acknowledge the great wisdom and insight the people of this Boodja already hold for how to respond to the challenges of trauma and to support healing.

## Recognition of Lived Experience

We recognise the individual and collective expertise of those with lived and living experience of mental health, alcohol and other drug issues and suicidal crisis, including their families, carers, significant others, and kin. People with a lived experience of trauma provide valuable insight into the diversity and complexity of individual journeys, and we acknowledge their vital contribution to ensure that strategies and actions are trauma-informed. The Mental Health Commission sincerely thanks the people who shared their lived experience perspectives in the development of this Guide. The time and dedication from the people with lived experience who contributed is greatly appreciated.

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### Feedback

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# If you need support

If you or someone you know is struggling, please seek help.

## Here for You

Mental health, alcohol and other drug support line  
**1800HERE4U** (1800 437 348)  
[hereforyou@mhc.wa.gov.au](mailto:hereforyou@mhc.wa.gov.au)

## Mental Health Emergency Response Line (MHERL)

**1300 555 788** (Metro)  
**1800 676 822** (Peel)  
**1800 552 002** (Country/Rurallink)

## Lifeline

**13 11 14**  
[www.lifelinewa.org.au](http://www.lifelinewa.org.au)

## Kids Helpline

**1800 551 800**  
[www.kidshelpline.com](http://www.kidshelpline.com)

## CAMHS Crisis Connect (Ages 17 and under)

**1800 048 636**

## 13 Yarn

Aboriginal and Torres Strait Islander crisis support  
**13 92 76**  
[www.13yarn.org.au](http://www.13yarn.org.au)

## Suicide Call Back Service

**1300 659 467**  
[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

## Blue Knot Helpline and Redress Support Service

**1300 657 380**  
[helpline@blueknot.org.au](mailto:helpline@blueknot.org.au)

Please visit [thinkmentalhealthwa.com.au](http://thinkmentalhealthwa.com.au) for contact details of additional support lines.

**In an emergency call Triple Zero (000) or visit your local emergency department**

# Key terminology

**Trauma is complex and the terminology used can change over time and across different locations and cultures. Please consider the following which describes the language used in A Trauma-Informed Approach – Guidance for Western Australian State Government (Guide).**

State Government departments and authorities may wish, or need, to adapt the terminology used in the Guide to better suit their specific circumstances, people, cultures and context. Please take care when translating terminology to ensure the intended meaning is maintained.

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aboriginal cultural safety</b>            | Refers to overcoming the power imbalances that occur between the majority non-Indigenous position and the minority Aboriginal position related to places, people and policies, so that there is no assault, challenge or denial of the Aboriginal person's identity, of who they are and what they need. Cultural safety is met through actions from the majority position which recognise, respect, and nurture the unique cultural identity of Aboriginal people. Only the Aboriginal person who is the recipient of a service or interaction can determine whether it is culturally safe. <sup>1</sup>                                                                                                                                                  |
| <b>Aboriginal people</b>                     | Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Reference to Aboriginal people throughout this document is respectfully inclusive of Torres Strait Islander people.                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Culturally and linguistically diverse</b> | Refers to groups and individuals who differ according to religion, language and ethnicity and whose ancestry is other than Aboriginal, Anglo Saxon or Anglo Celtic. <sup>2</sup> It includes people entering Australia through humanitarian pathways (e.g., seeking asylum), those on temporary visas, people reuniting with family, skilled migrants, undocumented migrants and people born in Australia. There is no universal definition of “culturally and linguistically diverse” and approaches to identifying and reporting on culturally and linguistically diverse populations in Australia can differ. These limitations can mean very different communities with diverse language, religion, culture and faiths are sometimes grouped together. |
| <b>Cultural load</b>                         | The (often invisible) additional workload carried by Aboriginal people, to provide Aboriginal knowledge, education and support, such as being asked to contribute to or lead activities in the workplace. <sup>3</sup> It also includes the many responsibilities Aboriginal people may have in their lives outside of work such as navigating racism and cultural misunderstandings, cultural obligations to family and community, being expected to represent all Aboriginal people in non-Aboriginal spaces and maintaining their own cultural identity.                                                                                                                                                                                                |

**Distress**

A state of emotional suffering, often in response to specific stressful experiences (stressors). Distress is typically temporary and tends to lessen when the stressors are removed or diminished, or when a person adapts to the stressors. Challenging life events and individual or psychological risk factors can lead to feelings of stress (a natural human experience), which may escalate to distress for some people.<sup>4</sup>

**Intersectionality**

A framework to describe how different aspects of a person's identity overlap and interact and the unique forms of discrimination or disadvantage that result.<sup>5</sup> A person's identity can be informed by many things including, but not limited to, gender, sexual orientation, ethnicity, age, health, disability/ability, socioeconomic status, refugee or asylum seeker background, language or language proficiency, religion or geographic location. Adopting an intersectional lens improves understanding of people and their experiences and can lead to more inclusive and responsive policy and service delivery.

**Lived Experience**

Expertise gained from having a specific life experience or knowledge.<sup>6</sup> Some examples of people with lived experience expertise include:

- Aboriginal people
- Victims of family and domestic violence
- People from a culturally and linguistically diverse background
- People with disability, mental health issues and/or chronic or severe health issues
- People with experience of alcohol and/or drug use
- People with experience of poverty, unemployment, underemployment or unstable housing
- People with experience of violence or recovering from trauma
- People with different levels of literacy and/or education
- Younger people and older people
- One-parent families
- Lesbian, gay, bisexual, trans and gender diverse, and intersex people and communities
- People living in rural and remote communities

People may identify with more than one experience, group or community (see also **Intersectionality**). People with a lived experience provide valuable insight into the diversity of experience and individual journeys. Valuing the input and insights of those with lived experience is key to ensuring that the development and implementation of a trauma-informed approach meets the needs of all Western Australians. Reference to lived experience in this document includes both previous and current (living) experience.

**Lived Experience (Peer) work**

The professional use of lived experience to support others, improve services and drive change.<sup>7</sup> Lived Experience (Peer) workers are in roles such as advocacy, policy, peer support, education, research, leadership or service design. Their work is underpinned by clear values, ethical practice, professional training and Lived Experience (Peer) supervision. The Lived Experience (Peer) workforce can include consumer, family/significant other, and Aboriginal workers.

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Person/people centred</b>          | An approach that sees people as unique individuals and keeps people at the heart of all decision making, focusing on what matters most to people.                                                                                                                                                                                                                                                                                                                                  |
| <b>Post-traumatic stress disorder</b> | A mental health condition triggered by trauma, which can result in flashbacks, nightmares, and unwanted and distressing thoughts about the event or experience (e.g., fear, anger, guilt or feeling numb and flat). <sup>8,9</sup> This may cause people to avoid reminders associated with the event, such as activities, places and people.                                                                                                                                      |
| <b>Resilience</b>                     | The ability and capacity of people or communities to find and use the psychological, social, cultural, and physical support they need to sustain their wellbeing. <sup>10</sup> To build resilience, support needs to be available, accessible and provided in meaningful ways.                                                                                                                                                                                                    |
| <b>Re-traumatisation</b>              | The experience of reliving stress reactions of a traumatic event when faced with a new or similar incident. <sup>11</sup> For some, the reaction to the new event can feel as intense as when the original event occurred. Some people do not realise the stress they are experiencing is related to an earlier trauma in their lives. The new experience is subconsciously associated with the original trauma, which can trigger potentially distressing memories and reactions. |
| <b>Stress</b>                         | A state of worry or tension caused by a difficult situation, such as work-related pressures or relationship issues. <sup>12</sup> Stress is a natural human experience.                                                                                                                                                                                                                                                                                                            |
| <b>Trauma</b>                         | An event, series of events, or a set of circumstances that is experienced as physically or emotionally harmful or life threatening, which has lasting effects on mental, physical, social, emotional or spiritual wellbeing long after the events or threats have passed. <sup>13</sup> Trauma can be experienced by people, families, communities, or generations. See <b>Part B</b> of the Guide for further information on trauma.                                              |
| <b>Trauma-informed approach</b>       | <p>A commitment to learning about, and taking action, across four fundamental areas:</p> <ol style="list-style-type: none"> <li>1. Understanding that trauma is widespread and impacts people, groups, communities and organisations.</li> <li>2. Recognising the different ways trauma impacts people.</li> <li>3. Applying the knowledge and principles of a trauma-informed approach.</li> <li>4. Actively seeking to minimise further harm and re-traumatisation.</li> </ol>   |

# About the Guide

This Guide has been developed to provide a shared understanding of a trauma-informed approach across Western Australian State Government departments and authorities.

While all members of the workforce have a role to play in making an organisation trauma-informed, the Guide is primarily intended for **key decision makers** – those who shape an organisation's culture, structure and service delivery and who can ensure organisational values such as safety, trust, empathy, and collaboration are prioritised.

The Guide aims to support leaders to foster resilient, inclusive and connected environments where both staff and those they serve can heal, grow, and thrive.

The Guide is designed to complement trauma-informed activities that are already in place in Western Australia. The Guide provides information to support leaders to inform and develop their own tailored approach specific to their needs, context and resources.

The Guide has been developed by the Mental Health Commission in collaboration with the State Government Working Group for a Trauma-Informed Approach and has been informed by consultation with Government and non-government partners.

## The Working Group included members from the following:

- Aboriginal Health Council of Western Australia
- Department of Communities
- Department of Education
- Department of Health
- Department of Justice
- Mental Health Commission
- People with a lived experience of trauma
- Western Australia Police Force.

**Part A** of the Guide outlines the shared values of a trauma-informed approach, designed to be generalised across different settings, and offers examples of a trauma-informed approach in action across a range of domains.

**Part B** provides supplementary information on trauma to support the reader's understanding.

Included throughout the Guide are examples of trauma-informed activities across Western Australian Government.



The **Ombudsman Western Australia's Investigation into Family and Domestic Violence and Suicide Report (Report)**<sup>14</sup> investigated the deaths of women and children in Western Australia in 2017 who died by suicide. The investigation found suicide is linked to experiences of violence and injury, including gender-based violence, family and domestic violence, sexual abuse, physical abuse, and abuse in childhood. This Guide has been developed following a recommendation in the Report.

The Guide acknowledges the experiences of victims of family and domestic violence whose lives and stories have led to the development of this Guide.



Throughout the Guide, blue pages highlight trauma-informed activities across Western Australian Government. The domains of implementation are described from page 24.

# Introduction

**Trauma results from an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or life threatening, and has lasting effects on mental, physical, social, emotional or spiritual wellbeing long after the event has passed.<sup>13</sup> Trauma can be experienced by people, families, communities and across generations.**

Trauma impacts the lives of many people in Western Australia. Estimates suggest that 75% of Australian adults have experienced a potentially traumatic event at some point in their life.<sup>15</sup> While trauma can affect anyone at any time, for many, trauma is the result of childhood experiences which can have significant and lifelong impacts.

Trauma influences people's thoughts, feelings, and behaviours in many different ways. It can undermine a person's sense of safety in the world, erode trust in people and organisations and impact how someone manages their emotions. Some people may find it difficult to recognise the impact of trauma in their lives, while for others the process of healing from trauma can lead to a sense of self and safety, allowing them to move forward with hope.<sup>16</sup> Either way, trauma can significantly shape people's lives and the communities in which they live.

A person's experience of trauma is unique but many of the underlying causes of trauma are related to the social, economic and cultural environments where people live, work and play. The unequal distribution of power, resources and opportunities (systemic inequalities) that exist in our society play a significant role in influencing the likelihood of experiencing trauma and its impacts, as well as the potential for people to heal from trauma.

Since colonisation, Aboriginal people and communities have experienced enduring injustices that have disrupted the foundations of independence, prosperity and wellbeing.<sup>17</sup> These experiences have caused deep and ongoing trauma that continues to affect Aboriginal people today. Addressing these impacts with Aboriginal-led solutions—while recognising strength, resilience and connection to culture—is critical to supporting Aboriginal social and emotional wellbeing.

# What is a trauma-informed approach?

**An organisation that is trauma-informed develops its culture, practices, policies and procedures in a way that acknowledges people's trauma and minimises the risk of causing further harm.**

A trauma-informed approach is a lens through which to examine ways of working across an organisation to build empathy and compassion. It is a way of understanding and interacting with others that can be applied to any scenario where people can feel safer and more empowered. There is no requirement to be an expert in trauma or provide clinical support or treatment for someone with trauma.

It is important for Western Australian Government agencies and staff to be trauma-informed – equipped to engage with empathy, safety and understanding – because of the vital role they play in providing supportive services, fostering safe workplaces and strengthening communities.

Government agencies that deepen their understanding of trauma and develop improved ways to respond to people with trauma are better equipped to support the communities they serve and their staff, who may be living with their own experience of trauma (whether from their personal or work lives) or regularly exposed to others' trauma through their work.

What it means to be trauma-informed, and how a trauma-informed approach is translated into practice, will differ between organisations. The Trauma-Informed Continuum (see **Figure 1**) can be useful to demonstrate different levels of awareness and understanding of trauma that may exist between, and within, an organisation.

Importantly, many Government agencies and departments engage with people who may be at greater risk of trauma. This includes victims of family and domestic violence, people

with mental health and alcohol and/or other drug issues, people from a culturally and linguistically diverse background, people with a disability, children, and people whose work can cause trauma or exposes them to the trauma of others.

**“ It is about the skills we actively value, such as empathy, the ability to connect with people and the ability to self-reflect.<sup>18</sup> ”**

Positive experiences with Government agencies – whether as a person who uses services or a member of the workforce – can protect, support and contribute to a person's healing from trauma. These experiences can help people to overcome barriers to accessing the physical, mental or social supports they need. Engaging with people in a trauma-informed way can transform life trajectories and contribute to a more resilient community and economy.

There is a lot of work already underway across Australia and beyond to deliver trauma-informed approaches – see **Appendix 1** for further reading on trauma-informed approaches in action.



## **What is safety?**

Safety is a state or condition that encompasses physical, emotional, cultural and psychological dimensions and can only be defined by a person or community. Creating environments where people feel secure and supported, including spaces and interactions, is critical to being trauma-informed. Safety enables meaningful and authentic connections that contribute to effective engagement.

## Apologies by Government – Recognition of trauma

The contribution of Australian and Western Australian Governments' policies, practices and laws, to the experience of trauma for many people has been widely recognised.

Apologies from governments play a vital role in recognising and acknowledging their involvement in causing enduring harm and trauma to people and communities.

While the journey is ongoing, apologies are an important step towards acknowledging history, recognising the collective impact, building trust and supporting healing.

### **Since 2008, a number of Governments have made public and formal apologies to groups impacted by past policies, including:**

- 2008 National Apology to the Stolen Generations
- 2008 Western Australian Government Redress scheme for adults abused or neglected while in State care
- 2009 National Apology to Forgotten Australians and Former Child Migrants
- 2010 Western Australian Government Apology for Historical Forced Adoption
- 2013 National Apology for Forced Adoptions
- 2017 Western Australian Government Historical Homosexual Convictions – Apology and Expungement
- 2018 National Apology to Victims and Survivors of Institutional Child Sexual Abuse
- 2018 Western Australia Police Apology to Aboriginal People
- 2025 Western Australian Government Redress scheme for Stolen Generations

## Safety – A personal reflection

The impact of a trauma-informed approach in clinical settings

Domains:



**For people with trauma, medical procedures—especially those involving vulnerability—can be particularly distressing. The following is a personal reflection that highlights how simple steps can significantly change a person’s experience.**

### Day 1 – A clinical approach lacking sensitivity

Upon arrival, I was led into the procedure room without much communication. I was told to remove my pants and lie on the examination table, facing the wall. The door remained open, and the privacy curtain was only partially drawn. There was no explanation of what was about to happen. A doctor entered the room unannounced, and the technician began the procedure without a word. I felt exposed, confused, and invisible—my dignity overlooked, and my anxiety heightened.

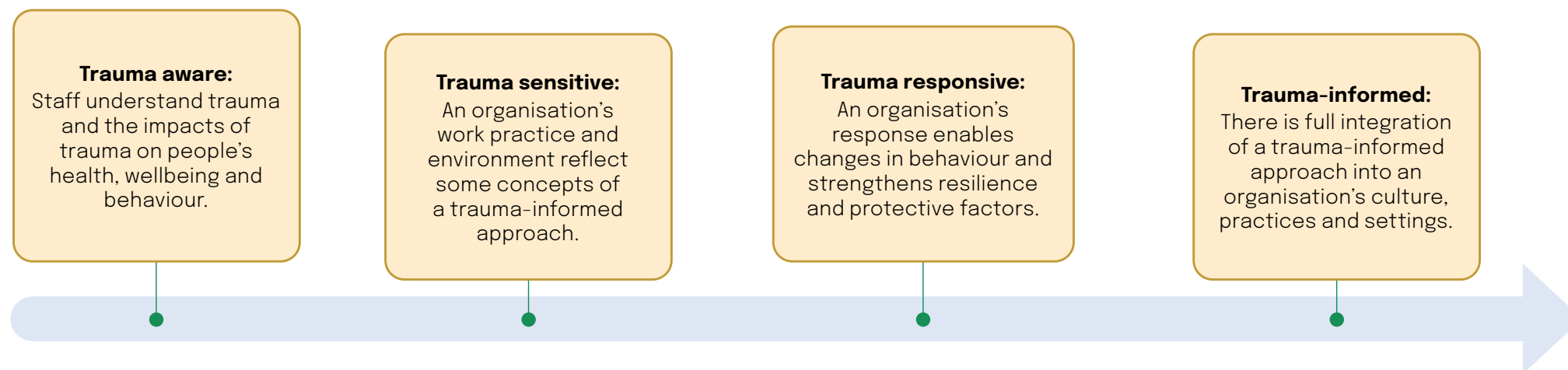
### Day 2 – A trauma-informed approach

I was warmly greeted the following day and again led to the same room. The door was closed this time, and the privacy curtain was fully drawn. The technician invited me to take a seat on the bed and calmly explained what the procedure would involve. She let me know I would need to remove my pants and lie on my side, and that she would return with the doctor once I was ready. She offered me a blanket for modesty and asked if I had any questions. When she returned, she knocked, asked permission to enter, and reintroduced herself to the doctor. She then asked if I was comfortable and ready to begin.

The small differences had a huge impact on my experience, and even on the level of post-procedure pain. On the second day, I felt respected, safe and in control. These changes—privacy, clear communication, consent, and warmth were transformative, giving me security and dignity during a moment of vulnerability and pain. If you take anything away from this, please remember that you don’t need to be perfect in your practice; you should be kind, polite, and human.

We acknowledge the courage required to share a personal experience and extend gratitude to people who tell their stories and by doing so improve the lives of many.

# The Trauma-Informed Continuum



**Figure 1:** The Trauma-Informed Continuum<sup>14</sup>

The Trauma-Informed Continuum<sup>15</sup> (**Figure 1**) outlines the stages organisations can work through to implement trauma-informed approaches. Beginning with trauma aware and ending with trauma-informed, the continuum is helpful in assisting agencies to identify where they are and where they want to be.



## The benefits of being trauma-informed

There is growing evidence that trauma-informed approaches have far-reaching positive impacts.<sup>19,20</sup> Potential benefits include:



### People

- Enhanced empowerment, choice, and autonomy
- Improved health and wellbeing
- Improved social and emotional wellbeing for Aboriginal people
- Improved safety and reduced incidence of system-related traumatisation and re-traumatisation
- Stronger interpersonal relationships and connections
- Improved trust leading to early help-seeking.



### Communities

- A stronger sense of community safety, leading to greater participation and engagement
- Enhanced cultural safety and responsiveness, particularly for Aboriginal people
- Increased community resilience, leadership, and capacity
- Better access to healthcare, social services, and early intervention supports
- Enhanced access to education, particularly by having trauma-informed schools.



### Systems and Workforces

- Improved workforce wellbeing, retention, satisfaction, and sustainability
- Increased staff confidence and support in responding to clients, leading to reduced staff burnout.
- Greater empathy and effective service delivery
- Increased equitable, consistent, and coordinated responses across systems.

# Family and Domestic Violence System Reform Plan – Department of Communities

## Strengthening system responses to family and domestic violence

### Domains:



**The Strengthening Responses to Family and Domestic Violence System Reform Plan (2024–2029) (System Reform Plan) sets the direction for a safer, more connected and trauma-informed system for victim survivors in Western Australia. Recognising that experiences of family and domestic violence can cause profound and long-lasting trauma, the System Reform Plan emphasises the need for a coordinated, whole of system approach. This includes compassionate, culturally safe and community led responses that keep victim-survivors safe and avoid re-traumatisation.**

The System Reform Plan also acknowledges the unique experiences of Aboriginal women and children, who are disproportionately impacted by violence, and the importance of culturally safe responses that support healing and connection.

Trauma-informed approaches are embedded in the System Reform Plan across the following four pillars of Workforce Development, Information Sharing, Risk Assessment and Risk Management.

- **Workforce Development:** the Family and Domestic Violence Workforce Capability Framework supports staff across government, non-government and Aboriginal Community Controlled Organisations to build the knowledge, skills and confidence to respond safely and sensitively to family and domestic violence. Training focuses on understanding trauma, recognising patterns of coercive control, working with diverse communities, and supporting children as victim-survivors.

- **Information Sharing:** ensures the right information is available at the right time, reducing the need for victim-survivors to navigate complex systems or retell their story. Upgraded platforms, integrated dashboards and central information points help keep persons using violence in view of services and supports appropriate responses.
- **Risk Assessment and Risk Management:** risk assessment and management policies and frameworks that support the System Reform Plan are being strengthened to embed trauma-informed principles into everyday practice. This includes setting clear expectations around timely and safe information sharing and ensuring consistent risk assessment processes that keep victim survivors' safety at the centre and holds persons using violence accountable for their behaviour.

Governance arrangements, public reporting and engagement with people with lived experience ensures that the voices of victim survivors guide implementation of the System Reform Plan and that the system remains accountable to trauma-informed principles.

Read about the System Reform Plan [here](#).

# A trauma-informed approach for Western Australian State Government

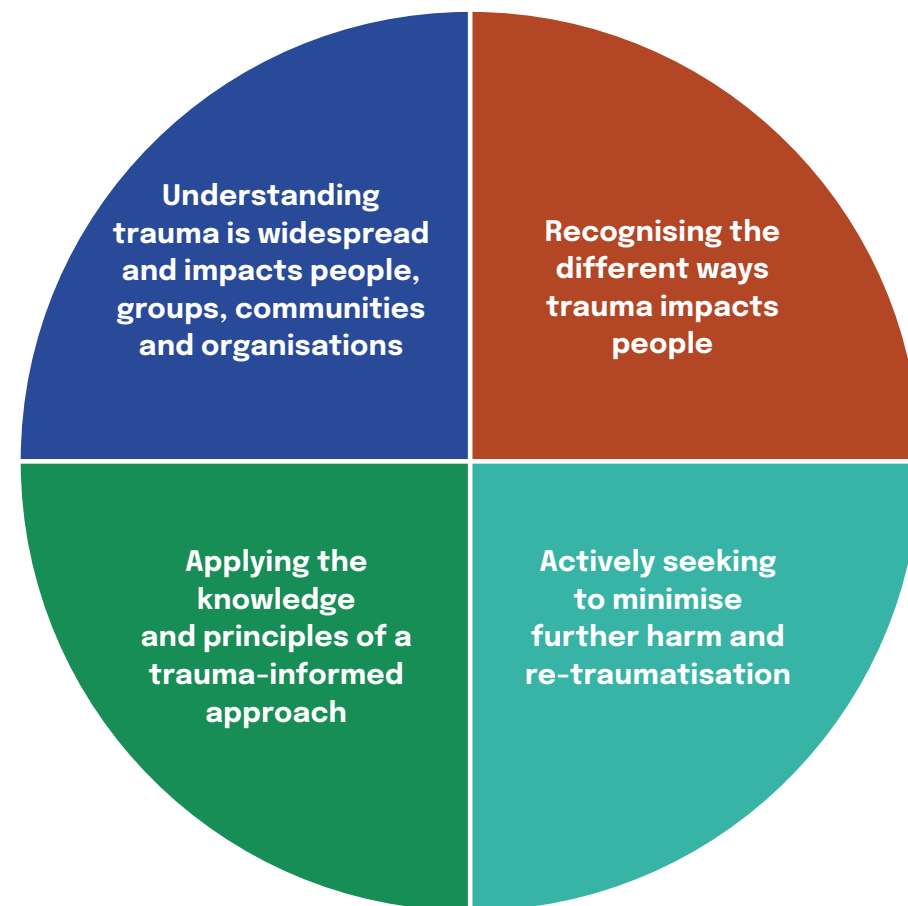
A trauma-informed approach for Western Australian State Government is a commitment to taking organisation-wide action across four fundamental areas (**Figure 2**). Action is guided by a common set of principles and implemented across a number of domains to sustain a comprehensive and effective approach (**Figure 3**).



## What is re-traumatisation?

Fundamental to a trauma-informed approach is the commitment to actively seek to minimise further harm. While often unintended, certain environments or policies have the potential to cause trauma and evoke stress reactions linked to past traumatic events – known as re-traumatisation. Even when some practices are unavoidable, increasing organisational knowledge and understanding of trauma can help create safer environments, and reduce reminders of past trauma for people and communities. For instance, providing choice when possible, ensuring decisions are transparent and communicating with respect. Simple measures such as offering a person a choice of drink or chair can help build a sense of trust. Person-centred language, such as using someone's name and pronouns, is respectful and empowering.

**Appendix 1** includes further information and resources on using person-centred language.



**Figure 2:** Fundamentals of a trauma-informed approach

# A Trauma-Informed Approach – Guidance for Western Australian State Government

## Purpose

*To guide a shared understanding of a trauma-informed approach across Western Australian State Government that supports safe and connected places for people, families and communities.*

## Fundamentals of a trauma-informed approach

Understanding trauma is widespread and impacts people, groups, communities and organisations

Recognising the different ways trauma impacts people

Applying the knowledge and principles of a trauma-informed approach

Actively seeking to minimise further harm and re-traumatisation

## Target audience

*Key decision makers – the people responsible for shaping an organisation's culture, structure and service delivery.*

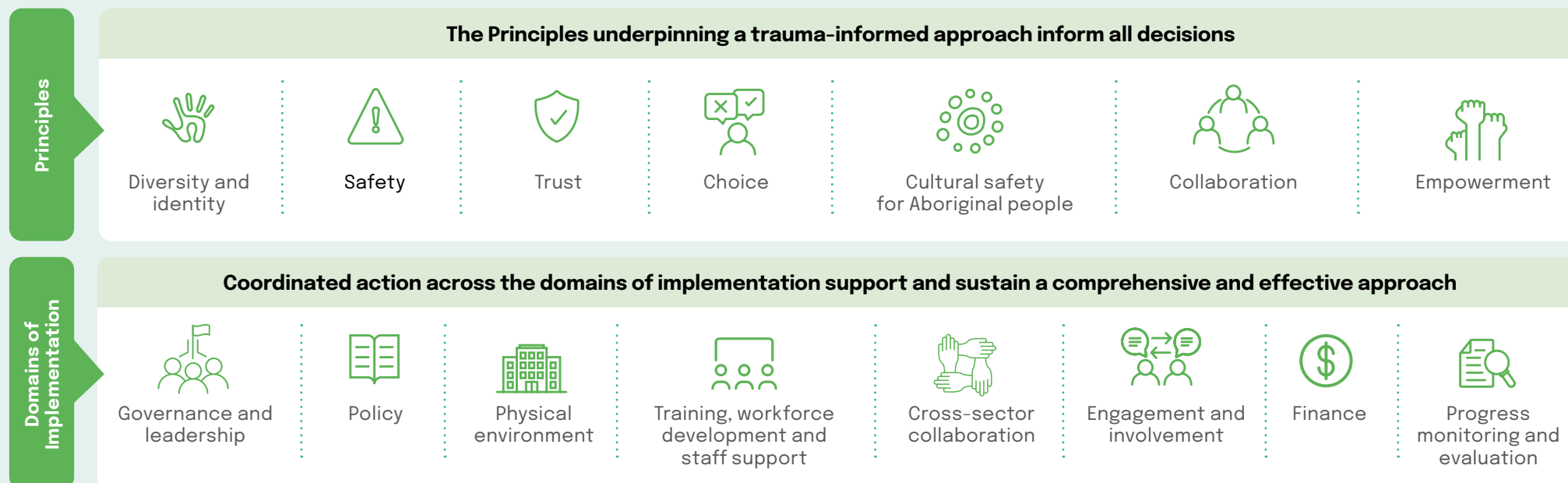


Figure 3: A Trauma-Informed Approach summary

# Getting started

**A trauma-informed approach is not achieved through a single activity. Becoming a trauma-informed organisation requires planning, ongoing consultation, monitoring, and evaluation to support long-term cultural change.**

The involvement of service users, staff at all levels, clients, stakeholders and any person who engages with the organisation, is essential.

To better understand an organisation's capacity and readiness to adopt and/or strengthen trauma-informed approaches in the context of their specific needs, a useful starting point is to undertake an organisational assessment.

Organisations may need to develop their own assessment tool or adapt a pre-existing tool to their needs. While they can vary in complexity, assessment tools support an organisation to consider how the principles of a trauma-informed approach are currently being applied across the organisation and relevant domains. Assessment tools also assist organisations identify where they currently sit on the Trauma-Informed Continuum (**Figure 1**).

State Government departments provide a broad and diverse range of community services. While it is important that Government departments consider and implement the principles of a trauma-informed approach described in the following section, the actions undertaken by agencies across the identified domains will look different. A baseline assessment supports organisations to identify the priority areas for action that are most relevant to them and the work they are undertaking, as well as specific groups of people they engage with who may be at a greater risk of experiencing trauma.

Assessment prompts organisations to consider existing culture and leadership; staff support and wellbeing; and staff knowledge, skills and confidence. Additionally, baseline assessments can support organisations to identify existing strengths and build on practices that are already in place, rather than starting from scratch, and provide a foundation for measuring progress over time.

Implementing a trauma-informed approach is an ongoing process. Planning for monitoring and evaluation should be considered as part of baseline assessment and involve all stakeholders. Regular monitoring helps organisations understand how trauma-informed principles are being embedded across the organisation and can support continuous improvement.



At key points, organisations may also undertake evaluation activities to assess effectiveness, impact and sustainability. A structured and planned monitoring and evaluation process will help organisations identify where progress has been achieved through the Trauma-Informed Continuum.

What to evaluate, when to evaluate and the type of evaluation needed can vary depending on different factors such as an organisation's size, capacity and feedback from consultation. No matter what is being evaluated or what method is used, evaluation focuses on the people involved. Their expertise informs the evaluation process, including what is assessed, how it is done, and how the findings can be used to improve their lives.

Some examples of resources to support planning, implementation, monitoring and evaluation activities are available in **Appendix 1**. Organisations are encouraged to consider the most appropriate tool depending on their context and needs.



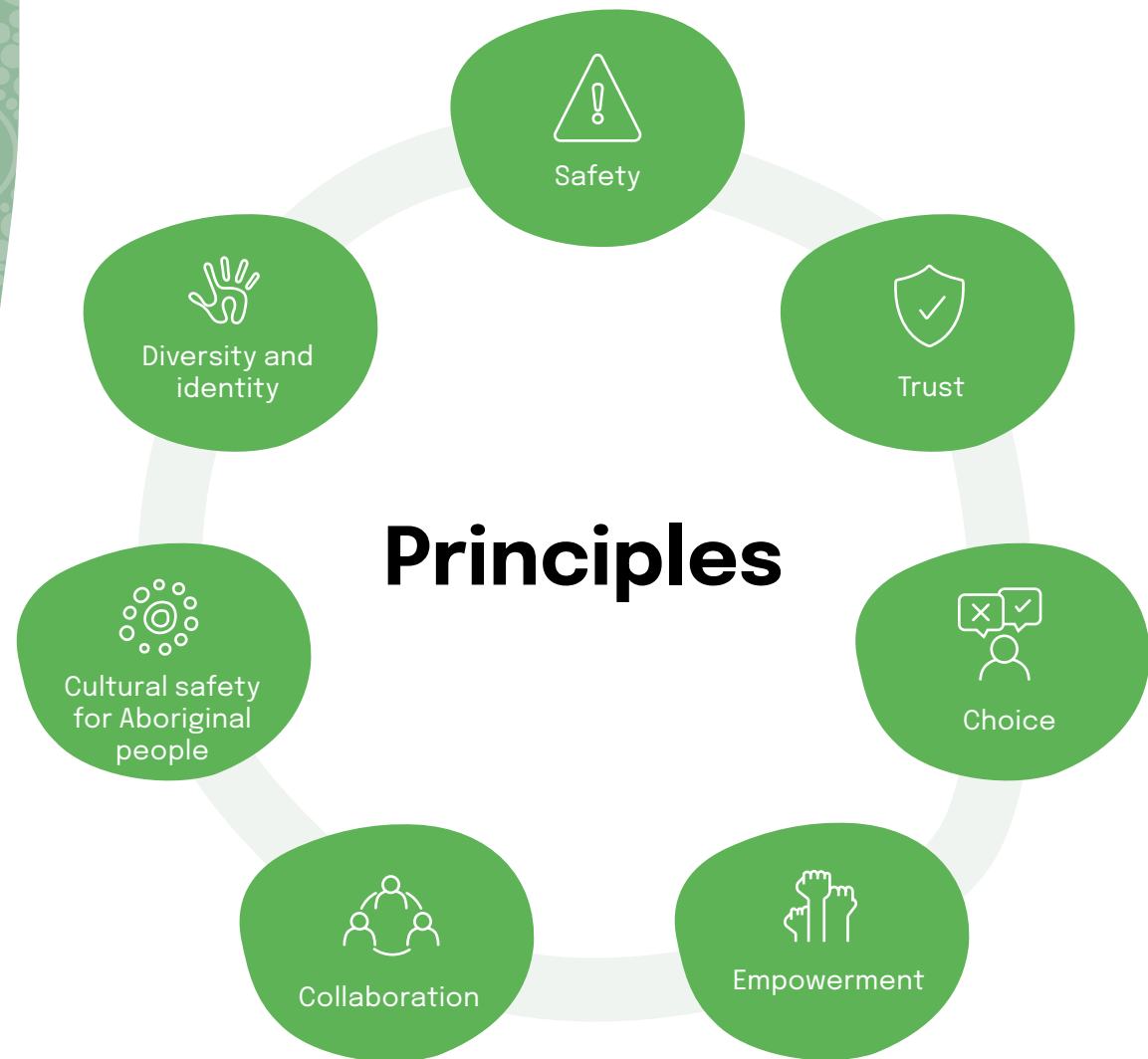
**Diverse voices**, including the voices of Aboriginal people and people with lived experience, inform all aspects of planning, consultation, implementation, and evaluation to ensure that the approach is comprehensive, collaborative, and inclusive of different perspectives.

The following section describes the principles underpinning a trauma-informed approach for State Government departments and the domains of implementation agencies should consider when planning trauma-informed approaches. To further assist, the Guide includes examples of trauma-informed actions and activities.

# Principles

The following principles outline the shared understanding of the values and beliefs of a trauma-informed approach for Western Australian State Government.

Agencies and departments are encouraged to consider all principles to inform decision-making.





## Safety

Everyone feels physically, psychologically, and culturally safe in all spaces and interactions.

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## Trust

Organisational operations and decisions are conducted with transparency, consistency and respect to build and maintain trust.

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## Choice

People are supported to make informed decisions in acknowledgment that people are the experts of their own life. People are offered choices that are meaningful to them, including the right not to choose.

---



## Empowerment

People's strengths and expertise are recognised, validated and built on. There is recognition that healing is possible for everyone, and actions are person-centred and community-led.



## Collaboration

People, communities and organisations work together. There is meaningful engagement with people with lived experience and community knowledge and wisdom is valued.

---



## Cultural safety for Aboriginal people

The unique cultural rights and specific needs of Aboriginal people, including their right to feel culturally safe and make decisions in an environment free of racism, are respected. There is understanding and recognition of the historic, collective, and ongoing trauma of colonisation on Aboriginal people, families and communities.

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## Diversity and identity

An understanding that trauma can impact people from diverse backgrounds differently and people are experts in their own experiences.

## Lived Experience Inclusion Plans – Mental Health Commission, Department of Health and WA Health Service Providers

A whole of organisation approach to embedding culture change

Domains:



**The Mental Health Commission (Commission) supports the delivery of mental health, alcohol and other drug, and suicide prevention services and leads system-wide improvements to better meet the needs of Western Australians.**

A core part of this work is strengthening how we engage with people with lived experience and how we build capability to form and sustain genuine, collaborative partnerships. Consistent with trauma-informed principles, elevating lived experience voices across policy, planning, and practice emphasises empowerment, collaboration, and respect for diversity and identity.

As ‘change agents’, people with lived experience bring perspectives that humanise issues, challenge stigma and spark curiosity, helping others to better understand the complexity and nuances of people’s experiences and to build deeper empathy and compassion. By intentionally building trusting relationships, meaningful connections, and a shared understanding of recovery, they contribute to improved outcomes for people accessing services, their families, communities and the workforce.

The Commission, the Department of Health and WA Health Service Providers, have committed to long-term, transformative culture change across Western Australia’s public mental health and alcohol and other drug systems through the development of Lived Experience Inclusion Plans (LEIPs).

LEIPs will drive the organisational readiness needed to create safe, supportive environments where Lived Experience workforces can thrive, and build the foundations for sustained culture change. Agency LEIPs will outline actions to embed, support and develop Lived Experience (Peer) Workforces and lived experience engagement. Examples may include leadership commitments; clinical and whole-of-staff education and training; policy and practice standards reviews; human resources and workforce planning; and actions that build each agency's capacity to grow the workforce.

Read about the Statement of Commitment [here](#).

“

*I feel supported and safe, seeing Lived Experience being embedded into the Mental Health Commission's culture, and ways of working. Not only does it ensure delivery of best practice programs to our community and consumers but cultivates and empowers courage and strength within me to be my authentic self, especially in my work environment.*

**Mental Health Commission staff member**

”

“

*Embedding lived experience into how an organisation operates should, in turn, also embed trauma-informed ways of thinking and working – you can't really have one without the other. Being a trauma-informed workplace helps everyone (empathy is amazing, after all) and in particular helps people with lived experience, given the crossover between trauma and having lived experience.*

**Mental Health Commission staff member**

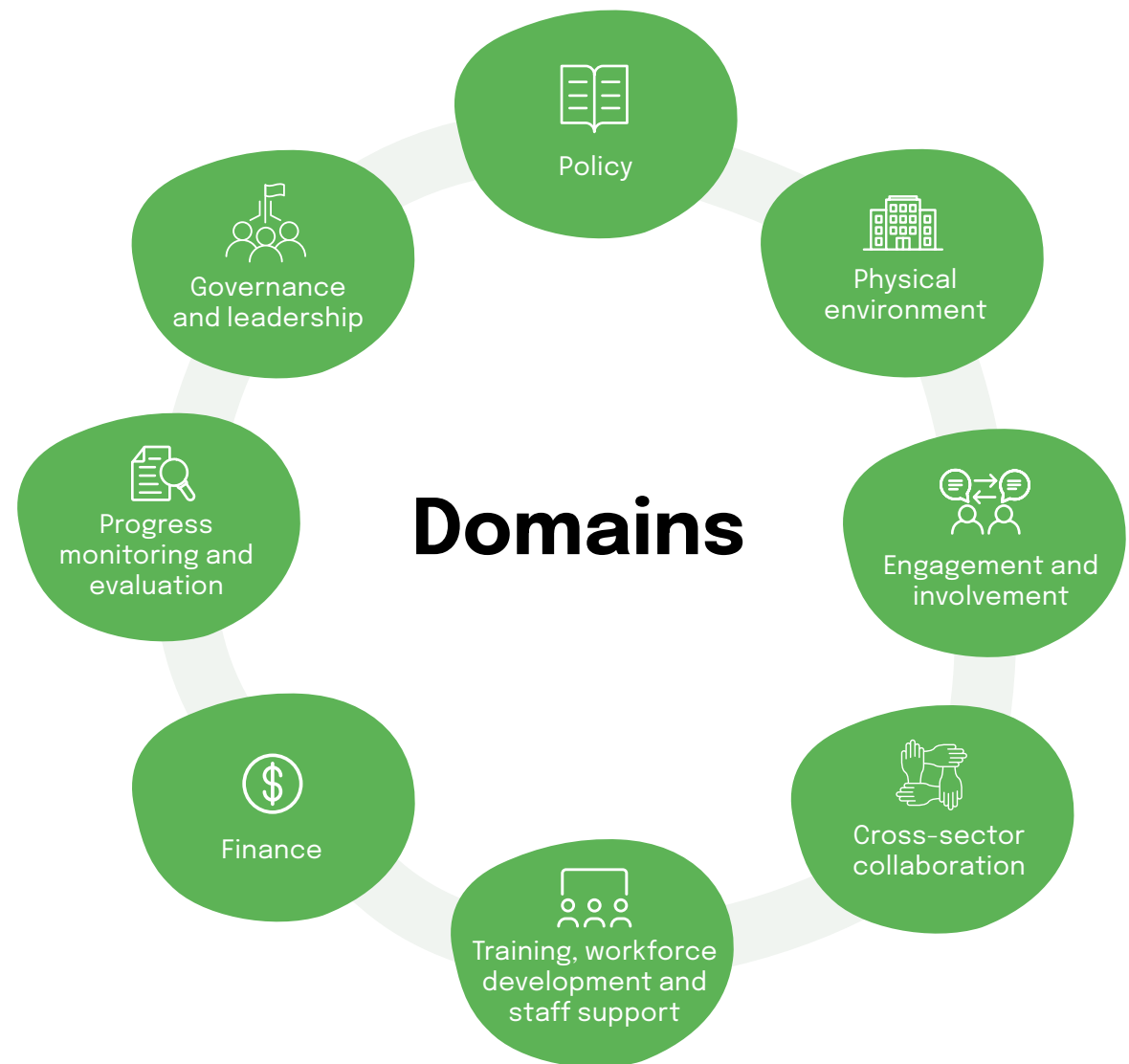
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# Domains of implementation

**To embed and sustain a trauma-informed approach, Government agencies need to take coordinated action across a range of domains. This means ensuring that the principles of a trauma-informed approach are reflected throughout the structures, policies and practices of the organisation.**

The following section outlines eight key domains that support the implementation of a trauma-informed approach.

For each domain, the core objectives are explained and some examples of practical actions that Government departments could take to embed trauma-informed principles within organisations are provided.





## Governance and leadership

### Objective

There is investment and endorsement for implementation of a trauma-informed approach across staff at all levels, specifically senior leadership, and governance groups.

Agencies consider appointing leaders to provide oversight and responsibility for implementation.

#### Examples

- New members of staff, including senior management, attend training on trauma, trauma-informed approaches, and developing culture, diversity and inclusion capabilities. Refresher training is provided at regular intervals.
- Appoint trauma-informed leaders with implementation oversight of trauma-informed approaches in their directorates or divisions. Ensure they have the authority and resources to drive change.
- Require leaders and decision-makers to undergo training on trauma-informed governance to build accountability and transparency.
- Create opportunities for people with lived experience to be employed in leadership positions, planning roles and governance groups across Government.
- Leaders to model trauma-informed behaviours, such as appropriate self-care, facilitating reflective practice sessions, group supervision, debrief sessions and using non-stigmatising language.
- Embed a trauma-informed commitment into the agency's mission statement and strategic plans.
- Demonstrate transparency with all organisational operations and decisions by:
  - regularly consulting with staff and stakeholders on policy and service changes
  - providing clear, accessible explanations for decisions that impact staff or people who use services
  - encouraging open, two-way communication between staff and management to build and maintain trust at all levels.
- Develop and drive inclusive recruitment process and support strategies to promote and retain a diverse workforce.

## Objective

Agencies develop written policies and processes that consider and foster a trauma-informed approach.

Agencies ensure procedures reflect and embed key principles of trauma-informed approaches.

### Examples

- Policies, procedures and guidelines are written in simple, inclusive language and consider the accessibility needs of diverse communities, including people with disability and culturally and linguistically diverse communities.
- Policies across an organisation are informed by people with lived experience and are culturally safe
- Agencies conduct regular reviews and policy updates to ensure they remain relevant and responsive to emerging research and community need.
- Establish an advisory group of diverse people with lived experience to co-design and/or review policies and procedures for equity, accessibility, and transparency.
- Implement gender-responsive service models, such as gender-specific intake processes for women, men, and non-binary people.
- Agencies commit to the National Principles for Child Safe Organisations.
- Implement clear, accessible guidelines for people who use services informing them about their rights, available service options, what to expect when engaging with an agency, feedback mechanisms, and how decisions affecting them are made.





## Physical environment

### Objective

The physical environment of the agency, including digital environments, enable all staff and people who engage with the agency to feel physically, psychologically, and culturally safe.

#### Examples

- Ensure there are private and sound-proof areas for confidential conversations.
- Provide quiet spaces or low stimulus rooms for people needing an area away from an environment that may cause an emotional response (e.g., loud, bright, exposure to unfamiliar people).
- Design waiting areas and service spaces to feel welcoming and safe, such as incorporating natural lighting, quiet spaces, and comfortable seating, and displaying clear, positive signage and other wayfinding systems that reinforce inclusivity and accessibility.
- Display cultural artwork and flags, Acknowledgment plaques and include Aboriginal language on signage.
- Design spaces to minimise power imbalances between clients and staff (e.g., providing access to the same kitchen and toilet facilities or seating of the same height and quality).
- Offer multiple ways for people to engage with services to maximise accessibility and autonomy (e.g., in-person, videoconferencing, email, text, anonymous online options).
- Ensure communication across all platforms is accessible and safe, and includes visual communication and translated materials where appropriate.
- Provide access to free accredited translating and interpreting services.
- Provide culturally specific resources and have Aboriginal cultural liaison officers available.
- Develop a list of diverse service providers relevant to the agency, to help people access additional support that aligns with their cultural background and language.
- Establish and invest in Aboriginal cultural networks or hubs where staff can learn about Aboriginal culture, protocols, projects and policies.
- Consider displaying acknowledgments of past trauma or apology statements.
- Include people with lived experience to undertake audits of existing spaces, review and provide input into building plans and interior design proposals, and 'test' new areas prior to opening.

# East Metropolitan Eating Disorder Specialist Service

## Creating a welcoming environment

Domains:    

**The East Metropolitan Eating Disorder Specialist Service (EMEDSS) provides early outpatient access to specialised treatment for eating disorders.**

It bridges the gap between acute services and long-term community treatment and offers coordinated, recovery focused support from multidisciplinary teams of psychiatrists, nurses, psychologists, dietitians, social workers, general practitioners, and Lived Experience (Peer) Worker.

Trauma-informed principles are embedded across the service in recognition of the links between trauma and disordered eating and challenges to treatment adherence and recovery. Welcoming, predictable, and affirming environments reduce client distress, enhance engagement, and improve treatment outcomes.

Strategies to support safety, trust, and empowerment at EMEDSS include:

### **Spaces are inclusive and affirming**

- LGBTIQ+ flags displayed and Welcome Here membership maintained to signal inclusivity and respect for diverse identities.
- Language and signage is affirming and non-stigmatising.

### **Low-sensory environment**

- Medical observations are done in calm, low-stimulus spaces (low lighting, projector lights, relaxing music) to reduce anxiety and improve accuracy of observations.
- Sensory items (e.g., stress balls, fidget tools, and textured items) are available to help clients with emotional regulation during challenging conversations.

### **Mutual Expectation Agreement**

- To support predictability, at the beginning of treatment, clients are introduced to a Mutual Expectations Agreement to outline team and client expectations.

### **Lived Experience (Peer) Worker**

- The EMEDSS Peer Worker offers 1:1 sessions and support during intake and transition stages to minimise any feelings of shame and provides empathy, validation, connection and hope.
- The Lived Experience (Peer) Worker participates in multidisciplinary discussions to ensure the client's experience shapes ongoing care planning.

### **Collaboration**

- Treatment goals are developed with the client to ensure an understanding of their history, current concerns, and future goals.
- EMEDSS teams collaborate regularly to ensure care remains consistent, coordinated, and responsive.
- When appropriate, clients are encouraged to involve supportive family members, friends, doctors, and/or community services to create a network that aligns with their recovery goals.

### **Engaging clients in community activities**

- Clients are invited to participate in clinic activities including Mental Health Week projects and creative displays.
- Participation in non-clinical activities help build connections and comfort, foster positive associations with attending appointments and strengthen therapeutic rapport.

### **Exit interviews for feedback**

- Voluntary exit interviews and anonymous feedback surveys are offered to capture client perspectives, identify areas for improvement, and ensure continuous service enhancement.
- This process demonstrates commitment to learning from clients and ensuring they feel heard, respected, and involved.



## Engagement and involvement

### Objective

People, communities, and organisations work together to ensure a coordinated approach to supporting people affected by trauma. People with diverse lived experience are genuinely involved in decision making across all areas of agency functioning. **Appendix 1** includes further resources on lived experience that may be helpful when considering this domain.

#### Examples

- Recognise and celebrate days of significance and awareness such as, National Sorry Day, NAIDOC Week, National Reconciliation Week, International Day Against Homophobia, Biphobia, Intersexism, and Transphobia (IDAHOBIT), and R U OK? Day.
- Encourage agency-wide participation in awareness-raising and cultural events while acknowledging events may have the potential to be re-traumatising.
- Ensure people with lived experience are employed in significant and diverse roles, including decision making roles in all aspects of the organisation. Create opportunities for meaningful contribution and impact. Involve lived experience in program and policy design, implementation, service delivery, quality assurance, developing culture, diversity and inclusion capabilities, workforce development, and evaluation.
- Establish formal partnerships to ensure agencies genuinely work with Aboriginal Community Controlled Organisations and other Aboriginal organisations and communities<sup>1,21</sup> to develop and implement a trauma-informed approach across services, guided by the National Agreement on Closing the Gap.
- Establish peer-led programs where people with lived experience mentor and support others in navigating services. Support is:
  - non-judgmental
  - person-centred
  - built on respectful, trusting, and empathetic relationships
  - focused on recovery and strengths.
- Establish accessible and meaningful feedback mechanisms where people, including staff and people who use services, can provide input on agency improvements. Ensure consistent and clear communication throughout the engagement process including providing feedback to everyone.
- Partner with local community groups, Aboriginal organisations, and culturally diverse networks to ensure services are responsive to diverse needs.
- Strengthen relationships with community organisations, especially in regional and remote communities, by:
  - co-designing services with local communities
  - ensuring funding agreements and partnerships prioritise trauma-informed service delivery.
- Develop clear guidelines to support the engagement of young people in the organisation.
- Define clear expectations and maintain appropriate boundaries in all interactions.



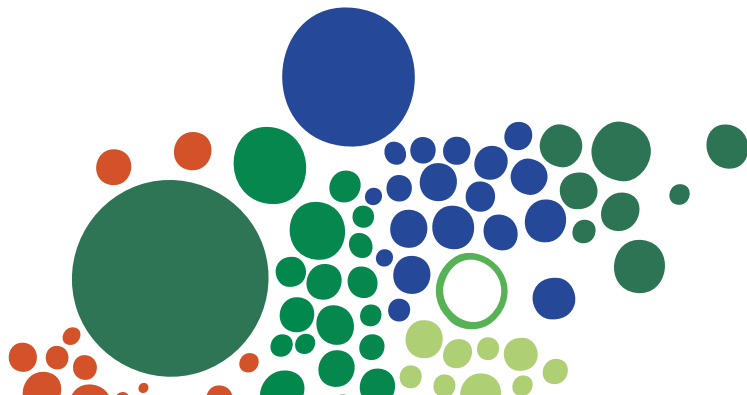
## Cross-sector collaboration

### Objective

State Government agencies work in partnership and collaborate with other departments and authorities with consideration of the key principles of a trauma-informed approach.

#### Examples

- Develop mechanisms to support information sharing between agencies and organisations.
- Organisations work collaboratively to improve coordination for people engaging with multiple agencies, for example interagency panels that support information sharing (with informed consent), coordinated care planning, and the review of system-level practices that may inadvertently contribute to re-traumatisation.
- Actively and personally connect people directly to other services or supports.
- Provide shared training opportunities to ensure a common understanding of a trauma-informed approach across agencies.
- Establish interagency forums or networks to share learnings, challenges, and good practice.



## Parent and Family Drug Support Groups

Promoting a safe place for people supporting others

Domains:



**The Parent and Family Drug Support's (PFDS) Family Support Groups reduce isolation, promote hope and build the resilience of those caring for people who use alcohol and other drugs.**

As trained group facilitators, parents and family members harness the power of their lived experience to build on people's strengths and support the healing of others. Safe and welcoming spaces built on trust are fundamental to providing a sustainable, engaging and impactful program where people feel able to connect and share stories.

Because sharing experiences has the potential to be traumatising and re-traumatising for group participants and facilitators, the program prioritises the safety of all members:

- Policies and guidelines establish the standards and expectations for the group by addressing confidentiality, respect, and acceptance of differences. They support groups to uphold program values, provide transparency, and establish appropriate boundaries while remaining flexible to changing requirements. The guidelines are written in plain language and reviewed regularly to reflect emerging need and best practice.
- Meetings are held in accessible, spacious and private spaces. Participants have access to additional supports such as interpreters and clinical staff, if required. Supportive physical spaces can assist people to feel comfortable to share their experiences.
- People with a lived experience contribute to all aspects of program development and implementation including facilitation, co-developing and designing resources and program reviews. Including voices of lived experience ensures that the program meets participant's needs by providing a unique and practical perspective, challenging unintended discrimination and stigma and encouraging others to share their voice.

- The emotional cost of lived experience work is factored into program planning. Facilitators receive ongoing training and support to improve knowledge, build confidence and manage the emotional burden that may accompany their role. Training builds communication skills such as using inclusive and person-centred language, active listening, protective interrupting and managing conflict. Facilitators learn how to use their lived experience to support others, foster cultural safety, and undertake reflective practice. Professional supervision is provided to promote facilitator's wellbeing and identify opportunities for skill development. 1:1 sessions provide a space for facilitators to debrief, discuss challenging scenarios and identify further support needs if required. Sessions are designed to prevent indirect trauma, encourage self-care and protect mental health and wellbeing.
- Group members and facilitators can provide anonymous feedback after each session using a QR code. Feedback responses are monitored and incorporated into ongoing program reviews to ensure the groups continue to meet participant's needs.

More information on family support groups can be found [here](#).

“

*Over the last four years I have watched the Commission develop a comprehensive team of people with lived experience of the effects of drug use on families and the community to support others.*

*I have a lived experience of supporting a son with a heroin addiction and the input of volunteers like me is sought, listened to, and acted upon, and I am very proud to be a part of this process. I attend supportive team meetings, am offered training on topics such as domestic violence, or trauma-informed practice, and have 24/7 access to debriefing with counsellors. Throughout my career in human services, I have never been involved in such a supportive environment.*

*Feeling supported helps me effectively use my hard-won experience to lighten the load of families in crisis. The feedback we get from participants is consistently positive and reflects the relief, support and validation they feel. Parents feel fortified listening to the stories of others. They feel less shame and less alone. I can't think of a better way to give back to my community.*

**Bill, PFDS Lived Experience (peer support) volunteer**

”



## Training, workforce development and staff support

### Objective

All staff are provided with opportunities for ongoing training on trauma and trauma-informed approaches relevant to their agency and role; are supported in a manner appropriate to their responsibilities; and, where staff may be exposed to secondary and/or vicarious trauma or have their own lived experience of trauma, are provided with professional supervision and support.

#### Examples

- Develop and implement agency-wide practical trauma-awareness training for all staff, both clinical and non-clinical, that:
  - is included in staff induction processes;
  - uses trauma-informed delivery methods, recognising that sometimes unexpected topics or subjects can evoke a trauma response in participants
  - promotes understanding of intersectionality and the impact of system barriers and discrimination (systemic and individual)
  - teaches techniques for supporting client decision-making without exerting control
  - equips staff to communicate in a way that accommodates different emotional states and includes de-escalation strategies.
- Establish mentorship programs where staff with experience in trauma-informed principles support newer staff.
- Require all staff to complete regular, cultural, diversity and inclusion training, that is led and/or developed by people with lived experience such as Aboriginal people, LGBTIQ+ people, culturally and linguistically diverse people and people with a disability.
- Provide and encourage staff to access person-centred, culturally appropriate and comprehensive support such as flexible working arrangements, the Employee Assistance Program, opportunities to debrief and clinical supervision where appropriate.
- Incorporate trauma-informed principles throughout workforce recruitment, supervision and evaluation processes.
- Introduce regular reflective supervision and offer debriefing to staff in high-risk roles to minimise the risk of vicarious trauma and secondary traumatic stress\*.
- Require staff to complete ongoing, Aboriginal-led cultural competency training that includes intergenerational trauma awareness.
- Develop Aboriginal workforce pathways, including cultural supervision, mentoring, career progression and leadership shadowing.
- Consider allocation of roles under Section 50(d) of the *Western Australian Equal Opportunity Act 1984*. Including: section 50(d) (measures intended to achieve equality); section 27 (genuine occupational qualifications); and section 66W (age).

\* Please see high-risk roles and workplaces on pg 44 for further information.

## **Progress monitoring and evaluation**

### **Objective**

The implementation of a trauma-informed approach is assessed, monitored, and evaluated on an ongoing basis. Implementation is revised and improved based on staff, service user and community feedback.

#### **Examples**

- Conduct ongoing trauma-informed organisational assessment and develop mechanisms for information collected, to be incorporated into the organisation's quality assurance processes to support the creation of accessible, culturally relevant, trauma-informed services and supports.
- Develop and implement anonymous and confidential processes for staff and people who use services to evaluate organisational trust and feelings of safety and value, including workplace cultural safety, impacts of cultural load and satisfaction in culturally specific roles.
- Incorporate cultural, diversity and inclusion factors and the perspective of people with lived experience in all monitoring and evaluation.
- Review support services to ensure they include culturally specific programs designed and led by Aboriginal Elders and community leaders.

## **Finance**

### **Objective**

Agencies consider allocating funding and resources to specifically support implementation of trauma-informed approaches.

#### **Examples**

- Provide funding to undertake a baseline assessment and develop an action plan.
- Allocate ongoing funding to support:
  - training on trauma and trauma-informed approaches for leadership and staff development
  - the Lived Experience (Peer) workforce
  - provision of a safe physical environment
  - monitoring and evaluation.
- Embedding lived experience (peer) supervision into workforce costing and planning.
- Explore ways to recognise the cultural contribution of Aboriginal staff.

# Hot Debriefing – North Metropolitan Health Service Mental Health Services

Supporting staff after challenging events

Domains:

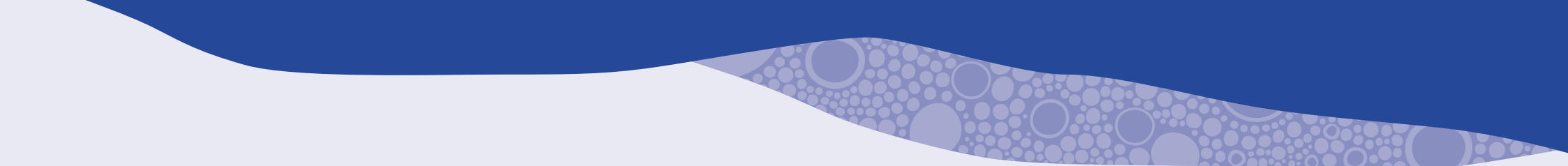


**Hot Debriefing supports thoughtful and collaborative learning and reflection for individuals and clinical teams following a challenging event. Trauma-informed Hot Debriefing reinforces a culture that prioritises staff wellbeing and embeds emotional safety into everyday practice.**

The goal is not only to improve outcomes but to ensure that everyone involved—staff and consumers alike—feel seen, supported, and safe. Trauma-informed principles guided development of the Hot Debrief Model (Model) used at North Metropolitan Health Service (NMHS), Mental Health Services.

Hot Debriefing at NMHS Mental Health Services is voluntary. It provides staff with a clear framework to analyse the factors that contributed to an event, examine what unfolded in real-time, and reflect on how the team functioned in the situation. This process promotes collaborative learning and continuous improvement through strengthened review processes, teamwork and helps identify risk factors.

Embedding trauma-informed principles into Hot Debriefing ensures that staff and consumers are approached with sensitivity, safety, and respect following challenging events. The Model recognises that the past experiences of consumers and staff may influence how they may respond. It also acknowledges that challenging events have the potential to cause vicarious trauma or be re-traumatising for both consumers and staff.



Using a trained facilitator, staff can explore emotional reactions, normalise them, and separate personal feelings from professional performance. Staff are also assisted to understand their responses in context rather than internalising blame or self-criticism. Discussion is guided gently and intentionally, ensuring that the conversation is productive while acknowledging the emotional needs of those involved. Timing of debriefs are flexible to protect staff from being pushed into reflection before they feel safe or able to participate.

NMHS Mental Health Services staff who have taken part in Hot Debriefing report finding the process beneficial. Openly acknowledging the emotional impact of exposure to traumatic stressors—such as self-harm, assaults, or hearing consumers recount painful experiences—creates a pathway for processing these events in a healthy, supported way and reduces the risk of rumination, burnout, and vicarious trauma. This has a flow on impact for consumers, by improving how the NMHS Mental Health Services anticipate and respond to distress.

Implementation of Hot Debriefing at the NMHS Mental Health Services has meant that recommendations to improve service delivery are shaped not only by operational needs but also by trauma-informed principles. This is reflected in changes to Care Plans, Risk Assessments, and Coping and Safety Awareness Tools to ensure that future care remains person centred, individualised, and aligned with each consumer's trauma history and needs.

# Understanding Trauma



The following section of the Guide provides further information to support the reader's understanding of trauma. A deeper understanding of trauma and its impacts on people and communities is important to support planning and implementation of a trauma-informed approach. See **Appendix 1** for further reading and resources on trauma.

## Trauma:

- is a physically or emotionally harmful experience
- overwhelms a person or community's resources to cope
- has adverse effects on mental, physical, social and emotional wellbeing.<sup>22</sup>

Trauma results from an event, series of events, or a set of circumstances that are experienced as physically or emotionally harmful or life threatening and has lasting effects on mental, physical, social, emotional or spiritual wellbeing long after the events or threats have passed.<sup>14</sup> Trauma can be experienced by people, families and communities.

People's lives are shaped by a range of individual, social, cultural, economic and environmental factors (the social determinants of health). These factors play a role in people's physical and mental health and wellbeing, and influence the likelihood that someone will experience trauma, and how it impacts their thoughts, behaviours and ultimately their lives.

**“ A person's response to a potentially traumatic event can be shaped by a range of interrelated factors. This may include genetic factors, specific circumstances surrounding the event, and what happens in the immediate, short and longer term after the event. It can also include factors such as the intensity of the event, the availability of support, resources that the person may have access to, and the individual's sense of control or agency over the situation. A person's response to these events can occur on a spectrum, and this continuum of responses is influenced by a complex set of biological, psychological and social factors.”<sup>16</sup>**

Because the factors that influence responses to a potentially traumatic event are often interrelated, applying an intersectional lens to the experience of trauma can be useful. An intersectional lens provides insight into the unique and oftentimes compounding combinations of these factors. This can help increase understanding of:

- why people experience and express trauma differently
- why some people seek support
- why some people disclose their experience.

This approach to understanding trauma also aligns with the concept of social and emotional wellbeing for Aboriginal people and communities.



### What is the difference between stress, distress and trauma?

Short-term stress following exposure to difficult or challenging experiences, such as work-related pressures or relationship issues, is a natural human experience. Most of the time feelings of stress are tolerable, resolve quickly and can even help people function at optimal levels. While stress is a normal part of life, distress occurs when the stress response becomes prolonged, intense, or overwhelming. Distress describes the unpleasant feeling or emotions that affect a person's functioning. Trauma is the ongoing response to real or perceived harm or danger, that has persistent and significant impacts that continue long after the events or threats have passed.<sup>13</sup>

## Intersectionality

Intersectionality is a “way of thinking about identity and its relationship to power.”<sup>23</sup>

Using an intersectional lens reinforces the understanding that human beings are shaped by the interaction of different facets of their identity such as race, ethnicity, dis/ability, gender identity, mental health, sexuality, age, education, and many more (**Figure 4**). These interactions occur within society's connected systems and structures of power such as laws, policies, religious institutions and media.<sup>24</sup>

Looking at trauma through an intersectional lens improves our understanding of how trauma may impact a person and their healing, leading to inclusive and responsive policy making and service delivery.

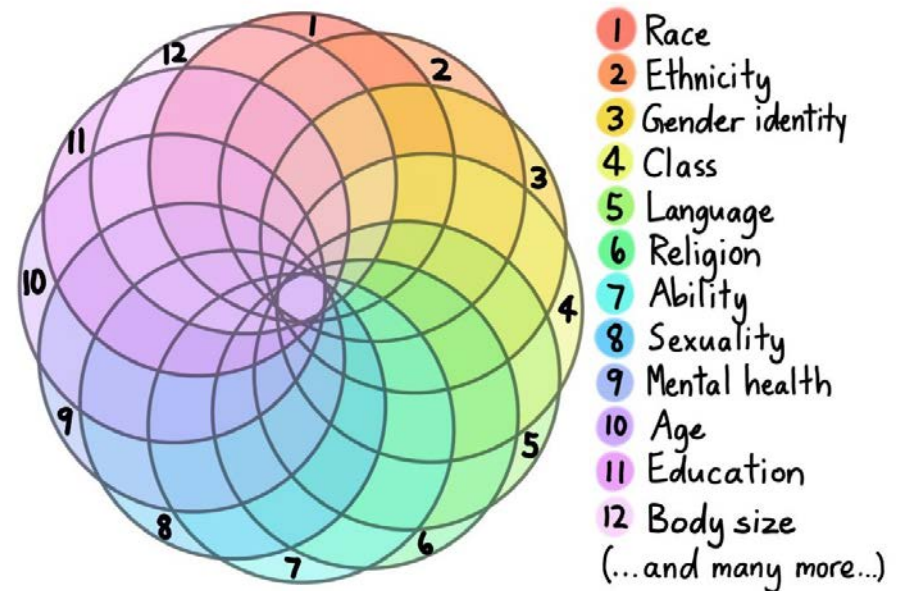


Figure 4: Intersectionality<sup>25,\*</sup>

\* Diagram replicated with artist's permission

# Social and emotional wellbeing for Aboriginal people

Social and emotional wellbeing describes the foundation of health and wellbeing for Aboriginal people. It is a holistic, multi-dimensional understanding of health and wellbeing grounded in Aboriginal perspectives that encompasses the importance of connection to land, culture, spirituality and ancestry, and how these affect the wellbeing of the individual and the community.<sup>26</sup>

In Western Australia, the historic, collective and ongoing impacts of colonisation, the Stolen Generations and systemic racism continue to disrupt Aboriginal people's connections to culture, healthy family and kinship. This has led to deep trauma that continues to affect Aboriginal people today.<sup>27</sup> Addressing these ongoing impacts is critical to strengthening the social and emotional wellbeing of Aboriginal people.

Healing is a holistic process, and empowering Aboriginal people and communities through the nurturing of social and emotional wellbeing can address the impacts of trauma and support healing. When programs are culturally strong, locally developed and led by Aboriginal people, they can enhance a sense of pride in cultural identity, strengthen connection to Country, community and relationships, and significantly contribute to the wellbeing of Aboriginal people.

## **Aboriginal people are more likely to overcome trauma if:**

- communities are supported and empowered to identify their own problems and ways to support their healing
- programs draw on local cultural knowledge to build cultural awareness and a positive sense of identity
- healing programs restore, reaffirm, and renew a sense of pride in cultural identity, connection to Country and participation in community
- there is a focus on connecting Stolen Generations members to their families and communities, truth telling, acknowledgement, and apology.<sup>28</sup>

Addressing ongoing trauma is critical to strengthening the social and emotional wellbeing of Aboriginal people. The Aboriginal Empowerment Strategy – Western Australia 2021-2029 identifies *'Aboriginal people have said very clearly that healing and trauma must be addressed for social and economic outcomes to improve.'*<sup>17</sup>

Adopting a trauma-informed approach ensures a comprehensive and holistic way of working that recognises and seeks to understand the trauma experienced by Aboriginal people. It is an approach that is culturally relevant and responsive and supports healing and improved outcomes for Aboriginal people and communities.

See **Appendix 1** for further information on social and emotional wellbeing for Aboriginal people.



**Systemic racism** is the direct or indirect racism and discrimination that is embedded in the structures and institutions that make up society and perpetuate unfair treatment and disadvantage between groups. In Australia, systemic racism has its origins in colonisation when the existence of Aboriginal people and their lands, cultures and legal systems were disregarded. Australia's legal, political and economic systems were built under colonial rule, privilege Western culture and values and affect all aspects of daily life including education, housing, employment and health care. For example, the over-representation of Aboriginal people in the criminal and youth justice systems can be attributed to socio-economic disadvantage, discriminatory practices and a lack of cultural understanding.



# The Social and Emotional Wellbeing Model

The Social and Emotional Wellbeing (SEWB) Model (**Figure 5**) considers the dimensions of health and wellbeing for Aboriginal people and recognises the social, cultural, political, and historical factors that shape the experiences and expressions of Aboriginal people and their communities.<sup>26</sup> The SEWB Model can be a useful tool to improve understanding of how trauma impacts Aboriginal people and what is important to support and promote healing.

## Connection to body and behaviours

Physical health; feeling strong and healthy and able to physically participate as fully as possible in life.

## Connection to mind and emotions

Mental health; the ability to manage thoughts and feelings. Maintaining positive mental, cognitive, emotional, and psychological wellbeing is fundamental to overall health.

## Connection to family and kinship

These connections are vital to the functioning of Aboriginal communities. Strong family and kinship ties provide a sense of belonging, identity, security, and stability for Aboriginal people.

## Connection to community

Providing opportunities for individuals and families to connect with each other, support each other and work together.

The way in which people connect with each domain can change at any point in time and throughout their lives. People may experience connections and strengths in some domains, while having difficulties and a need for healing in others.

## Connection to culture

Maintaining a strong cultural identity by participating in cultural practices, and responsibilities.

## Connection to Country and land

Country underpins identity and belonging. Country refers to an area on which Aboriginal people have a traditional or spiritual association. Country is a living entity that provides nourishment for the body, mind, and spirit.

## Connection to spirit, spirituality and ancestors

Providing a sense of purpose and meaning, shaping mental health and emotional wellbeing of Aboriginal people through traditional beliefs and broader Aboriginal worldviews.



**Figure 5:** The Social and Emotional Wellbeing Model

**“ If these connections are disrupted, and for many Aboriginal and Torres Strait Islander peoples and families some of these connections have been significantly disrupted in multiple ways as a result of past government policies associated with colonisation, then they are likely to experience poorer social and emotional wellbeing. Conversely, restoring or strengthening connections to these domains will be associated with increased social and emotional wellbeing<sup>26</sup> ”**

# Social and Emotional Wellbeing Model of Service – Aboriginal Health Council of WA and Aboriginal Community Controlled Health Services

Establishing culturally safe and community led services

Domains:



**A Social and Emotional Wellbeing (SEWB) Model of Service has been developed by the Aboriginal Health Council of Western Australia in partnership with Aboriginal Community Controlled Health Services.**

It provides a culturally secure and holistic framework that translates the concept of social and emotional wellbeing into a four-pillar approach that guides and supports service design and delivery.

Grounded in Aboriginal ways of knowing, being, and doing, the SEWB Model of Service centres Aboriginal leadership, cultural security and community-led governance. It supports approaches that prioritise safety, trust, choice, collaboration and empowerment for individuals, families, and communities, concepts that closely align with the principles of a trauma-informed approach.

The SEWB Model of Service includes establishment of clinical and cultural leadership positions to support holistic, culturally safe and community-led service delivery.

This integrated approach recognises that healing from trauma extends beyond clinical care alone, and that sustained engagement is most effective when services are culturally meaningful, relational and shaped by local context.

Cultural Lead roles are identified as vital in fostering cultural connection and security and are central to ensuring service delivery remains grounded in cultural understanding. These dedicated roles share knowledge, provide support and advise SEWB teams on cultural protocols and approaches delivering services in Aboriginal communities.

The SEWB Model of Service has been piloted by the Aboriginal Health Council of Western Australia across five regional locations. An evaluation completed in 2025 explored impacts on the SEWB workforce, service delivery, capacity building and governance. Findings demonstrated improved engagement, strengthened advocacy and enhanced cultural safety. Learnings from the evaluation, such as the importance of cultural leadership, contribute to understanding best practice approaches to developing cultural safety in SEWB services and supporting improved outcomes for Aboriginal communities.

The Final Evaluation Report can be found [here](#).

More information on the SEWB Model of Service can be found [here](#).

# Types of trauma

**Categorising trauma can be one way to help understand its complexity. While helpful, the examples provided here are not intended to describe all trauma. Ultimately it is the experience of the individual and how the event or circumstance impacts that person that is important.**

## Direct trauma

Direct trauma is the personal impact of experiencing a traumatic event or experience firsthand.

Potential events or experiences that can result in direct trauma can be one-off (acute trauma) such as a motor-vehicle accident, a life-threatening illness, an extreme weather event or natural disaster, involuntary treatment for a mental health condition or a physical or sexual assault.<sup>29</sup> Or they can be ongoing experiences (chronic trauma) such as civil unrest, war, seeking asylum or being a refugee, community violence and crime, harassment, abuse or bullying, discrimination, racism, ongoing life-threatening medical issues or conditions, or poverty.<sup>29</sup>

There are many types of direct trauma, noting that some experiences overlap:

- **Complex trauma** refers to the impacts of ongoing traumatic experiences that are often interpersonal in nature.<sup>30</sup> This includes physical, emotional and/or sexual abuse; neglect; and coercive control.
- Complex trauma occurring in childhood is often referred to as **developmental** or **childhood trauma**. Specifically, this refers to a child's early exposure to multiple or cumulative traumatic events which occur within their important relationships, such as with family or carers.<sup>31</sup> Examples include experiencing domestic or family violence; sexual abuse; a baby or child being removed from parents; neglect; and disruptive family breakdowns.

## Indirect trauma

Not all trauma is the result of experiencing a traumatic event or experience firsthand. Indirect trauma broadly refers to the personal impact of being exposed to the trauma of another person or group of people.<sup>32</sup> Indirect trauma can be as impactful on people as direct trauma.

**Secondary traumatic stress** and **vicarious trauma** are examples of indirect trauma.\*

- **Secondary traumatic stress** is a broad term that encompasses the emotional distress experienced when a person hears about or sees the firsthand trauma experiences of another.<sup>33</sup> It can be linked to experiences in the workplace, a personal relationship or via the media. Secondary traumatic stress can be experienced by anyone, including carers, significant others, and bystanders.
- **Vicarious trauma** is a specific type of indirect trauma that occurs when people are regularly engaging with others who are impacted by trauma. Vicarious trauma occurs mainly in the context of work or volunteer roles. Vicarious trauma can be understood as 'a normal, cumulative response to repeated exposure and empathic engagement with traumatic material' which is an unavoidable risk of 'emotionally strenuous' work.<sup>34</sup>

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\* While secondary traumatic stress and vicarious trauma are distinct experiences, the terms are sometimes used interchangeably.

In some instances, trauma can be passed down through generations.

- **Intergenerational trauma** is the psychological and physiological impacts of trauma that are felt through generations when a traumatic event takes place to either an individual, family, or collective community. Coping and adaptation patterns developed in response to this trauma can also be passed from one generation to the next. Intergenerational trauma can occur following exposure to racism, discrimination, oppression, violence, abuse and suicide. In Australia, intergenerational trauma affects the children, grandchildren and future generations of the Stolen Generations.<sup>28</sup>
- **Historical trauma** is a type of multigenerational trauma experienced by a group who share a common identity or circumstance.<sup>35</sup> It refers to a large-scale, collective experience and is related to major events that oppressed or victimised groups or communities such as colonisation; slavery; the Holocaust; or forced migration.



### High-risk roles and workplaces

In Australia, work health and safety laws require organisations to reduce the risk of, or put controls in place to mitigate the risk of, psychosocial hazards in the workplace. Psychosocial hazards can arise from the design of work, the working environment and workplace interactions or behaviours. Witnessing, investigating, or being exposed to potentially traumatic events or materials is considered a psychosocial hazard.<sup>36</sup>

According to WorkSafe Australia, traumatic events or materials may be experienced directly or indirectly and can include:<sup>37</sup>

- witnessing or investigating a fatality, serious injury, abuse, neglect or serious incident (e.g., working in child protection)
- exposure to seriously injured or deceased persons (e.g., working in an emergency department or as a forensic scientist)
- experiencing fear or extreme risks (e.g., being in a motor vehicle accident, workplace incident or near miss)
- exposure to natural disasters (e.g., emergency services workers responding to floods or bushfires)
- witnessing or investigating terrorism or war (e.g., police officers responding to terrorist attacks or journalists reporting on wars)
- supporting victims of painful and traumatic events (e.g., providing counselling services)
- listening to or reading descriptions of painful and traumatic events experienced by others (e.g., lawyers reviewing evidence or advocates helping with victim testimonies)
- finding evidence of crimes or traumatic events (e.g., customs workers or online moderators)
- exposure to events that bring up traumatic memories.

Many of the psychosocial hazards identified by WorkSafe Australia stem from exposure to someone else's trauma – indirect trauma. This includes examples such as hearing about a person's trauma when providing counselling, when investigating an incident or when providing support to people who have challenging behaviours as a result of trauma. While a traumatic event or circumstance may not be experienced firsthand, the impacts can be as significant, especially when exposure is frequent, prolonged or severe.

# The impacts of trauma

Trauma influences people's thoughts, feelings and behaviours. Understanding the ongoing impacts of trauma is central to a trauma-informed approach. While many Western Australians have experienced a traumatic event in their lifetime, most lead fulfilling and productive lives.<sup>15</sup> When provided with appropriate support and opportunities for healing, trauma can lead people to develop a greater understanding of, and connection with, themselves, others and the wider world (sometimes called post-traumatic growth).

Despite the potential for post-traumatic growth, trauma can have significant negative impacts on a person's physical and mental health and Aboriginal people's social and emotional wellbeing (**Figure 6**). These impacts are frequently interconnected and can compound over time, providing additional challenges to healing.

Trauma and adversity in childhood can be particularly damaging because of the impacts on development. Experiences of childhood trauma during critical periods of brain development can cause lifelong effects on a person's cognitive functioning, including changes in how they respond to stress.<sup>38</sup> These changes can influence emotional regulation, social skills and relationships with longer-term impacts on the development of the nervous system, immune system, hormonal balance, digestive functions and cardiovascular health.<sup>16</sup>



## Trauma in childhood<sup>39</sup>

The Australian Child Maltreatment Study identified how many Australians in the general population experienced any of the five types of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence), and to estimate the associated impacts on key health outcomes through life. The study found that child maltreatment is a major problem in Australia and is associated with severe mental health issues, behavioural harms and severe health risk behaviours that extend into adulthood. Emotional abuse was found to be particularly harmful.

To gain further understanding on the impacts of trauma please see **Appendix 1**.



For some people the impacts of trauma can be long lasting. For example, the experience of interpersonal trauma can make it difficult to trust others and develop and maintain healthy relationships.<sup>40,41</sup> This mistrust can lead to social isolation and difficulty forming essential support systems. This may result in ongoing difficulties for people maintaining a sense of safety in relationships.

Trauma has been linked to an increased risk of mental health conditions such as anxiety, depression, and posttraumatic stress disorder (PTSD).<sup>8</sup> Mental health challenges can also create barriers to other social outcomes such as education<sup>42</sup> and employment<sup>43</sup> which can contribute to reduced opportunity.

Trauma can affect biological systems, including the nervous, immune, and cardiovascular systems, as well as hormonal and digestive functions.<sup>44</sup> As a result trauma has been linked to higher rates of preventable disease as well as higher risk of early death.<sup>45</sup>

People who experience trauma may use strategies such as self-harm, alcohol or other drug use, disordered eating, or risk-taking behaviours as ways to cope with their distress.<sup>46,47,48</sup> While these strategies may initially help a person manage their strong feelings, over time they can become less helpful and potentially harmful to their health. However, it is important to understand these coping strategies play a role in dealing with trauma and managing distress.



## Resilience

As trauma is overwhelming by its nature, it is not something a person can be resilient to.

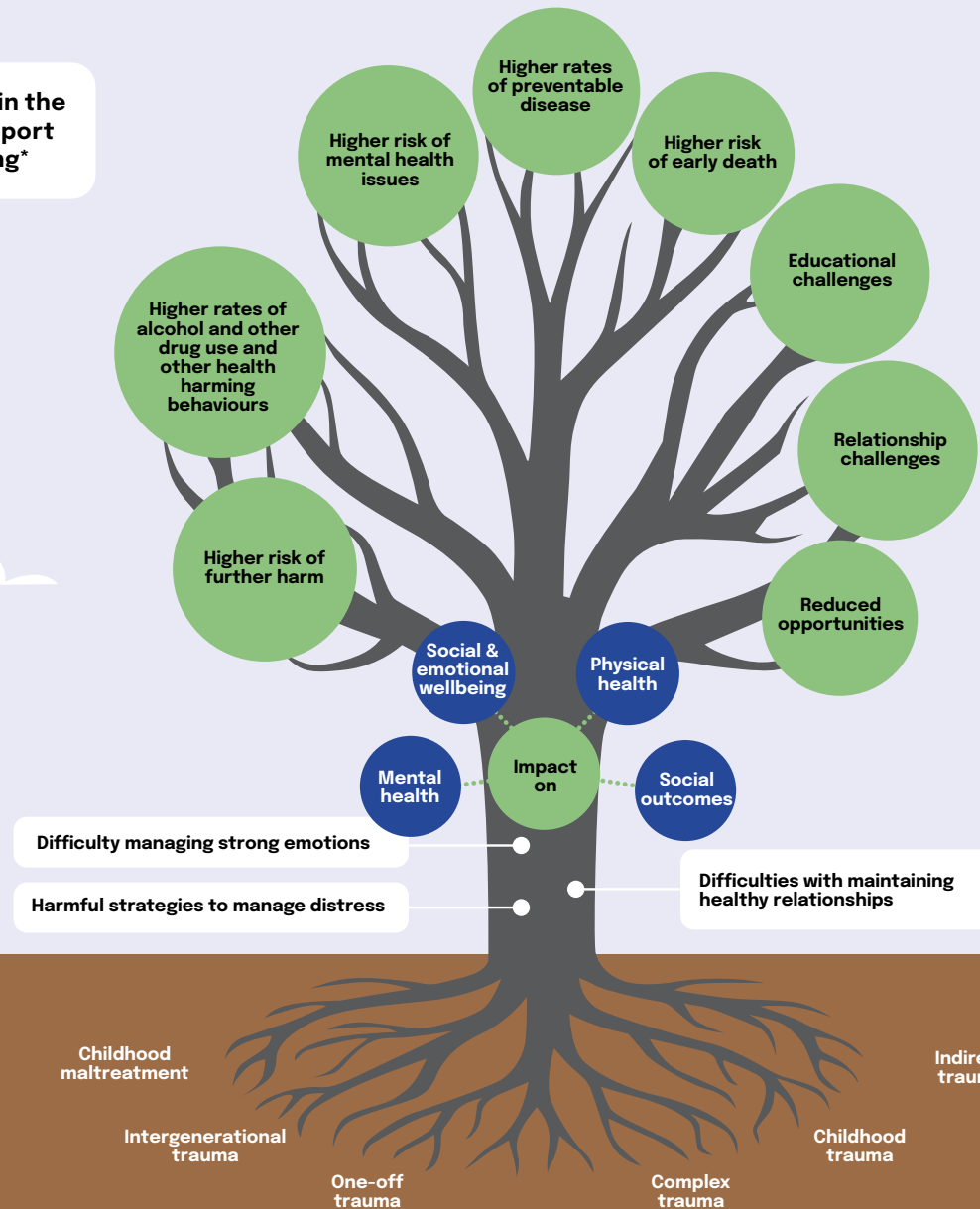
Resilience is not the static trait of an individual, but rather the process of interaction with a person's environment.

Resilience is the ability and capacity of people to find and use the psychological, social, cultural, and physical support they need to sustain their wellbeing. To build resilience, support needs to be available, accessible and provided in meaningful ways.<sup>10</sup>

A trauma-informed organisation can help build resilience in people.



**Figure 6 - Impact of trauma in the absence of appropriate support and opportunities for healing\***



\* Diagram has been adapted with permission from Adverse Childhood Experiences Hub Wales to suit the Western Australian context. Original available from <https://traumaframeworkcymru.com/>

# Child Protection Guide – Department of Communities

Supporting people who work with children

Domains:



**The Child Protection Guide is a resource for Department of Communities front-line child protection workers. Launched in February 2025, the online portal includes a suite of guidelines to help workers perform their roles. Guidelines cover issues relevant to child safety workers including confidentiality, respectful communication, cultural safety, and supporting families to participate in decisions that affect them.**

The tools, resources and frameworks under each guideline were developed with input from people with lived experience including Aboriginal Elders, carers and parents who have previously engaged with Child Protection. Their insights helped ensure resources reflect real-world experiences, strengthen cultural safety and challenge biases.

The Child Protection Guide includes a specific guideline outlining trauma-informed practice. This resource provides clear and practical guidance to recognise and safely respond to people who have experienced different types of trauma such as complex childhood or intergenerational trauma, while upholding the dignity, identity and cultural connection of every child, young person and their family.

It also acknowledges both the historical and ongoing impacts of colonisation on First Nations communities and outlines how connection to culture, community and Country are essential for healing.

Because conversations about child safety can be distressing, the principles of safety, trust, choice, collaboration, and empowerment are embedded across the Child Protection Guide. Consideration of these principles help minimise distress and support safe, respectful engagement.

Guidelines are reviewed regularly to reflect emerging community needs and best practice. They support workers to uphold the values of the Child Protection Guide while remaining flexible to the unique circumstances of each family.

Child protection workers also receive ongoing training and support in trauma-informed practice, cultural humility, inclusive communication and reflective practice. Training builds confidence in recognising trauma responses, supporting decision making without exerting control, and working respectfully with Aboriginal families and culturally and linguistically diverse communities. Professional supervision and reflective practice are provided to support staff wellbeing, prevent vicarious trauma and strengthen culturally safe practices.

Read about the Child Protection Guide [here](#).

# Conclusion

**This Guide demonstrates a collective commitment to improving the lives of people with trauma in Western Australia. It recognises the significant impact that trauma has on people and communities, particularly the extent of those impacts on Aboriginal people.**

When supported by engaged and committed leadership, a shared and cohesive approach to recognising and responding to trauma will help Western Australian State Government agencies build safer communities and workplaces, and nurture healing.

The Guide encourages leaders to undertake the challenge to become more trauma-informed. With courage and commitment small steps can be taken and change is possible.

Thank you to everyone who contributed to the development of this Guide. This work has been shaped by the strength and courage of those with lived experience of trauma, and we are deeply grateful for their contributions.



## Appendix 1

# Further reading and other resources

The resources included here provide a starting point for those who wish to deepen their understanding of trauma and a trauma-informed approach. Not all resources will be relevant to all contexts.

## Trauma

Blue Knot Foundation, [blueknot.org.au](https://blueknot.org.au)

Substance Abuse and Mental Health Services Administration (SAMHSA)'s Concept of Trauma and Guidance for a Trauma-Informed Approach

Phoenix Australia Home, [phoenixaustralia.org](https://phoenixaustralia.org)

Walkern Katatdjijin Roadmap Report, [rainbowknowledge.org/roadmap](https://rainbowknowledge.org/roadmap)

Australian Child Maltreatment Study, [acms.au](https://acms.au)

Sexual Assault Resource Centre (SARC), [kemh.health.wa.gov.au/Other-Services/SARC](https://kemh.health.wa.gov.au/Other-Services/SARC)

Australian Institute of Family Studies, The effect of trauma on the brain development of children, [aifs.gov.au/resources/practice-guides/effect-trauma-brain-development-children](https://aifs.gov.au/resources/practice-guides/effect-trauma-brain-development-children)

Department of Communities, Child development and trauma guide, [wa.gov.au/government/publications/child-development-and-trauma-guide](https://wa.gov.au/government/publications/child-development-and-trauma-guide)

The Australian Alliance for Social Enterprise, Understanding Vicarious Trauma, [centacare.org.au/about/publications](https://centacare.org.au/about/publications)

Anna Cheetham and Katie Mottram, Briefing Paper January 2026, Trauma Informed and Trauma Responsive Care, [imroc.org/publications](https://imroc.org/publications)

## Social and emotional wellbeing for Aboriginal people

Western Australian Government, Aboriginal Empowerment Strategy, [wa.gov.au/government/publications/aboriginal-empowerment-strategy-western-australia-2021-2029](https://wa.gov.au/government/publications/aboriginal-empowerment-strategy-western-australia-2021-2029)

Department of Health, WA Aboriginal Health and Wellbeing Framework 2015-2030, [health.wa.gov.au/Improving-WA-Health/About-Aboriginal-Health/WA-Aboriginal-Health-and-Wellbeing-Framework-2015-2030](https://health.wa.gov.au/Improving-WA-Health/About-Aboriginal-Health/WA-Aboriginal-Health-and-Wellbeing-Framework-2015-2030)

HealthInfoNet, [healthinfonet.ecu.edu.au](https://healthinfonet.ecu.edu.au)

Department of Communities, Aboriginal Cultural Framework 2024-2034, [wa.gov.au/government/publications/aboriginal-cultural-framework](https://wa.gov.au/government/publications/aboriginal-cultural-framework)

Department of Communities, Aboriginal Family Safety Strategy 2022-2032, [wa.gov.au/government/publications/aboriginal-family-safety-strategy-2022-2032](https://wa.gov.au/government/publications/aboriginal-family-safety-strategy-2022-2032)

Healing Foundation, [healingfoundation.org.au](https://healingfoundation.org.au)

Healing Foundation, Intergenerational Trauma Animation, [healingfoundation.org.au/stolen-generations/intergenerational-trauma/](https://healingfoundation.org.au/stolen-generations/intergenerational-trauma/)

WellMob, [wellmob.org.au](https://wellmob.org.au)

Australian Human Rights Commission, Common Myths and Misconceptions about Racism, [humanrights.gov.au/resource-hub/theres-nothing-casual-about-racism/guidetool/5-common-myths-and-misconceptions-about-racism-self-reflection-and-education-guide](https://humanrights.gov.au/resource-hub/theres-nothing-casual-about-racism/guidetool/5-common-myths-and-misconceptions-about-racism-self-reflection-and-education-guide)

Transforming Indigenous Mental Health and Wellbeing, [timhwb.org.au](https://timhwb.org.au)

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, Intergenerational Trauma in Aboriginal and Torres Strait Islander Suicide Fact Sheet, [cbpatsisp.com.au/suicide-prevention-resources/#factsheets](http://cbpatsisp.com.au/suicide-prevention-resources/#factsheets)

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Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, [indigenousjustice.gov.au/resources/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles-and-practice/](http://indigenousjustice.gov.au/resources/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles-and-practice/)

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Lowitja Institute, Social and Emotional Wellbeing: A Review, [lowitja.org.au/resources/](http://lowitja.org.au/resources/)

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## Person-centred language

Q Shelter, Language Guide, [qshelter.asn.au/what-we-do/sector-support/toolkits/language-guide/](http://qshelter.asn.au/what-we-do/sector-support/toolkits/language-guide/)

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Network of Alcohol and Other Drug Agencies, Language Matters Version 2, [nada.org.au/resources/language-matters/](http://nada.org.au/resources/language-matters/)

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Mental Health Coordinating Council, Recovery Oriented Language Guide, [mhcc.org.au/resource/recovery-oriented-language-guide-resources/](http://mhcc.org.au/resource/recovery-oriented-language-guide-resources/)

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Department of Health, Person-centred communication skills, tips for health professionals working with people with disabilities, [nds.org.au/images/Person-centered\\_communication\\_general\\_tips.pdf](http://nds.org.au/images/Person-centered_communication_general_tips.pdf)

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## Lived experience

Black Dog Institute, Aboriginal and Torres Strait Islander Lived Experience Centre, [blackdoginstitute.org.au/education-services/aboriginal-and-torres-strait-islander-network/](http://blackdoginstitute.org.au/education-services/aboriginal-and-torres-strait-islander-network/)

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Mental Health Commission, Lived Experience (Peer) Workforces Framework, [livedexperienceworkforces.com.au/lived-experience-peer-workforces/about-the-framework/](http://livedexperienceworkforces.com.au/lived-experience-peer-workforces/about-the-framework/)

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Western Australian Council of Social Services, Lived Experience Framework, [wacoss.org.au/resources/lived-experience-framework/](http://wacoss.org.au/resources/lived-experience-framework/)

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University of Sydney, Sydney Policy Lab, Illuminating Lived Experience, [sydney.edu.au/sydney-policy-lab/news-and-analysis/latest-news/2024/06/12/illuminating-lived-experience.html](http://sydney.edu.au/sydney-policy-lab/news-and-analysis/latest-news/2024/06/12/illuminating-lived-experience.html)

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## Trauma-informed approaches in action

Queensland Government, The Queensland Trauma Strategy 2024–2029, [info.qmhc.qld.gov.au/queensland-trauma-strategy](http://info.qmhc.qld.gov.au/queensland-trauma-strategy)

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Australian Human Rights Commission, Guide to working with a trauma-informed approach, [humanrights.gov.au/resource-hub/theres-nothing-casual-about-racism/guidetool/guide-to-working-with-a-trauma-informed-approach](http://humanrights.gov.au/resource-hub/theres-nothing-casual-about-racism/guidetool/guide-to-working-with-a-trauma-informed-approach)

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Scottish Government, National Trauma Transformation Programme, [traumatransformation.scot](http://traumatransformation.scot)

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Welsh Government, Trauma-Informed Wales, [traumaframeworkcymru.com](http://traumaframeworkcymru.com)

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United States Government, Substance Abuse and Mental Health Services Administration, [samhsa.gov/mental-health/trauma-violence](http://samhsa.gov/mental-health/trauma-violence)

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Victorian Government, Transforming Trauma Victoria, [vic.gov.au/transforming-trauma-victoria](http://vic.gov.au/transforming-trauma-victoria)

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National Justice Project, Trauma-Informed and Cultural Safe Care and Practice – Information for Service Providers, [justice.org.au/our-priorities/resources-hub/](http://justice.org.au/our-priorities/resources-hub/)

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Blue Knot, Guidelines for Trauma Informed Practice: Supporting People with disability who have experienced complex trauma, [professionals.blueknot.org.au/resources/publications/supporting-people-with-disability/](http://professionals.blueknot.org.au/resources/publications/supporting-people-with-disability/)

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Department of Social Services, Towards Inclusive Practice, [inclusionaustralia.org.au/towards-inclusive-practice/](http://inclusionaustralia.org.au/towards-inclusive-practice/)

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Department of Social Services, Factsheet – Trauma-informed practice, [www.dss.gov.au/system/files/resources/cafis\\_1f\\_-\\_trauma\\_informed\\_practice.pdf](http://www.dss.gov.au/system/files/resources/cafis_1f_-_trauma_informed_practice.pdf)

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Australian Human Rights Commission, Racism. Nobody Wins. Guidelines for working with a trauma-informed approach, [humanrights.gov.au/resource-hub/theres-nothing-casual-about-racism/guidetool/guide-to-working-with-a-trauma-informed-approach](http://humanrights.gov.au/resource-hub/theres-nothing-casual-about-racism/guidetool/guide-to-working-with-a-trauma-informed-approach)

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Network of Alcohol and Other Drug Agencies, Trauma-informed practices for responding to difficult situation, [nada.org.au/category/resources/](http://nada.org.au/category/resources/)

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Mental Health Coordinating Council, Trauma-informed care and practice scoping review, <https://mhcc.org.au/our-work/publications/>

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## Implementation and evaluation tools

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Australian Centre for Evaluation, [evaluation.treasury.gov.au](http://evaluation.treasury.gov.au)

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Substance Abuse and Mental Health Services Administration (US), Practical Guide for Implementing a Trauma-Informed Approach

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Phoenix Australia, Checklist: Trauma-informed care in practice, [phoenixaustralia.org/aged-care/resources/](http://phoenixaustralia.org/aged-care/resources/)

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Trauma-Informed Wales, ACE Hub Wales Self-Assessment Tool, [traumaframeworkcymru.com/trauma-informed-wales-knowledge-skills-into-practice/](http://traumaframeworkcymru.com/trauma-informed-wales-knowledge-skills-into-practice/)

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Mental Health Coordinating Council, Trauma-informed Care and Practice Organisational Toolkit (TICPOT); Trauma-Informed Leadership for Organisational Change: A Framework, [mhcc.org.au/our-work/resources/](http://mhcc.org.au/our-work/resources/)

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Traumatic stress Institute of Klingberg Family Centers, Trauma-Informed Care in Youth Serving Settings: Organizational Self Assessment, [traumaticstressinstitute.org/wp-content/uploads/2010/06/Trauma-Informed-Care-Org-Self-Assessment-Final.pdf](http://traumaticstressinstitute.org/wp-content/uploads/2010/06/Trauma-Informed-Care-Org-Self-Assessment-Final.pdf)

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Trauma Informed Oregon, Implementation and Accountability Overview, [traumainformedoregon.org/implementation/implementation-and-accountability-overview/](http://traumainformedoregon.org/implementation/implementation-and-accountability-overview/)

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Scottish Government, National Trauma Transformation Programme, A Roadmap for creating trauma-informed and responsive change, [traumatransformation.scot/implementation/](http://traumatransformation.scot/implementation/)

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U.S. Department of Health and Human Services, Using Logic Models Grounded in Theory of Change to Support Trauma-Informed Initiatives, <https://aspe.hhs.gov/reports/trauma-informed-approaches-building-resilience-children-families>

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Australian Institute of Family Studies, Resources to Support Evaluation with Aboriginal and Torres Strait Islander People and their Communities, [aifs.gov.au/resources/resource-sheets/resources-support-evaluation-aboriginal-and-torres-strait-islander-people](http://aifs.gov.au/resources/resource-sheets/resources-support-evaluation-aboriginal-and-torres-strait-islander-people)

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Department of Treasury and Finance, Program Evaluation Guide, [wa.gov.au/government/document-collections/program-evaluation](http://wa.gov.au/government/document-collections/program-evaluation)

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Department of Treasury and Finance, Outcomes Based Logic Module Guidelines, [wa.gov.au/government/document-collections/community-services-templates](http://wa.gov.au/government/document-collections/community-services-templates)

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Cornell University Residential Child Care Project, Therapeutic Crisis Intervention, [rccp.cornell.edu/TCL\\_LevelOne.html](http://rccp.cornell.edu/TCL_LevelOne.html)

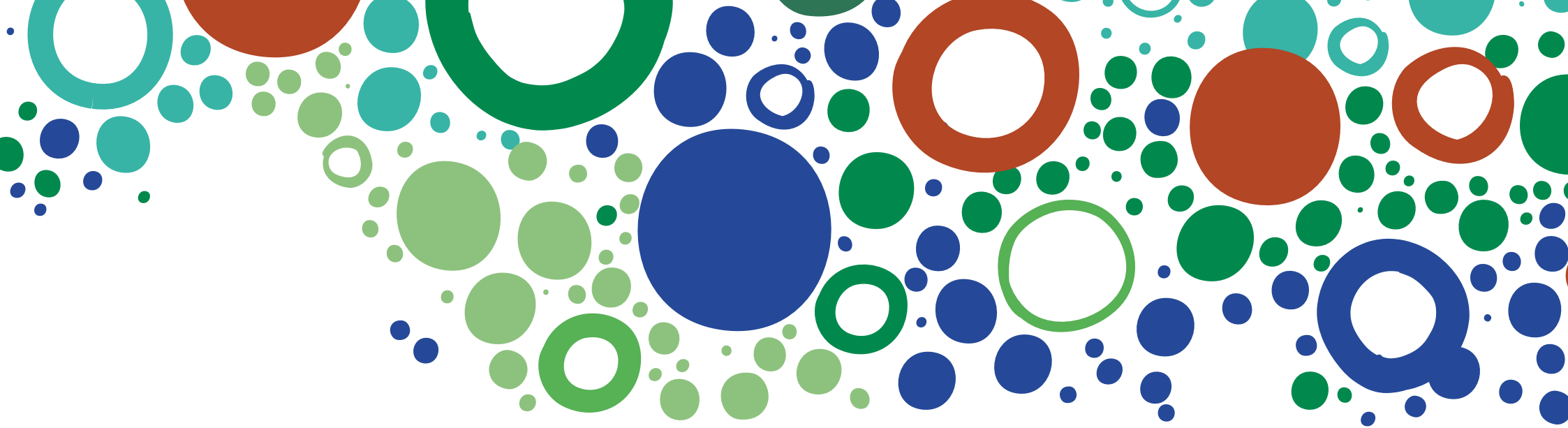
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