The relevance of trauma informed care to Aboriginal Community Controlled Health Care Services

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Community Control is a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the community.

An Aboriginal Community Controlled Health Service is:
- an incorporated Aboriginal Organisation
- initiated by and based in a local Aboriginal community
- governed by an Aboriginal body which is elected by the local Aboriginal community
- delivering a holistic and culturally appropriate health service to the community which controls it.
**Comprehensive Primary Health Care** is all inclusive, integrated health care in accordance with the Aboriginal holistic definition of health.

**Comprehensive Primary Health Care** includes the following core functions:

- **clinical services**
  - including the integration of programs to address alcohol, tobacco & other drug issues
  - early childhood development & family support
  - aged & disability
  - mental health & social & emotional wellbeing

These clinical services target prevention, early intervention, treatment, rehabilitation & recovery.

**Comprehensive Primary Health Care** includes the following core functions:

- **health promotion**
  - action on social determinants of health
  - supporting community action & community development

- **corporate services & infrastructure**
  - supporting staff development, training & education
  - continuous quality improvement

- **advocacy, knowledge & research, policy & planning**

- **community engagement, community control & cultural safety**
“We know that we cannot live in the past, but the past lives in us”

- Dr Charles Nelson Perrurle Perkins AO
Under The Milky Way

Spiritual and emotional wellbeing are at the heart of Indigenous cultures. Aboriginal Australians, despite suffering the greatest disadvantages and adversity, demonstrate the strongest resistance to those actions that are foreign to our unique culture, like separation from families, discrimination and removal from Country.

Over the years we have seen the damage done to Aboriginal and Torres Strait Islander communities and the level of disadvantage we experience on many levels has increased. We have seen the lasting impact this has on our people, yet our social position and the historical issues continue to haunt us. In the end, our men, women and children remain disempowered if society continues to neglect the emotional and spiritual needs of our Peoples.

I believe that ultimately, our Ancestors surround and protect us like an invisible spiritual cloak—this is symbolised by the purples and mauves in the painting. The Milky Way is vast and awesome and magnetic. It is an unknown dimension that holds a lot of power—much like the power of Indigenous spirituality. It is said that our Creator Spirit(s) call the Milky Way ‘home’, finding rest and comfort there following the creation work they undertook.

The moon and stars signify strength and the smaller circles symbolise the elements of our culture that sustain us and keep us going despite the desperation and shame we often feel as victims of racism and exclusion. The deep plum background is symbolic of our Mother Earth, from where we come and to where we return. When we hurt our mothers, children and fathers, we in turn hurt our Mother Earth and should recognise this.

Strong individuals and strong families are central to strong and resilient communities. We need to work towards protecting ourselves and each other. In this way we can respect those who came before us and those who are yet to come.

Nellie Green 2009

Reference: Gee, Dudgeon, Schultz, Hart and Kelly 2013 on behalf of APA.
Compared to non-Indigenous Australians, Indigenous Australians

- have a mortality rate which is twice as high and a life expectancy 9-15 years lower (ABS 2013)
- have higher rates of cardiovascular disease, diabetes, cancer, kidney disease, hospitalisation for injury, communicable diseases including TB, hep C, pneumonia, meningitis and STIs (Mac Rae et al., 2013)
- Carry a greater burden of smoking-related disease and are twice as likely to be smokers (with pockets of far higher smoking prevalence in remote communities) (AIHW 2011)

Compared to non-Indigenous Australians, Indigenous Australians

- report experiencing psychological distress at two and a half times the rate of other people (Dudgeon et al., 2014)
- are hospitalised for mental health and behavioural disorders at around 1.7 times the rate of non-Aboriginal people (Dudgeon et al., 2014)
- are hospitalised for non-fatal self-harm at two and a half times the rate of others (Dudgeon et al., 2014)
- are hospitalised or die because of alcohol-related conditions four times as often (AIHW 2011)
- Current figures indicate that the suicide rate for Indigenous Australians is approximately 2.6 times the rate for non-Indigenous Australians (ABS 2012)
Aboriginal Community Controlled Health Services

- Aboriginal governance and development
- community participation
- empowerment
- facilitating cultural competence in service delivery
- Strong sector of health services, including in the NT

Psychological trauma

“an event or process which overwhelms the individual, family or community, and the ability to cope in mind, body, soul, spirit”
- Judy Atkinson, 2002

“an emotional state of discomfort and stress resulting from memories of (or reactions to) an extraordinary catastrophic experience which shattered the survivor’s sense of invulnerability to harm”
- Charles Figley, 1985

Acute – single or isolated instances

Complex – often characterised by interpersonal trauma, early-life onset and has more severe impacts, particularly developmentally
‘our country and people have suffered many traumas since colonisation, the magnitude of which is beyond words. Looking through trauma is like being trapped in the back of a mirror, there is no reflection of self. It is like being trapped in darkness, unable to see where to go or what is there, surrounded by ‘not knowing’, paralysed by fear. When we are wounded, our story is disrupted and life becomes fragmented. We may not be able to find our way forward and may start to see life through warped mirrors.’

- Helen Milroy

Psychological trauma

- Neurobiological impacts – most significant in early childhood development

- Changes in cerebral cortex, brain stem, corpus collosum, amygdala, hippocampus & hypothalamic-pituitary adrenal (HPA) axis (Atkinson, 2013; Hodas, 2006; Parker & Milroy, 2014)

- Changes in gene expression which have been found to be heritable (McGowan et al., 2009)
Psychological trauma

- Difficulties making sense of and managing feelings
- Difficulties remembering, concentrating and planning
- Not feeling safe, feeling threatened
- Difficulties in relationships

Psychological trauma – impacts in childhood

When we experience trauma in childhood, we are more vulnerable to a range of internalising and externalising difficulties.

- fear, depression, somatic complaints, anger, conduct disorder, self-harm, peer aggression and victimisation of others (Ford et al., 2012; Leiberman et al., 2011)

- also more likely to engage in health risk behaviours such as drug and alcohol misuse, smoking, physical inactivity and sexual promiscuity (Atkinson, 2013; Felitti et al., 1998)
Psychological trauma – impacts throughout the lifespan

When we experience trauma we have an increased risk of developing a range of mental health difficulties...

- as well as PTSD, we are more likely to experience depression, dissociation, anxiety, eating disorders, psychotic and personality disorders, attempt suicide or have alcohol or substance use disorders (Coleman et al., 2013; Dore et al., 2012; Elliott et al., 2005; Fallot & Harris, 2009; Johnson et al., 2010; Teicher et al., 2012)

-> many pathways for transgenerational trauma

Psychological trauma – impacts throughout the lifespan

When we experience trauma our physical health suffers also, we are at an increased risk of

- heart disease
- stroke
- diabetes
- cancer
- livers disease
- STIs
“The effects of this (trauma) exposure can be severe and long lasting ... Consequently, trauma-informed policies and services are needed along with trauma-specific care”

- Atkinson, 2013

**Trauma informed services** look at all aspects of their operations through a trauma-lens – their primary mission is underpinned by knowledge of trauma and knowledge of the impact trauma has on the lives of clients receiving services.

**Trauma informed principles** facilitate engagement and ensure safe, good quality practices for clients and staff.

There is a growing body of evidence that demonstrates that trauma informed policies and practices improve client access, engagement and outcomes.
Trauma-informed principles

- Understand trauma and its impact on individuals, families and communal groups
- Promote safety
- Ensure cultural competence
- Support client’s control
- Share power and governance
- Integrate care
- Support relationship building
- Enable recovery

Supporting trauma informed practices with Aboriginal community controlled health services – findings from our work so far....
“We are part of the dreaming. We have been in the dreaming for a long time before we are born on this earth and we will return to this vast landscape at the end of our days. It provides for us during our time on earth, a place to heal, to restore purpose and hope, and continue our destiny. 

... 

We have to understand that trauma is only part of our story and our story is part of a much greater story that has a different beginning, is enduring and will continue well beyond our lifetime.”

- Helen Milroy