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Queensland Mental Health Commission

Consultation paper:

Development of a whole-of-government Trauma Strategy for Queensland

WHOLE-OF-GOVERNMENT TRAUMA STRATEGY

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What is trauma?

Trauma results from an event/s or circumstance that is experienced as physically or emotionally harmful or life threatening that has lasting negative effects on a person's functioning and mental, physical, social, emotional, or spiritual well-being[1]. Although negative experiences are a part of life, potentially traumatic experiences are frightening and/or highly distressing and involve actual, threatened or perceived risk of serious harm to physical or mental health, safety or wellbeing to an individual directly or vicariously. Trauma exposure may encompass a single potentially traumatic exposure or event, or it may result from repeated exposure to the same or multiple types of potentially traumatic experiences over time (**cumulative trauma**). **Complex trauma**, on the other hand, relates to the experience and impacts of ongoing potentially traumatic circumstances that are usually hard to escape and often interpersonal in nature[2-4]. A person who experiences complex trauma is often made to feel trapped, unsafe, unable to trust and ashamed and results in difficulties managing emotion and utilising healthy coping strategies[5,6]. Examples of complex trauma include child maltreatment, domestic and intimate partner violence and severe bullying victimisation at school or in the workplace; however, it can also include experiences such as seeking asylum and imprisonment[7].

Trauma exposure can also occur vicariously through secondary exposure; that is, witnessing or learning of the traumatic experience of another person. Those who work as first-responders (i.e., law enforcement officers and emergency medical personnel) for example, are at an increased risk of experiencing **vicarious trauma**[8]. Similarly, mental health care providers might experience vicarious trauma through hearing graphic and painful details of traumatic experiences[9]. Although trauma is a deeply personal experience that is experienced differently by individuals, trauma can be experienced intergenerationally or collectively. When trauma is left unresolved, it can be passed down from one generation to another. **Intergenerational trauma** may occur within families whereby the effects of trauma are passed down from one generation. This can occur a number of ways such as through continued adversity and marginalisation, the effects of unresolved trauma on parenting behaviour and parent-child interactions, and via biological changes that result from trauma which are passed on to offspring in utero[10,11]. **Historical trauma** on the other hand, encompasses a generational aspect but is experienced for a group of people who share a common identity or circumstance[12]. For example, many Aboriginal and Torres Strait Islander people (referred to henceforth as First Nations people) continue to experience ongoing consequences of forced separation, violence, dispossession and the loss of culture and identity[13]. **Collective trauma** involves populations of people who experience a potentially traumatic event collectively such as war, acts of terrorism or natural disasters[14]. Lastly, **system-induced trauma** can occur from a potentially traumatic experience with a system or

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institutions. Invasive or restrictive practices in the health system, the removal of a child by child-safety services, seclusion or intimidation in the criminal justice system are different examples of ways in which systems can generate potentially traumatic experiences and often compound existing trauma[15].

Not everyone who experiences a potentially traumatic event will become traumatised. An individual's response to trauma exposure involves the complex interplay between genetic vulnerability with the context in which exposure to the potentially traumatic event occurs. These contextual factors include the severity and proximity of the event, prior history of trauma, availability of support and the person's sense of agency or control over the event[16]. For some individuals, the distress might persist long after the event has occurred and result in anxiety and depression or the development of post-traumatic stress disorder (PTSD)[17-19]. PSTD is characterised by at least one month of intense, disturbing thoughts, images and feelings related to their experience, an ongoing anxiety and hypervigilance to threat, the reliving of events through flashbacks or nightmares and persistent feelings of sadness, fear or anger and thoughts of shame and self-blame[20]. Responses to trauma exposure are influenced by developmental age, and can manifest as an emotional or behavioural problem in young children. As such, different diagnostic criteria for PTSD exist for children aged 6-years or younger[21]. PTSD can impair an individual's ability to function in normal activities and negatively impact or rupture close relationships. Responses to trauma exposure occur on a spectrum. This continuum of responses is influenced by a complex set of biological, psychological and social factors that interact with the potentially traumatic incident which collectively impact a person's ability to cope and recover.

Trauma can be profound and long lasting, and this is especially true for people who experience potentially traumatic events during childhood. Trauma exposure in childhood can affect a child's development, particularly when traumatic stress is ongoing, and this can lead to substantial difficulties with organisation, emotion recognition and regulation, social skills and relationships[22]. Symptoms of trauma can also manifest as physical symptoms, particularly in young children who do not yet have the language needed to adequately express and process their experiences. Chronic traumatic stress can alter the nervous and immune systems functioning, leading to a range of chronic health conditions[23-25]. Trauma also affects adults and can negatively impact thoughts, feelings and behaviours. Following a potentially traumatic event or exposure, an individual may experience intrusive thoughts or memories, develop symptoms of anxiety and/or depression, or use substances as a way to manage their distress[26].

Although there are many ways in which a person can experience a potentially traumatic event or exposure, they can be broadly categorised as interpersonal, external or environmental. Common forms of interpersonal trauma include child maltreatment, intimate partner and domestic violence and bullying victimisation. External traumas can include being involved in a serious motor vehicle, experiencing a life-threatening illness or injury, being the victim of an act of violence or experiencing traumatic loss of a loved one. In particular, suicide is the leading cause of death of Australians aged 15-45 and over half of Australian adults (58%) will personally know someone who had died by suicide within their lifetime[30]. Exposure to external traumas is associated with an increased risk of adverse physical and psychosocial consequences which are influenced by the nature of the external trauma, social support for affected individuals and access to health care when needed.

As the climate continues to change, Queenslanders are increasingly susceptible to **environmental trauma** arising from natural disasters. Young people in particular, face a lifetime of exposure to more frequent and intense extreme weather events (e.g., floods, bushfires, heatwaves)[27]. Due to their physiology, infants, young children and the elderly are especially vulnerable during extreme weather events, being more predisposed to injury and death, illness, dehydration, and malnutrition. Beyond immediate physical safety, extreme weather events can lead to food and water shortages, forced displacement, disruptions to education and health services, as well as loss of loved

ones, placing those directly affected at increased risk of developing post-traumatic symptoms. Further, research finds higher rates of family dysfunction occur in the aftermath of a natural disaster[38], which may compound or prolong distress, particularly in infants, children and adolescents[29].

Responding To Trauma

A high proportion of Queenslanders are exposed to potentially traumatic events. As trauma pervades so many areas of an individual's life, a whole-of-government, whole-of-community response across multiple sectors is needed to address the associated physical and psychosocial harm, and disadvantage across the lifespan. An effective response to trauma must start with prevention which can include both whole of population (universal) strategies as well as prevention of trauma in higher risk populations[30]. Preventative strategies must be coordinated across Queensland public services including human services, justice, education and health using a trauma informed approach. Trauma informed practice is a framework which recognises the widespread impact of trauma and responds according to a set of key principles that include safety, trust, transparency, collaboration, choice and empowerment[1]. Trauma informed approaches shift the focus from "what's wrong with you?" to "what happened to you?" and acknowledge that a complete picture of an individual's life situation — past and present — are needed in order to provide effective, healing oriented services[31]. The integration of services and systems is a necessary component of this process[32].

To effectively implement prevention and intervention strategies, the social determinants that influence a person's risk of, and response to trauma, must be thoroughly understood. These factors exist across individual, family and friends (relational), community and societal levels, and provide various opportunities for preventative strategies to reduce the prevalence of trauma and its associated harms[30]. At the individual level, personal characteristics such as age, gender, socioeconomic status and ethnicity for example, can both heighten a person's vulnerability to trauma and reduce access to protective factors that buffer the effects of traumatic stress[33]. These factors can be targeted through education around personal safety and other known risk factors, and tailoring treatment responses to effectively meet individual needs. At the relational level, prevention efforts include promotion of positive parenting practices, healthy relationship education and bullying prevention programmes in schools. At the societal level, public health initiatives can be leveraged to address harmful social norms, attitudes and beliefs that perpetuate issues like gendered violence and discrimination in all of its forms[34]. Prevention and intervention strategies must be implemented broadly and simultaneously to create population level reductions in trauma.

Investment in the prevention and early intervention of trauma is beneficial for population health and wellbeing, with large economic benefits. The national economic burden of mental ill-health alone is estimated to be as high as $70 billion dollars per year[35] and much of mental illness in the community is a direct result of exposure to trauma. There is no doubt that the cost of trauma is extensive and adds vast expenditure in healthcare, justice systems, family support and education whilst negatively impacting on workforce participation and productivity. Investment in preventative strategies to reduce the prevalence of exposure to trauma has been shown to result in substantial and sustained reductions in healthcare costs and improves population wellbeing and quality of life[36].

The accompanying chapters outline the nature and effects of trauma in Queensland and options for government, businesses and the community to be trauma informed. Increased knowledge and awareness of trauma, its harmful impact and implementation of strategies that reduce exposure to trauma and assist those who are impacted will lead to improved health and wellbeing of Queenslanders providing benefits to all members of our community.

Acknowledgements

The authors wish to acknowledge the contributions made by members of an Expert Reference Group established to provide expert guidance and advice for this paper: Dr. Kannan Kallapiran, Professor Vanessa Cobham, Dr. Michelle Hellyer, Dr. Hannah Thomas, Ms Tara Crandon, Dr. Sharon Foley and Dr. David Hartman

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