

The Queensland Trauma Strategy

2024–2029



Queensland
Mental Health
Commission

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Feedback

We value the views of our readers and invite
your feedback on this report.

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Translation

The Queensland Government is committed to providing
accessible services to Queenslanders from all culturally
and linguistically diverse backgrounds. If you require
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to the Queensland Mental Health Commission.

Acknowledgements

Recognition of First Nations peoples

We respectfully acknowledge First Nations peoples in
Queensland as the Traditional Owners and Custodians
of the lands, waters and seas. We acknowledge those
of the past, who have imparted their wisdom and whose
strength has nurtured this land. We acknowledge Elders
for their leadership and ongoing efforts to protect and
promote First Nations peoples and cultures.

We recognise that it is our collective effort and responsibility
as individuals, communities and governments to ensure
equity, recognition and advancement of First Nations
Queenslanders across all aspects of society and everyday life.
We walk together in our shared journey of Reconciliation.

Recognition of lived-living experience

We acknowledge trauma experienced by individuals, families
and communities across Queensland. We recognise your
journey navigating services and systems, and your resilience,
resourcefulness and strength in the face of adversity.

We recognise with gratitude the leadership of individuals,
families, carers and kin with lived-living experience.
Your courage and generosity in sharing your expertise,
insights and recommendations are invaluable to advancing
toward a more understanding, trauma-informed Queensland.
Thank you for your commitment to partnering with us as we
move forward together.

We sincerely thank the broader Queensland community
for its vital contribution to crafting this strategy. Your insights
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a trauma-informed Queensland. Your courage and openness
in sharing your experiences has guided us towards meaningful
and impactful change.

We acknowledge the professionalism and commitment of the
mental health, alcohol and other drugs, suicide prevention,
and related workforces. We thank you for your concerted efforts
to support quality-of-life outcomes for all Queenslanders.

The Commission's role

The Queensland Mental Health Commission (the Commission)
is an independent statutory body established to drive
ongoing reform towards a more integrated, evidence-based,
recovery-oriented mental health, alcohol and other drugs,
and suicide prevention system.

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Message

From the Premier and Minister

We know that approximately 75 per cent of Australians have experienced at least one potentially traumatic event in their lifetime, with many experiencing two or more events. More than two-thirds will experience a potentially traumatic event by the age of 18 years.

In recent years, the mental health and wellbeing of Queenslanders has been significantly challenged due to the COVID-19 pandemic, as well as natural disasters such as floods and droughts, compounded by the rising cost of living.

Despite these hardships, the remarkable resilience and enduring spirit of Queenslanders has shone through, showcasing individual and community strength in the face of adversity.

This strategy is supported by the Queensland Government's \$1.645 billion *Better Care Together* funding package, delivering a significant investment in improving the quality-of-life of all Queenslanders.

The Queensland Trauma Strategy 2024–2029 (the strategy) seeks to proactively prevent and reduce trauma, support healing and strengthen systems to provide full support to individuals, families and carers, and the broader community. It aims to create a safety net for all Queenslanders—ensuring there is no wrong door to access help, but rather a place of welcome and safety, where every interaction offers support.

The diverse needs, perspectives and recommendations of people with lived-experience have contributed to the development of the strategy, which aims to ensure that all systems—both within and beyond Queensland Government agencies—are adaptable and responsive to the needs of the individuals, families and communities we support.

The strategy highlights the importance of a comprehensive and shared approach within and across all tiers of government and the community. Our aim is to create a nurturing and resilient Queensland where prevention and early support are prioritised.

Our government is committed to ensuring that Queenslanders receive the right support, as early as possible, in their community. Our collective effort will be critical in achieving this goal, and ensuring a healthier, more supportive future for everyone.

The Honourable Steven Miles MP

Premier of Queensland

The Honourable Shannon Fentiman MP

Minister for Health, Mental Health and Ambulance Services and Minister for Women

Foreword

Queensland Mental Health Commissioner

Each of us, at some point in our lives, will face moments of vulnerability, adversity or trauma—whether individually or collectively—and the experience and impact of trauma can vary significantly from person to person. Understanding the diversity in our very human experiences and natural responses to trauma is critical to reducing stigma and fostering a safe, compassionate and supportive community.

Queenslanders have shared profound insights into their experiences of trauma within various services and systems. They emphasised their need to be acknowledged as individuals, families, carers and communities, with an approach that prioritises humanity first. They told us it is important not to be defined or judged by the challenges they face, particularly by the systems and services they access for support. This feedback serves as a reminder of the importance of compassionate support and the need for safe, welcoming environments. These insights shape our commitment to reforming systems and services, where the humanity of every individual and community is seen, heard and valued.

The Queensland Trauma Strategy 2024–2029 is Queensland’s whole-of-government, whole-of-community trauma strategy that takes forward the Queensland Government’s ongoing commitment to enhance the wellbeing of all Queenslanders.

Importantly, this strategy emphasises a non-judgemental and strengths-based approach that reassures us all that it’s okay to not be okay.

The strategy is a proactive and comprehensive commitment to prevent, support and heal from trauma and its impacts. As we developed the strategy, we heard many stories that speak to the strength and resilience of ordinary Queenslanders, but equally we heard about the need for more attuned support during times of distress and vulnerability.

The strategy prioritises safety and trust, ensuring that the principle of doing no harm, or no further harm, is instilled into every interaction and service provided. By supporting the person first—including their extended support networks—we can foster a culture of compassion, dignity and respect.

Addressing the root causes of trauma, including the pivotal role of social determinants, is integral to this strategy’s success. By focusing on these underlying factors—such as economic stability, education, social inclusion, stable and affordable housing, and access to care—we aim to reduce the sources of trauma and foster a healthier, more resilient and compassionate community.

The strategy also highlights the importance of prevention and early intervention, aiming to proactively prevent and reduce the impact of trauma, including reducing stigma and promoting social inclusivity.

Extensive consultation has been vital to developing the strategy, with over 800 individuals, families, carers and stakeholders consulted in communities across the state. I express my deep thanks to everyone who entrusted us with their stories, recommendations and hope for a better future.

But the work does not stop here. Putting the strategy into action requires partnership and collaboration across all systems and sectors. By working together, we can achieve a trauma-informed Queensland where every individual, family and community has the opportunity to lead healthy and fulfilling lives.

Ivan Frkovic
Queensland Mental Health Commissioner

At a glance

The Queensland trauma strategy

Vision

A compassionate, supportive and resilient Queensland, where communities are connected, and systems and services prevent, recognise and respond to trauma, ensuring everyone can lead healthy and fulfilling lives

Guiding principles

The strategy is underpinned by the following guiding principles:

Human rights and dignity

Social justice and equity

Culture matters

Hope and healing

Lived-living experience led

Accountability

Inclusive

Gender safe and affirming

Person-led, family and friends inclusive

Continuous improvement

Address stigma and discrimination

Focus area 1

Prioritise prevention

Prioritise the foundations for prevention

Strengthen individual and community awareness of trauma

Address and actively challenge all types of stigma and discrimination

Build safe, inclusive and respectful environments

Prevent traumatic experiences related to economic, employment and housing insecurity

Prevent system-related trauma

Focus area 2

Early support

Enhance early and compassionate support

Holistic and social supports

Early support, including across the life course

Enhance services and supports

Focus area 3

Foster healing

Reduce the impact of trauma and foster healing

Prioritise First Nations' healing

Address system-related re-traumatisation

Strengthen community-led and place-based initiatives

Trauma-informed justice systems

Focus area 4

Enable reform

Strengthen the systemic enablers for reform

Strengthen human rights approaches to trauma

Build trauma-informed workforces

Strengthen governance and accountability mechanisms

Prioritise lived-living experience leadership and expertise

Fund and resource for sustainable implementation

Enhance cross-sector partnership and collaboration

Improve innovation, evaluation and knowledge translation

What is trauma?

At some point in our lives, everyone will experience vulnerability, adversity or trauma in different ways and to different extents. Latest research indicates that approximately 75 per cent of Australians have experienced at least one potentially traumatic event in their lifetime,¹ with many experiencing two or more events. More than two-thirds of people will experience a potentially traumatic event by the age of 18 years.²

When talking about trauma, it is important to distinguish between a potentially traumatic circumstance and a traumatic response. Trauma is a state of high arousal that is one possible response to a potentially traumatic event or circumstance, such as violence, injury or adversity. Trauma may arise from a single experience, a series of events, or ongoing circumstances. While adverse events and experiences can leave lasting negative effects on physical and/or mental wellbeing, the impacts of trauma are unique to each person. Healing, growth and resilience are achievable with timely and appropriate support.³

A potentially traumatic event or circumstance can present in a range of ways and may involve actual, threatened or perceived risks of serious harm to an individual's physical or mental health, safety or wellbeing, whether experienced directly or indirectly. A traumatic response is when this event or circumstance is experienced as physically and/or

emotionally harmful or life-threatening and has a negative effect on a person's functioning and mental, physical, social, emotional and spiritual wellbeing.⁴ These experiences differ for everyone and not all individuals exposed to the same event will experience a traumatic response.

A degree of distress is very common in the early aftermath of exposure to traumatic circumstances and is a natural human response.⁵ For most people, experiences of distress settle down in the initial days and weeks following the traumatic event as they come to terms with their experience, using their usual coping strategies and support networks.⁶ For some people, feelings of distress can continue well after the traumatic event has passed, potentially leading to anxiety, depression or the emergence of post-traumatic stress disorder (PTSD).^{7,8} For the purpose of this strategy, the word 'trauma' is used to refer specifically to traumatic responses.

Language matters

Language is important. It shapes our perceptions, approaches and responses to trauma, and significantly influences people's experiences. How we use language can communicate a sense of compassion, safety and care. However, an inappropriate use of language can inadvertently perpetuate harm and stigma.

The preferences and interpretations of language can vary significantly among different stakeholders. Currently, there is no clear consensus on the language that is used to talk about trauma and related concepts in Queensland. As our knowledge of trauma, trauma-informed practice and healing is continuously emerging, a shared understanding of trauma and trauma-informed approaches is also evolving. This language is dynamic and continuously progressing. We will continue to work towards a shared and contemporary understanding of key terms and phrases.

Prevalence and impact of trauma

75%
of Australian adults
have experienced
a traumatic event at
some point in their life.⁹

Around **7%** of Australians
or over **1.5 million people**¹⁰
will experience PTSD at any given point
– with rates higher in females.¹¹

More than
1.8 million
cases
of depressive, anxiety,
and alcohol and
other drug disorders
could be prevented if
childhood maltreatment
was eradicated.¹²



Queensland
is the most
disaster-prone state
in Australia—with
over **100**
disaster events
reported since 2011.¹⁴

In Australia, **80%**
of people with problematic AOD use
have experienced
a traumatic event
with most experiencing multiple traumas.¹³

Up to **70%**
of older adults
have experienced a
psychologically traumatic
event in their life.¹⁵

Types of trauma

Trauma is one possible response to an event or circumstance that is experienced as physically or emotionally harmful or life-threatening that has lasting effects on a person's functioning and mental, physical, social, emotional and spiritual wellbeing.¹⁶

Trauma can be experienced by an individual directly or indirectly.¹⁷

Indirect trauma is sometimes referred to as **vicarious trauma**.¹⁸



Trauma exposure may encompass a single potentially traumatic exposure or event, or it may result from repeated exposure to the same or multiple potentially traumatic events over time. This type of trauma is called **cumulative trauma**.¹⁹

Historical trauma encompasses a generational aspect but is experienced by a group of people who share a common identity or circumstance.²⁰ Unresolved historical trauma can be passed down across generations and manifest as **intergenerational trauma**.



Potentially traumatic events or experiences involve actual, threatened or perceived risk of serious harm to physical or mental health, safety or wellbeing.²¹

Collective trauma involves populations of people who experience a potentially traumatic event together, such as a war, acts of terrorism, or natural disasters.²²



Complex trauma involves cumulative traumatic experiences that are invasive and interpersonal in nature. These experiences often (but not always) occur in childhood and involve feelings of shame, being unsafe and/or trapped and unable to trust.²³

System-related trauma can occur from a potentially traumatic event within a system or institution. For example, invasive or restrictive practices, child removals, seclusion or intimidation.²⁴

Impacts of trauma

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.^{25, 26} 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.²⁷

Trauma can affect a person's body, mind, and social, cultural and spiritual life. In the short term, a person may experience different physical responses to potentially traumatic circumstances or experiences, and these physiological responses are often described as fight, flight,

freeze or fawn. This refers to facing the perceived threat (fight), leaving the circumstances (flight), being unable to move or respond (freeze), or attempting to please to avoid conflict or threat (fawn).

Experiences of trauma and traumatic stress can be associated with functional and chemical changes in the limbic area and brain stem, particularly when potentially traumatic events occur at key times during brain development, such as early childhood. Early exposure to potentially traumatic events and adversity, especially when prolonged and without support, can heighten a child's stress response. This heightened stress can hinder the development of biological systems essential for long-term health, such as the neural/nervous systems, immune system, hormonal balance, digestive functions and cardiovascular health.

Prevalence and impact of trauma Children and young people



Nearly 2 in 3

Australians have experienced at least one form of child maltreatment prior to the age of 18.²⁸

Young people aged 16–24 years with experience of child maltreatment are almost

3 times

more likely to have a mental health disorder than those who do not.²⁹

By the age of 10–11 years,

53%

of Australian children have been exposed to at least two family adversities.³⁰

Children who are brought to the attention of child protection systems

as a result of abuse, neglect, or parental incapacity are at least

9 times

more likely to come under the supervision of youth justice services.³²

Nationally, there were

275,000

notifications of alleged maltreatment of children in 2021–22.³³

Suicide is the **leading cause of death**

in young people aged 15–24.³¹

These experiences can significantly impact a child’s development, particularly when the child is subjected to ongoing traumatic events or circumstances, leading to significant challenges in areas such as organisation, emotion recognition and regulation, social skills and relationships. Trauma can manifest in physical ways, particularly in young children, who may struggle to articulate and process their experiences verbally. These responses can vary with developmental age, and in young children, it may appear as emotional or behavioural issues.³⁴

Trauma can disrupt a child’s bond with their primary caregiver, increasing the risk of long-term hardships. Collectively, these issues can impair cognitive and language development, delay learning and skill acquisition, and affect the ability to form relationships and regulate emotions. Positive childhood experiences, such as nurturing relationships, stable environments and supportive educational opportunities can significantly protect children from the impacts of early potentially traumatic experiences and stress. These positive experiences foster resilience, enhancing a child’s ability to cope with challenges, and promote healthy development.

Trauma can also have ongoing physical and biological impacts on adults, including an increase or reduction in sleep, appetite and energy levels. Chronic traumatic stress can also disrupt the functioning of the nervous and immune systems, potentially resulting in a range of chronic health conditions.

The experience of potentially traumatic events can also have a range of psychological impacts. For some people, the experience of distress may persist long after the event has occurred and result in a diagnosis of a mental illness, which may include an adjustment disorder, anxiety, depression or the development of post-traumatic stress disorder (PTSD).^{35,36} PTSD is characterised by at least one month of intense, disturbing thoughts, images and feelings related to their experience, ongoing anxiety and hypervigilance to threat, the re-living of events through flashbacks or nightmares, persistent feelings of sadness, fear or anger, and thoughts of shame and self-blame.³⁷ Children may also be diagnosed with trauma-related mental illness, however the criteria for diagnosis is different to adults.

Trauma can also impact a person’s social, cultural and spiritual life. This includes the way a person thinks, feels and interacts with others, which also may impact a person’s relationships with others and influence their help-seeking and engagement with support.^{38,39} Conversely, engagement with social, cultural and spiritual activities and communities can promote positive outcomes for people who experience trauma.

Frequency, severity, duration and whether the type of trauma is experienced as single occasion, cumulative, complex, vicarious, collective, intergenerational or historical trauma can have different impacts. Some people are more likely to experience potentially traumatic events due to contextual factors such as age, supports available to them, and situational or environmental factors. This includes First Nations peoples, refugees and people seeking asylum, veterans and people working in occupations that are regularly exposed to potentially traumatic circumstances, either directly or indirectly.

Prevalence and impact of trauma First Nations

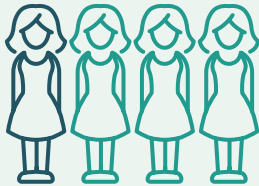


Older First Nations members of the Stolen Generation are more likely to face **adverse health and wellbeing outcomes** compared to their peers who were not removed from their families.⁴⁰

In communities with higher cultural and social engagement among First Nations people—marked by increased participation in cultural events, ceremonies and community activities—**young people experienced a**

37% lower suicide rate.⁴¹

Prevalence and impact of trauma Women



1 in 4 Australian women

have experienced **emotional abuse by a current or former partner** since the age of 15.⁴²



Australian and international research suggests that

up to **1 in 3**

women identify their birth experience as traumatic.⁴⁶

Among women aged **18–44 years**

violence against women is the **single biggest risk factor** contributing to disease burden, more than smoking, drinking or obesity.⁴³

70–90%

of **perinatal women** who have **engaged with mental health services** at some point during their perinatal journey **disclosed experiences of trauma.**⁴⁵

1 in 4 perinatal women

and approximately

1 in 15 men

will develop perinatal anxiety and depression during pregnancy and in the postnatal period, requiring treatment.⁴⁷

Studies indicate between

70–90%

of women in correctional centres

nationally have experienced family, domestic and sexual violence.⁴⁴

Table 1: Possible negative impacts of trauma across the life course

The experience of traumatic stress can impact wellbeing at any point across the life course. Our experiences and responses are unique and produce varying levels of intensity.⁴⁸ Across all age groups, timely, effective and appropriate support can assist with healing and growth.⁴⁹

Perinatal period

The **perinatal period**, spanning from conception to two years postpartum, can be a pivotal time filled with hope, expectation and opportunity. For some, however, this can be a challenging time marked by difficult and adverse experiences and complex emotions. This period can also introduce significant vulnerabilities for expecting and new parents. The effects of unsupported historical trauma, alongside intergenerational, childhood and acute (environmental or event-related) trauma, often present significant barriers for parents to access essential services for their families.

Infants and young children

In **infants and young children**, the experience of potentially traumatic circumstances may disrupt healthy brain development and further impact their cognitive, emotional and social development. This underscores the need for growth-promoting and nurturing environments.^{50,51} Early exposure to trauma and adversity, especially when prolonged and without support, can heighten a child's stress response. This heightened stress can affect the development of biological systems essential for long-term health, such as the neural/nervous systems, immune system, hormonal balance, digestive functions and cardiovascular health.⁵² Additionally, trauma can disrupt a child's bond with their primary caregiver. These issues can impair cognitive and language development, delay learning and skill acquisition, and affect the ability to form relationships and regulate emotions.

Young people

In **young people** from ages 12 to 25 years, the experience of potentially traumatic circumstances may impact their mental wellbeing, relationships, and education or employment outcomes. Exposure to trauma during adolescence and early adulthood is linked to an increased likelihood of experiencing mental health issues, alcohol and other drug use concerns, self-harm and suicidal behaviour. Beyond the psychological and emotional impacts of potentially traumatic events, there may also be significant adverse physical health outcomes, including impact on the nervous and immune systems.⁵³

Additionally, children and young people may come into contact with the youth justice system due to a complex interplay of historical, environmental, institutional and systemic factors. Many of these young people may have neurodevelopmental disorders or other conditions that often remain undiagnosed, as well as exposure to potentially traumatic experiences, including experiencing severe maltreatment.⁵⁴

In Australia, children involved with child protection services are markedly more likely to also be engaged with youth justice services. The connection between childhood adversity and later contact with the criminal justice system is complex and influenced by multiple factors. This can include experiences of racism, socioeconomic disadvantage, family conflict, limited parental involvement and the challenges of out-of-home care.⁵⁵ These are further compounded by continued inequities that result in a disproportionate representation of particular groups of young people involved with tertiary systems (e.g. Aboriginal and Torres Strait Islander young people).

Adults

In **adults**, there are a range of common reactions that might be seen following the experience of a potentially traumatic event. People might experience difficulty sleeping, muscle tension, aches, an increased heart rate, changes in appetite, digestive issues, headaches or teeth grinding. Responses can include hypervigilance, an exaggerated startle reflex, avoidance of trauma reminders, social withdrawal and diminished interest in activities they once enjoyed.⁵⁶

Some may experience increased alcohol and other drug use or engage in risk-taking behaviours. Cognitive challenges such as poor concentration, decision-making difficulties and short-term memory problems may occur alongside intrusive memories like persistent thoughts or nightmares. Emotionally, feelings of tension, fear, anxiety, sadness, detachment or anger are common, as are guilt, shame and a sense of vulnerability. These responses may alter a person's self-perception and worldview, potentially leading them to see their surroundings as dangerous and others as untrustworthy.⁵⁷ In adults, these experiences may pose challenges to physical and mental wellbeing and may contribute to impacts experienced in relationships and work.⁵⁸

Older adults

Older adults can often face unique challenges related to physical health, social isolation and mental wellbeing, which can be further complicated by past traumatic experiences.⁵⁹ At least 70 per cent of older adults have experienced a traumatic event at some point in their lives.⁶⁰ Although many go on to lead happy and fulfilling lives, the impact of traumatic experiences may persist, and this includes affecting emotional regulation, behaviour and overall functioning, particularly in care settings. These environments may contribute to the experience of trauma and/or re-traumatisation by evoking past trauma or restricting autonomy, choice and control.

The onset of conditions such as dementia can trigger the re-emergence of traumatic stress symptoms that have previously been dormant. Common care practices, such as assistance with personal care, or features like locked wards, can trigger distress in older people who have experienced trauma. This distress may manifest in behaviours of aggression, agitation or withdrawal. The connection between these behaviours and trauma in geriatric and dementia care is not often well understood.

These behaviours can lead to the use of chemical restraints, which are not only minimally effective but also carry significant side effects, as well as human rights concerns. Emerging evidence suggests that symptoms of post-traumatic stress disorder may be mistakenly attributed to behavioural and psychological symptoms of dementia, highlighting a critical area of concern in geriatric care practices.⁶¹

Prevalence and impact of trauma

Further groups impacted



Between

31–46%
of newly arrived
humanitarian migrants

have moderate or severe
psychological distress⁶²
— but just

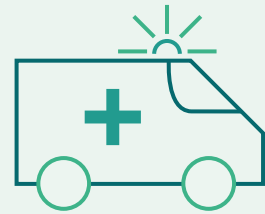
1 in 5 engage in
help-seeking
behaviour.⁶³

Nationally, the

LGBTQIA+ community

in Australia experiences a disproportionate amount
of distress and trauma compared to
the general population.⁶⁴

Up to **90%**



of emergency services workers

experience life-threatening incidents or witness deaths
and severe injuries at work.⁶⁵

Over half
of Australians
with disability
have experienced
physical or sexual violence

and

between
57–73%
of people with disability
experience violence.⁶⁶

What is healing and resilience?

Healing can mean different things to different people and communities. *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040 (Leading healing our way)* is Queensland’s strategy for First Nations healing and was developed through an extensive community-led process. It highlights that ‘healing enables people to address distress, overcome trauma and restore wellbeing. It occurs at a community, family and individual level and continues throughout a person’s lifetime and across generations.’ While this definition was developed by First Nations peoples, it provides a holistic frame through which healing can be understood across all communities.

Some people prefer to use words other than healing to describe the desired outcome of minimising the negative and longer-term impact of trauma. For example, resilience is also used and can be applied at an individual or community level. While acknowledging that there is no consensus on language, for the purpose of this strategy we have predominantly used the word healing.

There are unique challenges experienced by different groups, whether due to socio-economic disparities, systemic inequalities, current and historical injustices, or other causes. These challenges can disrupt healing from potentially traumatic events, regardless of a person’s or community’s actions or efforts to remain safe. There is a need to create and strengthen environments that prevent, understand and provide early support for people, groups and communities impacted by trauma. This includes enhancing community-based settings and environments where people can feel safe and connected. Strengthening government and non-government systems and sectors to provide inclusive, culturally safe and responsive, trauma-informed approaches is also critical to support healing and wellbeing.

The strategy acknowledges that to support whole-of-community healing, Queensland must embed the learnings, journeys and wisdom of First Nations people. This includes through processes such as truth-telling and Treaty, prioritising actions that support self-determination, and embedding First Nations healing frameworks into systems and communities across Queensland. First Nations Queenslanders have voiced that an approach acknowledging cultural wisdom, authority and connection is needed to truly embed systemic and collective healing.

At an individual level, just as people’s responses to events and circumstances can vary, so too can their approaches to healing. For example, support might include a range of biological, psychological, social, cultural and spiritual approaches. Some people may never disclose a traumatic experience or event to another person, while some people may seek professional help or assistance, and others may prefer to engage in broader community activities or seek individual support through their partner, family or friend, or their medical practitioner, community or faith leader.

Definitions of individual healing suggest that ‘the goal of healing is not the eradication of all symptoms but the creation of an empowered and connected life’.⁶⁷ It can involve integrating and making sense of experiences, finding ways to cope with their effects, and moving towards a sense of wholeness and wellbeing. This is sometimes referred to as post-traumatic growth, and can involve education, developing regulation skills, accessing support from others, developing resilience and creating safety. Ultimately, healing from trauma enables individuals to reaffirm their agency and autonomy, restore a sense of self and safety, and move forward with renewed hope.

Regardless of the approach, it is critical that people who have experienced trauma can access early support that may be informal and formal, based on their needs, preferences and experiences. Across all modes or approaches to healing, the emphasis is on promoting choice and agency by having a range of options that are accessible and readily available, as soon after the traumatic event or circumstance as possible. Through consultations, Queenslanders have voiced a strong preference for a comprehensive, whole-of-person approach that considers not only physical health but also mental, emotional, spiritual and social wellbeing. This recognises these factors work together and underscores the necessity for comprehensive and integrated strategies at all levels (individual, community and system).⁶⁸

What are trauma-informed approaches?

‘Trauma-informed approach’ is an all-encompassing term used to describe different levels of knowledge, skill, capability and capacity, including environments, culture, policies, practices and procedures required to support healing. Trauma-informed approaches encourage a shift in perspective from ‘what’s wrong with you?’ to ‘what do you need to feel safe?’. Trauma-informed approaches emphasise understanding the impact of past and present experiences on a person’s physiological, psychological and psychosocial responses to current circumstances. Queenslanders told us the quality of the response a person receives can significantly impact how the experience of trauma will affect them in the long term. We all have a part to play in creating trauma-informed social, emotional and built environments that enhance safety.








Queenslanders have further identified several principles to guide and underpin a whole-of-government, whole-of-community strategy. These principles have been incorporated as foundational elements of the strategy, drawing upon diverse frameworks and emphasising safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and

choice, and humility and respect for diverse needs, preferences and experiences, including historical, cultural and gender perspectives.^{69,70} These approaches must seek to emphasise the importance of respect, dignity and hope, focus on the entire context, and actively resist re-traumatisation.⁷¹

Figure 1 provides a framework to understand the different levels of trauma-informed knowledge, capability and capacity that are required across systems and workforces, communities and individuals. The figure proposes four levels of trauma-informed knowledge and response, and their application across different settings. These four practice levels create an integrated trauma-informed practice framework that facilitates a coherent way of working within organisations, agencies, systems and the broader community.

Figure 1 describes the interplay between universal and specialist approaches, all operating within a trauma-informed framework. It acknowledges that people move between these levels based on their needs, in a non-linear way.

Figure 1: A trauma-informed Queensland, adapted from Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity.⁷²

| | Systems and workforces | Communities | Individuals |
|---|--|---|---|
| Trauma aware: Everyone has a role to play in understanding trauma and awareness-raising. These approaches promote connection, inclusion, compassion, equity, prevention, help-seeking and help-offering, and apply at all levels. |  |  |  |
| Trauma skilled: The provision of basic support and a fundamental approach to trauma, regardless of whether the trauma is disclosed or known. This applies to most organisations, workforces and communities responding to individuals who are likely to have experienced trauma. |  |  | |
| Trauma enhanced: Specific methods are used by professions and workers, in identified systems and workforces, who provide support to people who have experienced traumatic events. |  | | |
| Trauma specialised: Specialised and formalised interventions or support delivered by people with expertise in trauma, including people with lived-living experience and other specialist professions. This can include organisational, systems and built environment design. |  | | |

With up to 75 per cent of adults experiencing events that could lead to trauma, all parts of the system and communities must work together in a way that acknowledges and responds to trauma appropriately. While systems, communities and individuals are interrelated, not everyone needs to be an expert in trauma and healing. However, all people should have a foundational level of **trauma awareness**.

Similarly, in some communities there should be some people who are not just trauma aware, but also **trauma skilled** and can provide a higher level of trauma-informed knowledge, awareness and response, depending on

community needs. This can also differ across First Nations peoples, the LGBTQIA+ community, people who are culturally and linguistically diverse, and people with disability.

Some settings and workforces will require more advanced trauma-related knowledge, capability and capacity depending on their function within the system, the frequency with which they are likely to respond to people with experiences of trauma, and the duration of this exposure. As this level of knowledge, capability and capacity increases, we use the terms **trauma enhanced**, and finally, **trauma specialised**.

Potential benefits of trauma-informed approaches



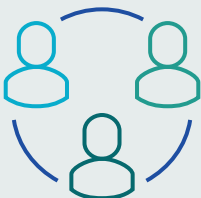
Individuals

- Improved health and social and emotional wellbeing
- Enhanced quality of life
- Enhanced choice, agency and autonomy
- Increased safety and reduced incidence of system-related traumatisation and re-traumatisation
- Better interpersonal relationships



Communities

- Enhanced cultural safety and responsiveness
- Increased sense of community safety, leading to higher participation and engagement
- Increased community resilience, leadership and capacity
- Enhanced access to education (e.g. by having trauma-informed schools)
- Enhanced access to healthcare and social supports



Systems and workforces

- Better workforce wellbeing, retention, satisfaction and sustainability
- Reduced pressure on tertiary systems (e.g. hospital, justice, homelessness)
- Reduced use of restrictive practices (e.g. seclusion and restraint)
- Increased access, equitable support and consistency of response across systems (e.g. justice, education, health and human services)
- Increased efficiency and impact (e.g. through better-aligned policies and processes that recognise and prevent re-traumatisation, increase integration, and improve data, research and evaluation, including with people with lived-living experience)

Towards a trauma-informed Queensland

The strategy establishes a whole-of-government, whole-of-community approach for integrating trauma-informed practice across Queensland. It is a five-year strategy that seeks to ensure we create the best possible conditions for individuals, families and carers, and communities to receive the right support as early as possible. This strategy is structured around four key focus areas:

- Prioritise prevention
- Early support
- Foster healing
- Enable reform.

To move towards a more trauma-informed Queensland, a collaborative, partnership-based approach is required across government and the community. All touchpoints a person has across systems should include a focus on preventing trauma, providing accessible support early, enabling people and communities who have experienced trauma to explore what healing means to them, and enabling reform to strengthen the systemic enablers for change. Implementation of the strategy will prioritise the needs, preferences and experiences of individuals, families and communities in regional, rural and remote areas of Queensland. Recognising the inherent strengths and resilience of our communities, this strategy seeks to ensure that the system adapts to provide consistent and tailored support, when, where and how it is needed.

Focus area 1 is centred on prevention, aiming to minimise the occurrence and impact of potentially traumatic events across the life course and significant life contexts. This involves equipping individuals, families and communities with the knowledge, skills and resources needed to prevent potentially traumatic experiences. This includes a focus on preventing unintended system-related trauma for individuals, families and communities engaging with different agencies.

Focus area 2 emphasises the role of early and compassionate support, prioritising timely support that is both suitable and easily accessible. It also underscores the importance of an integrated, system-wide approach where services are accessible, regardless of where a person lives in Queensland. Applying a ‘no wrong door’ approach, the strategy seeks to ensure that individuals, their families and carers are supported to receive an integrated service response across programs, service providers or sectors, reducing barriers and enhancing support.

Focus area 3 seeks to reduce the long-term effects of trauma by creating an environment in Queensland that fosters healing and enables those who have experienced trauma to pursue what healing means to them. It strongly emphasises strengthening community-led and community-based support systems. By enhancing community-led approaches, focus area 3 aims to support communities to facilitate collective healing and drive sustainable change from within. This approach builds on the foundational efforts delivered across the system to recognise the far-reaching impacts of trauma.

Focus area 4 targets the foundational elements necessary for systemic change, requiring coordinated effort, strong partnership, leadership and dedicated resources across all levels. This includes integrating trauma-informed principles and practice frameworks within government agencies to lead the changes to the system that are required to address the root causes of trauma and adversity. The activity in focus area 4 includes an emphasis on coordinated and evidence-based policy development and strategic planning, supported by fit-for-purpose investment and funding models, as well as a focus on building trauma-informed workforces. This focus area also includes an emphasis on leadership by people with lived-experience of trauma alongside shared governance and leadership structures. This seeks to ensure that individuals, families and carers are actively enabled to participate in shaping the programs and services that impact them, fostering a sense of ownership, respect and inclusion.

The policy landscape

The strategy provides the authorising environment and shared foundations for embedding trauma-informed approaches across the Queensland Government and the broader community. It responds to recommendation 6 of the Mental Health Select Committee *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

The Mental Health Select Committee recommended the Queensland Government develop a whole-of-government trauma strategy to be implemented by the Queensland Government, and that the strategy:

- a) considers multidisciplinary trauma research and implements best practice strategies for responding to people who have experienced trauma, including but not limited to physical and sexual abuse, domestic and family violence, and adverse childhood experiences.

- b) considers how trauma-informed practice can be embedded in service provision in human services areas, including health, housing, education, corrective services and child safety.⁷³

Implementing the strategy will involve collaboration across Queensland Government agencies and broader stakeholders to build on the work that is already underway to drive system change. This strategy contributes to and builds onto the considerable efforts and investment in improving outcomes for all Queenslanders, such as *Putting Queensland Kids First: Giving our kids the opportunity of a lifetime*. The development of the strategy was informed by reforms that are occurring at the international, national and state levels (see Table 2 and **Appendix 2** for a more extensive list of reforms). The strategy aims to bridge existing gaps and strengthen the collective effort towards establishing a trauma-informed Queensland.

Table 2: Examples of international, national and state plans and approaches

International conventions

- *Universal Declaration of Human Rights*
- *United Nations Declaration on the Rights of Indigenous Peoples*
- *United Nations Convention on the Rights of Persons with Disabilities*
- *United Nations Convention on the Rights of the Child*

National policy, frameworks and programs

- *National Agreement on Closing the Gap*
- *Gayaa Dhuwi (Proud Spirit) Declaration*
- *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing*
- *The National Mental Health and Suicide Prevention Agreement and the Bilateral Schedule on Mental Health and Suicide Prevention: Queensland*
- *The National Plan to End Violence against Women and Children 2022–2032*
- *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*
- *Australia's Disability Strategy 2021–2031*
- *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021–2026*
- *National Drug Strategy 2017–2026*
- *National Disaster Mental Health and Wellbeing Framework*

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Principles

| Principle | We aim to demonstrate this: |
|--|---|
| We uphold and prioritise the human rights and dignity of all people. | By actively safeguarding the human rights and dignity of all individuals, groups and communities across age, race, culture, gender, sexuality and socioeconomic status. |
| We are committed to social justice and equity. | By addressing social, cultural, historical and structural determinants of health. We seek to ensure that all individuals, families and communities have equal opportunities to receive support, as early as possible and for as long as it is needed, in their community. |
| We uphold the social and emotional wellbeing of all First Nations Queenslanders. | By recognising the protective value of cultural rights and traditions. By working to enhance culturally safe and responsive support across all interactions and environments, embedding First Nations leadership and expertise. By committing to truth-telling and healing to address historical and ongoing injustices. |
| We are led by people with lived-living experience of trauma and their families, kin and carers. | By working to embed the leadership, expertise and voices of people with lived-living experience and their families and carers, including the provision of peer support. |
| We are person-led, family and carer inclusive. | By promoting understanding and seeking to offer compassionate and holistic support tailored to the diverse and individual needs of each person. |
| We prioritise gender safety and affirmation in all our environments, interactions and initiatives. | By designing our environments, policies and practices to prioritise gender safety and inclusivity, and by engaging with community voices to continuously refine our approach. By committing to creating gender-safe and affirming environments that respect and value every person, and uphold the dignity and safety of all individuals, groups, and communities. |
| We are committed to inclusivity, regardless of people's background, location, ability or circumstances. | By proactively addressing power imbalances, being adaptable and responsive, and creating environments, programs and services that are welcoming, trustworthy and accessible. |
| We are committed to fostering hope and healing as foundational elements of our approach. | By working to enhance compassionate support, we foster an environment of optimism and care that leverages our individual and collective strengths, enabling growth and healing. |
| We address and eliminate all forms of stigma and discrimination. | By actively challenging myths and stereotypes about the impacts of trauma and adversity, to encourage help-seeking and embed trauma-informed responses. |
| We prioritise partnership, collective responsibility and accountability. | By acknowledging the shared responsibility of government, private, public and non-government sectors and industries, along with communities and individuals, to promote wellbeing and enhance outcomes. |
| We facilitate best practice and continuous improvement. | By sharing our learnings, data and evaluations, and undertaking activities that build our knowledge base and experience. |

Prioritise prevention

Prioritise the foundations for prevention

An effective response to trauma must start with prevention. This includes strategies that aim to promote wellbeing and create safe and supportive environments for all. To strengthen our approach to preventing trauma, strategies must seek to support life's big settings—where we are born, live, work, play and age.

Priority areas

Strengthen individual and community awareness of trauma

Promoting a comprehensive understanding of adversity, trauma and healing at an individual and community level is vital for preventing and reducing the impact of trauma. Creating an environment that recognises trauma encourages both help-seeking and help-offering.

This strategy aims to enhance awareness and literacy about trauma across the community. Collaboration, education and compassion will strengthen the capacity and capability of individuals, families and communities to recognise and respond to trauma. The way traumatic events and circumstances are reported by the media can also contribute to trauma and re-traumatisation. Solutions should be co-designed with people with lived-living experience, including families, carers and support people to ensure they are effective and responsive to the needs of the community.

Address and actively challenge all types of stigma and discrimination

Stigma has a significant impact on mental health and wellbeing outcomes for people with lived-living experience of trauma. Stigma often serves as a barrier to seeking help, deterring those in need and isolating them from potential support. Widespread community education and open conversations about trauma can challenge misconceptions and stereotypes about trauma.

By promoting a more informed and compassionate understanding of trauma and its effects, we can break down the stigma that actively discourages individuals, families and carers from talking about trauma and from seeking and accessing support. Through consultations, we heard about the experiences of stigma across various systems and sectors, including health, justice, welfare, and within the community.

For example, people who use drugs experience significant stigma and discrimination in Queensland. These experiences not only deter people from seeking support but also influence the way support is provided, resulting in inequitable support, care and treatment. Comprehensive and multifaceted approaches are required that address individual attitudes and behaviours alongside approaches that are focused on societal structures and systems. This includes building the cross-sector workforce capacity in sectors such as health, housing, child safety and justice to reduce stigma through ongoing training and professional development led by people with lived-living experience.⁷⁴

LGBTQIA+ people also often face high levels of discrimination, prejudice, violence, abuse and judgement, significantly impacting mental health and wellbeing. In 2019, the Private Lives 3 survey estimated that 61 per cent of respondents had experienced intimate partner violence, and 81 per cent of those with severe disabilities had experienced family violence.⁷⁵ Understanding the drivers of family violence within LGBTQIA+ communities is essential for targeting prevention efforts and providing early support. Repeated experiences of stigma and discrimination can lower the expectations of LGBTQIA+ people regarding the right to be treated equally and with respect. This, combined with broader societal violence, can normalise experiences of violence within family or intimate partner contexts.

An integrated approach must be led and co-designed by the LGBTQIA+ community to ensure relevance and effectiveness. In this way, an intersectional approach can be adopted that listens to the diverse needs, experiences, identities and preferences of the LGBTQIA+ community.

Build safe, inclusive and respectful environments

Fostering healthy relationships and connections is fundamental to preventing and reducing the impact of trauma. These bonds provide emotional support, enhance resilience, and offer a sense of security and belonging that can buffer against the effects of stress and adversity. Schools, communities, workplaces and families can all play a significant role in nurturing these connections, so every individual can access supportive and enriching relationships that contribute to their overall wellbeing.

Education is a vital protective factor for lifelong wellbeing. Educational settings play an essential role in supporting the social and emotional development and wellbeing of children and young people.⁷⁶ But for some children, school may not be a safe or supportive environment, which can further complicate their ability to thrive academically or socially. Comprehensive, whole-of-school approaches in all Queensland schools will ensure that students who may have emotional or behavioural challenges and experiences of trauma will receive more appropriate responses to support academic engagement.

Promoting mentally healthy workplaces can prevent and reduce the impact of trauma. Mentally healthy workplaces foster a culture of psychological safety where employees feel empowered to voice concerns without fear of reprisal. This includes integrating trauma-informed practices into existing frameworks and ensuring that all employees receive adequate training and support. In addition, there is a need to ensure the rights, freedom from stigma and discrimination, and personal safety of sex workers, ensuring access to comprehensive and tailored support services, upheld by strong protections.

Queensland's legislative framework for managing psychosocial risks and hazards in the workplace is designed to ensure workplaces are accountable and support mental health in the workplace. Further effort to enhance compliance, fully implement codes of practice, and establish clear guidelines for risk assessment and management should be considered to minimise trauma and enhance wellbeing outcomes.

The strategy recognises the critical importance of fostering safe and supportive environments across all professions, and that some workplaces present a greater risk of exposure to traumatic experiences than others. This includes police officers, ambulance officers, firefighters, emergency service workers, corrective services officers and defence force personnel. These professions are inherently exposed to high stress environments and require systems that aim to prevent trauma, but also mitigate its effects when prevention is not possible.

This could be through comprehensive training programs that focus on recognising the signs of trauma, employing effective coping strategies, and fostering resilience to support better employee outcomes.

Prevent traumatic experiences related to economic, employment and housing insecurity

Our mental health and wellbeing are shaped by the conditions in which we are born, live, work, play and age. Strengthening the social determinants of mental health and wellbeing is key to preventing and reducing the impact of adversity and trauma, as well as fostering healing and resilience.

A secure and nurturing home environment extends beyond emotional support to include access to the material basics and essential services. Factors that influence mental health and wellbeing outcomes include access to safe and affordable housing, stable employment and healthcare. Economic stability can be addressed through income security, reducing poverty, and reliable and affordable transport, which enable economic participation and access to essential services and supports.

It is well evidenced that women experience a lifetime of economic inequality and insecurity despite performing essential roles in both paid and unpaid capacities.⁷⁷ These roles include caring for and educating children, as well as providing care for elderly family members and others, and paid employment. Additionally, there is strong evidence that connects economic insecurity with intimate partner violence. Opportunities to create and embed safe, secure, flexible and equitable work opportunities to support the economic participation of women are critical.

In order to reduce the impact of trauma, there is a need to address the social, economic and environmental issues that influence it. This includes cost of living hardship, unaffordable housing, and educational disparities that can significantly impact people's response and capacity to heal. In addition, it is imperative that we continue our commitment to supportive pathways out of homelessness. This includes no discharge or exit to homelessness from hospital or custodial settings.

It is also important to consider cultural factors. For First Nations peoples, cultural determinants are factors that promote resilience, foster a sense of identity, and support good mental and physical health and wellbeing for individuals, families and communities. These cultural determinants centre on First Nations-led definitions of the domains of social and emotional wellbeing, including physical, social, emotional, spiritual and ecological wellbeing for the individual and the community. To holistically address the individual and collective wellbeing of First Nations peoples, both social and cultural determinants must be prioritised to elevate a strengths-based approach to First Nations' social and emotional wellbeing.⁷⁸

Prevent system-related trauma

Some interactions or experiences with systems can unintentionally cause harm and this can undermine their intended positive impacts. This could include issues with the physical environment, disrespectful or inappropriate language used by workers, or processes and procedures that can have negative impacts.

Enhanced training for the people who work within these systems to recognise and appropriately respond to trauma is important to minimise the risk of traumatising people.

The active involvement of people with lived-living experience in co-designing and reviewing policies, programs and legislation is necessary to build a more trauma-informed Queensland. Adopting a co-design approach ensures that people who are affected by changes have their voices at the centre of this process. This tailors services more closely to the needs of those they seek to support, and can also enhance the overall effectiveness and compassion of the care provided.

First Nations peoples, LGBTQIA+ people, people who are culturally and linguistically diverse, people with disability, people who use drugs, and women who have experienced domestic and family or sexual violence report experiencing system-related trauma, including through negative experiences navigating systems and structures intended to provide support.

To further protect against system-related harm, there is a need to establish trauma-informed oversight mechanisms and review processes. These mechanisms will work towards identifying and responding appropriately to instances of harm and enhance protections for human rights. This particularly includes groups such as First Nations communities, LGBTQIA+ people, people who are culturally and linguistically diverse, people with disability, and people with lived-living experience of mental ill-health, problematic alcohol and other drug use, or suicidality.

Actions

Strengthen individual and community awareness of trauma

1. Develop and promote a shared language and common understanding of trauma that is co-produced with people with a lived-living experience.
2. Encourage media reporting and communication on traumatic events and traumatic experiences that positively supports community awareness and reduces the impact of harmful content.
3. Enhance community awareness of trauma to improve understanding and recognition, and to encourage help-seeking and help-offering.

Address and actively challenge all types of stigma and discrimination

4. Build community capacity and capability to address discrimination and stigma in relation to alcohol and other drugs, mental ill-health, suicide and eating disorders.
5. Implement activities to address discrimination, challenge misconceptions and stereotypes about trauma through socially inclusive approaches across all health and human service provision contexts and settings.

Build safe, inclusive and respectful environments

6. Promote evidence-based, whole school approaches to student engagement and wellbeing that incorporate trauma-informed practice.
7. Enhance workplaces' capability to identify, address and respond to workplace risks and hazards as early as possible, including compliance with the *Work Health and Safety Act 2011* (Qld) and the *Managing the risk of psychosocial hazards at work Code of Practice 2022*.
8. Improve trauma awareness and workplace capacity to prevent (where possible) and reduce primary and vicarious trauma in professions likely to respond directly to traumatic circumstances such as police, ambulance and fire services, emergency services, and corrective services officers.

Prevent traumatic experiences related to economic, employment and housing insecurity

9. Review through a trauma-informed approach, opportunities to enhance initiatives for people experiencing financial hardship and housing insecurity.
10. Develop and implement a range of tenancy sustainment and supportive housing options for vulnerable Queenslanders, including a commitment to 'Housing First' models.
11. Increase the availability of programs specifically for people with lived-living experience of trauma that support pathways to employment, with a specific focus on people who seek asylum, people from refugee backgrounds and First Nations Queenslanders.

Prevent system-related trauma

12. Develop and trial a tool in consultation with people with lived-living experience to support government agencies to undertake a trauma-informed self assessment of appropriate policies and practices.
13. Enhance oversight mechanisms and complaint processes to be trauma-informed, including to identify and appropriately respond to system-related harm and enhance human rights protections.

Early support

Enhance early and compassionate support

To reduce the impact of trauma, it is essential to enhance early and compassionate support for individuals, families and communities. It is important to provide timely, culturally safe and holistic support by addressing specific stressors, life stages and transition points, such as adolescence, parenthood or retirement. By tailoring our approaches to these pivotal moments, we can more effectively assist people navigating life's challenges and changes and promote smoother transitions and healthier outcomes.

Priority areas

Holistic and social supports

Supports need to include both traditional medical models and models that consider the person in the context of their broader social and emotional wellbeing. Aboriginal and Torres Strait Islander Community Controlled Health Services provide an example of how holistic and social supports can be provided in a healthcare setting. Another example includes models of social prescribing, where healthcare professionals have a stronger focus on addressing social determinants of health through linking people to support outside the traditional health system. These models can include elements of community engagement, enhancing social support systems, and providing greater access to psychosocial support in addition to clinical support, and can contribute to improving issues such as social inequity, stigma and discrimination, and systemic barriers that perpetuate trauma.

Reducing the impact of trauma begins with early identification and support. This strategy is committed to enhancing the identification of trauma by implementing reliable, safe and proactive measures across all points of contact within the community. This approach highlights the notion that every interaction can provide support, either through immediate aid or by connecting individuals to additional resources.

Early support, including across the life course

The experience and impact of adversity, trauma and healing can impact a person differently at different times in their life. It is important that timely support is available across all aspects of a person's life. This begins before a person is born and extends to childhood and adolescence, as well as in older age. Timely support can help to reduce the impacts of traumatic experiences and this can prevent distress.

Perinatal: Some parents in the perinatal period may have their own experiences of trauma, and women are at an increased risk of experiencing violence from an intimate partner during pregnancy. It is estimated that 2 in 5 women experience violence during pregnancy and 1 in 6 experience violence for the first time during pregnancy.⁷⁹

Additionally, during the perinatal period, experiences of trauma, including historical experiences, can be activated. This can significantly impact the mental wellbeing of individuals and non-birthing partners, further complicating their care.

First Nations-led and owned Birthing on Country services and facilities are important for cultural safety and offer the best start in life for First Nations families. All perinatal parents must receive access to timely, culturally safe and responsive, and comprehensive support, enabling them to overcome barriers and nurture a healthy family environment.⁸⁰

Infants and children: Every child should be well-supported and equipped to navigate challenges and be protected as much as possible from traumatic experiences and their effects. This goes hand in hand with efforts to ensure that children are provided optimal opportunities to thrive.⁸¹ Without timely intervention early in childhood, the effects of early adversity can extend over a person's life.⁸²

Recent studies, including research within Australia, suggest that a comprehensive approach is required to support childhood wellbeing. This includes ensuring services for children are family-centred, and those for adults are child-aware.⁸³ This can enhance public and caregiver understanding of child development and trauma prevention, ensure universal access to developmental and health screening, enhance family-based support and services, and provide integrated service responses to those facing trauma or with complex needs.

Young people: A multifaceted approach is required to effectively prevent and reduce the impact of trauma on young people. This entails the full implementation of respectful relationships education across all Queensland schools, addressing alcohol consumption among young adults, and enhancing public health initiatives targeting intimate partner and sexual violence. Integrating respectful relationships into schools can be further enhanced by incorporating specific gender-based considerations. This includes practical advice to support gender self-identification and supporting the needs, preferences and experiences of LGBTQIA+ relationships among young people.

In addition, developing and implementing trauma-informed and evidence-based approaches will support re-engagement with educational environments for children, young people and families experiencing school refusal.

It is important to integrate trauma-informed support for children and young people at risk of, or in contact with systems such as child safety and youth justice. Strategies to support children and young people at risk of, or in contact with the youth justice system are required to reduce and respond early to trauma, including enhanced diversionary responses and more appropriate alternatives to youth detention and watchhouses. For young people, services need to ensure access to safe, appropriate and stable housing, and consider access to diverse supports and services. These may include cultural connection, local community services, mental health, alcohol and other drug services, domestic and family violence support services, education, employment, and connection with pro-social peers and activities.⁸⁴

Older people: Promoting optimal mental health and wellbeing for older people supports their overall quality-of-life outcomes. It is particularly important to create environments—both physical and social—that nurture wellbeing and enable people to pursue fulfilling activities. Targeted approaches for early intervention among vulnerable older people and communities where potential trauma may arise may include initiatives that reduce financial insecurity, ensure safe housing and accessible transportation, foster robust social support networks and promote healthy lifestyle choices. Cultivating social connections is central to these efforts, which not only enhance mental wellbeing but also reduce risks, including social isolation and loneliness. Additionally, protecting against ageism and abuse through policy measures and support for caregivers is paramount to ensuring the dignity and wellbeing of older people.

Women: Women can experience trauma through many different experiences and stages of their life, including, but not limited to the perinatal period and related instances of violence. In Australia, a quarter of women who experience gendered violence report multiple forms of interpersonal victimisation throughout their lives, including child sexual abuse, domestic and family violence, sexual assault and stalking.⁸⁵ Women of all ages face gender-based violence in various forms, such as sexual abuse, harassment and technology-facilitated abuse, across all settings.⁸⁶

The experiences of violence among women and children are diverse and unique. Certain environments, and the intersection of gender inequality with other forms of disadvantage and discrimination, can intensify violence against women and children. This can be less visible and less understood by some groups in the community.⁸⁷

The consequences of violence include a heightened risk of PTSD, depression and anxiety among women.⁸⁸ Addressing structural barriers is essential for supporting long-term positive outcomes. This involves preventing and eliminating system-related harms, creating safe environments for victim-survivors through safe, appropriate and affordable housing, and improving justice responses.

High risk professions: Enhancing early intervention and providing tailored support for professions that directly respond to traumatic circumstances is key to addressing the impact of cumulative trauma. This includes defence force personnel and other first responders such as firefighters, police officers, and ambulance and emergency medical staff. To effectively reduce trauma among professions more frequently exposed to traumatic circumstances, evidence-based support systems that are specifically designed to meet the unique needs of these groups are needed. This may include specialised training in resilience and stress management, access to mental health professionals who are familiar with the specific challenges faced by first responders, and the establishment and expansion of peer support networks.

Natural disasters: Australia is facing increased frequency and impact of climate-related disasters, particularly affecting rural and remote communities. Effective disaster recovery relies on coordinated efforts that integrate the social factors necessary for mental health recovery and positive longer-term mental health outcomes. Responses driven by local services with established community ties are known to be effective, though capacity can be limited if staff are also impacted by a disaster. To ensure support is effectively tailored, approaches must be grounded in the needs, preferences and experiences of diverse ages, groups and communities.

Enhance services and supports

The experience of trauma is highly individual, as is the path towards healing, and it is important that people have agency in this process. It is also important to ensure that appropriate support is available as soon as possible within peoples' community of choice. During the consultation process, women and girls, in particular, expressed their experiences of dismissal, gender-based discrimination, and not being believed or heard when seeking help from services. Negative past experiences can serve as a significant deterrent to accessing support. Equally, families and carers emphasised the importance of feeling heard and valued when seeking support for those they care for.

Young Queenslanders also emphasised the need for accessible, affordable, age-appropriate options, both place-based and online, that support confidentiality and prioritise the needs of young people.

Traumatic events can have a profound and lasting impact on mental health, ultimately increasing a person's vulnerability to suicide.⁸⁹ It is vital to foster supportive environments and ensure that a trauma-informed approach is applied across

all suicide prevention initiatives from prevention to intervention and postvention—particularly given the potential for trauma resulting from suicide-related distress and/or the loss of a loved one to suicide.

Service integration is important, so people do not fall through the gaps, particularly for those people who are exiting custodial or hospital-based settings. Additionally, adopting a 'no wrong door' approach means that people can access integrated services wherever they present, without the need to re-tell their story, fostering a sense of safety and validation.

This should include mechanisms that allow people to safely express concerns when services do not meet their expectations, such as through structured and accessible feedback processes, the ability to change practitioners, and flexible service access.

People in rural and remote areas have need for a wider range of clinical and psychosocial services. While telehealth and digital mental health services are increasingly identified as beneficial, they should complement, not replace, community-based and locally-led services. Strengthening local community capacity and fostering peer-to-peer support is essential for building resilience and connection, particularly in terms of prevention and early support. Strengthened integration and coordination of services can support the healing process and improve outcomes.

Integrating considerations of adverse childhood experiences into supports and interventions can proactively address the potential long-term impacts of trauma. By focusing on the early identification of adverse childhood experiences, we can intervene sooner, potentially reducing the impact of adverse outcomes.

There is increased recognition that service provision should extend beyond immediate crisis intervention services and should ensure that support is available to people when they are ready to seek support. This could be achieved by initiatives such as expanding the availability and eligibility of crisis supports—including domestic and family violence and sexual violence services—to focus on providing person-led support beyond the initial point of crisis.

Creating a safe environment, both physically and emotionally, requires the intentional and comprehensive integration of trauma-informed principles and practices into the overarching structure, service delivery and culture. This requires a review of current practices and procedures and taking steps to incorporate trauma-informed approaches within policies and practices.

Actions

Holistic and social supports

14. Explore opportunities to extend the range of psychosocial programs and whole-of-person wellbeing supports available to people following exposure to traumatic circumstances.

Early support, including across the life course

15. Extend community-based support (including home visiting services) that are family and carer inclusive in the perinatal period and the first 2,000 days.
16. Enhance and expand supports available to people who have experienced trauma in the perinatal period, including termination of pregnancy, early pregnancy loss, stillbirth and birth trauma.
17. Enhance access to culturally safe and responsive support, including trauma-informed maternity and perinatal care practices that incorporate cultural healing.
18. Increase the availability of parenting programs and supports for families with infants and children, ensuring these services are culturally safe and responsive, and tailored to support the needs of diverse communities.
19. Implement respectful relationships education for young people in all Queensland schools as a whole school primary prevention approach to contribute to the prevention of domestic, family and sexual violence.
20. Strengthen trauma-informed service integration (e.g. multi-agency coordination panels) for children and young people at risk of, or in contact with multiple tertiary systems, such as youth justice, child safety or a child and youth mental health service.
21. Support students to remain engaged with school by promoting a whole school approach to supporting student wellbeing.

Early support, including across the life course (continued)

22. Strengthen diversionary responses for children and young people known to the criminal justice system, with a particular focus on regional and remote communities, while promoting community safety.
23. Build and strengthen trauma responses tailored to older people across multiple settings and contexts, including strengthening recognition and response to elder abuse.
24. Enhance early intervention and tailored supports for individuals who work in professions that commonly respond to traumatic incidences, such as first responders and frontline staff.
25. Expand access to specialist alcohol and other drug treatment and harm reduction services, including for pregnant women, non-birthing partners and people with young infants.
26. Ensure disaster management frameworks are trauma-informed and promote person-led trauma responses across the life course.

Enhanced services and supports

27. Increase the availability and ease of access to services and supports for people following exposure to trauma or adversity.
28. Integrate consideration of adverse childhood experiences into all relevant supports and interventions to address potential long-term impacts as early as possible.
29. Explore opportunities to expand support services for people who have experienced historical trauma, including historical experiences of domestic and family violence and sexual violence, to ensure appropriate support is available beyond the point of crisis.

Foster healing

Reduce the impact of trauma and foster healing

A strong theme from the evidence, policy review and consultations is the concept of ‘healing’.

Healing is a complex concept for many people with lived and living experience of trauma, and healing means something different to each person. The aspiration of this strategy is to create an environment in Queensland that fosters healing and enables people who have experienced trauma to pursue what healing means to them.

Priority areas

Prioritise First Nations’ healing

In Queensland, as in other parts of Australia, the cultural knowledge of First Nations peoples endures as the foundation for strong identity and connection. It is the source of resilience, survival and excellence for all First Nations peoples. Queensland is the second largest state in Australia, with many diverse First Nations communities that have different traditions, cultures, identities and experiences of both intergenerational trauma and their own healing journeys.

For First Nations peoples, healing is a holistic process that addresses mental, physical, emotional, and importantly spiritual needs, through connection to culture, kin, family, and the land and sea.⁹⁰

Healing initiatives for First Nations peoples must be grounded in Aboriginal and Torres Strait Islander ways of knowing, doing and being. It is important to acknowledge that healing initiatives are often based on generational and cultural wisdom and do not fit within western frameworks. To prioritise First Nations healing, we must listen to the voices of First Nations leaders and Elders and embed cultural perspectives and practices that recognise the resilience, wisdom and strengths of First Nations cultures.

While the experience and impact of colonisation may differ between communities within Queensland, many First Nations communities continue to experience the ongoing impacts of intergenerational trauma caused by colonisation and ongoing oppressive practices. This includes epidemic disease that caused an immediate loss of life, occupation of land by settlers, violent oppression of First Nations peoples, and forcibly moving First Nations peoples to missions. This also extended to harmful government policies in more recent times, including the Stolen Generations and ongoing

experiences including the perpetuation of racism and discrimination.⁹¹ The legacy of these policies continues to impact people who were removed from their families and their descendants. These impacts significantly disrupted the social and emotional wellbeing of First Nations people and their connections to healing practices, body, mind, spirit, culture, and the land and seas.

All Queenslanders have a part to play in the healing and truth-telling journey—to respect First Nations cultural authority and leadership, to acknowledge shared history, and to actively address the ongoing discrimination and racism experienced by First Nations peoples. A lack of shared understanding is often a source of intergenerational trauma for many First Nations people and inhibits the healing journey. *Leading healing our way* identifies that ‘more than 85 per cent of Australians believe it is important to learn about our shared history, including the occurrence of mass killings, incarceration, forced removal of children from families, from land and restriction of movement’. By openly acknowledging past injustices and committing to shared futures through Treaty and truth-telling processes, we can foster trust and Reconciliation, creating a solid foundation and promoting ongoing healing across generations.

Queensland supported the development of *Leading healing our way*. This strategy builds on the Queensland Government’s First Nations reform agenda, including the Path to Treaty, *Making Tracks Together – Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework*, *Leading healing our way*, *Local Thriving Communities Action Plan* and *Better Justice Together: Queensland’s Aboriginal and Torres Strait Islander Justice Strategy 2024–2031*.

This strategy promotes the continued implementation of *Leading healing our way* and aims to support all First Nations peoples and communities to move through healing journeys at the right time and pace for them. This includes supporting local leadership and community decision-making on all decisions that affect First Nations peoples, including the timing and extent of support, investment, and action needed from government and other services.

The trauma strategy particularly emphasises the need for a comprehensive and multifaceted approach to address the impacts of intergenerational trauma—led by First Nations peoples—that also promotes the social and emotional wellbeing of First Nations peoples and communities. Truth-telling and Treaty are also critical to the healing and social and emotional wellbeing of First Nations peoples and communities, and are foundational to our shared commitment to healing.

Address system-related re-traumatisation

Re-traumatisation that occurs within systems—whether healthcare, justice or social services—can severely impact the healing process and make existing trauma worse. The system needs to be more trauma-informed to prevent these outcomes. By identifying and changing the practices that contribute to re-traumatisation, we aim to create safer, more supportive environments for people. This involves training staff, revising protocols and integrating a trauma-informed philosophy across all levels of service delivery, to enhance supportive interactions that help rather than harm those seeking help.

Holistic and integrated approaches help to effectively address and reduce the impact of trauma across various service settings. This includes enhancing health-based responses for people who use drugs. By emphasising health-oriented approaches to alcohol and other drugs, rather than criminal justice measures, we aim to reduce system-related trauma. This also requires addressing stigma and discrimination, strengthening and upholding human rights protections, and considering the legislative environment through a trauma-informed lens.

Simultaneously, there is a need for renewed effort to significantly reduce and eliminate restrictive practices in health and human services settings. This includes transitioning away from the use of seclusion and restraint toward methods that uphold the autonomy and dignity of people with lived-experience, their families and kin, carers and support people. By exploring and implementing alternative approaches, health and human services can enhance the care they provide to foster a more effective healing process.

Consultations identified the need for more tailored responses to meet cultural and gender-specific needs, particularly in institutional settings where potential traumatisation and re-traumatisation can arise. Tailored approaches that are sensitive and responsive to the diverse needs, experiences and preferences of people, and that facilitate more effective, respectful and compassionate interactions and environments are necessary.

Consideration of the specific needs of children and young people at risk of, or in contact with the child safety and youth justice systems is important. These are areas where improved responses can significantly impact young lives. By evaluating the effectiveness of existing responses and identifying potential gaps, we can develop more robust protections and support mechanisms for these vulnerable groups. The aim is to enhance these systems, so they not only prevent further trauma but also actively contribute to the healing and development of young people. Through careful assessment and tailored improvements, we can foster a safer, more supportive environment that further promotes the wellbeing and future outcomes of all children and young people within these systems.

Improving the collection and analysis of data on system-related harm is also important. Enhanced data collection will inform responses and preventive measures, help reduce the incidence of trauma, and enhance interventions that are both effective and compassionate.

Strengthen community-led and place-based initiatives

This strategy is committed to strengthening communities' capacity and capability to reduce the impact of trauma and foster healing. This approach recognises that communities themselves are best placed to lead localised and tailored approaches that reflect and respond to their needs. This includes prioritising community-led initiatives that enable local groups to develop and implement trauma-informed strategies. It also involves a deliberate focus on building capacity and capability through intentional, collaborative processes.

Putting communities at the forefront ensures solutions are informed and actively shaped by the people who best understand the local context. Enabling communities to lead the co-design of approaches assists in developing strategies that are culturally safe and responsive, sustainable, and deeply embedded in the local fabric. This approach extends beyond consultation to active leadership by community members.

Strengthening the capabilities of a broad range of community groups and organisations—from local sports clubs and social groups to community-based services—is an important component of identifying and addressing trauma. Better equipping these services means they can provide both an initial contact point for individuals, families and communities impacted by trauma, as well as ongoing support networks. Strengthening community resilience provides a buffer against adversity, such as natural disasters, and is the basis for quick and effective recovery, that promotes longer-term support and healing.

Trauma-informed justice systems

Comprehensively integrating trauma-informed approaches across systems in Queensland will help improve outcomes for individuals, groups and communities impacted by trauma. This includes exploring opportunities to refine the legal and justice systems to better enable them to respond to trauma, prevent re-traumatisation and improve justice outcomes for all Queenslanders.

As women are overwhelmingly impacted by trauma—particularly trauma related to domestic and family violence and sexual violence—opportunities to strengthen gender-responsive and trauma-informed approaches are needed across the criminal justice system. This approach should be designed to support women and girls who are seeking the support of the criminal justice system, or are at risk of, or already engaged with the criminal justice system.

Research indicates that women in the criminal justice system are overwhelmingly victim-survivors of male-perpetrated violence. An appropriate and trauma-informed response to gender-based violence should enhance support and improve outcomes for victim-survivors. Improving equitable justice outcomes for all victim-survivors is essential, including eliminating barriers to reporting, enhancing access to legal representation, building workforce capability to provide appropriate supports, and strengthening the capacity of legal services, police, judiciary and corrections is vital.

Stakeholders indicated an urgent need to establish a specialist mental health and trauma support program for women and girls in custody in Queensland, including those on remand. Consideration should be given to the unique needs and vulnerabilities of children whose parents are involved with the criminal justice system, including those who reside with their mothers in correctional centres. This ensures that the rights of the child are safeguarded, and less restrictive and reasonable alternative approaches to maintain the connection between mother and child are explored.

A program of this nature would support comprehensive assessment, treatment and care while in custody and through transition back into the community. Supportive programs that are trauma-informed and gender responsive, address mental health issues, and facilitate healing from trauma, including trauma arising from domestic and family violence and sexual violence, can address factors contributing to offending behaviour and help reduce the risk of re-offending.

First Nations children, young people and adults are disproportionately represented across adult and youth justice systems, largely due to First Nations peoples being more likely to experience systemic disadvantage in the context of ongoing racism, intergenerational trauma and disconnection from culture. The rate of adult imprisonment among First Nations people is highest for males aged 30–39.⁹² Culturally appropriate early intervention initiatives and programs should be developed to support families and people who are at risk and to reduce the likelihood of First Nations boys and men entering the criminal justice system. Initiatives and programs must build on existing strengths in First Nations communities and be grounded in strong connection to community, family, culture and country.

Justice initiatives that are more inclusive and supportive of those impacted by trauma—such as expanding legal representation and advocacy—need consideration, especially in circumstances where people face significant challenges without sufficient legal support. It is also important to identify and reduce barriers to justice and make justice more attainable and less intimidating, including initiatives that promote people’s understanding of their rights and obligations within these processes.

The strategy recognises the importance of aligning existing laws and policies with trauma-informed care principles to help support therapeutic approaches, help prevent trauma and avoid further harm. A comprehensive approach to embedding trauma-informed practice across the legal and justice system will help promote the rights and wellbeing of individuals impacted by trauma and reduce cumulative harm caused by cross-system interactions.

Actions

Prioritise First Nations' healing

30. Progress truth-telling and healing, including prioritising a trauma-informed approach to ensure the safety of all people involved with the Truth-telling and Healing Inquiry and to foster community engagement.
31. Progress the implementation of *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040* across whole-of-system and whole-of-community, including community-led healing through culture, and developing First Nations-led evaluation frameworks.
32. Assess the feasibility of Queensland implementing an accountability framework led by First Nations peoples to address institutional and systemic racism, disadvantage and re-traumatisation of First Nations peoples.
33. Grow and strengthen community-led responses, awareness and education on the impacts of historical and intergenerational trauma on First Nations communities in Queensland.

Address system-related re-traumatisation

34. Enhance help-seeking and prevent system-related trauma for people who use drugs by continuing to shift toward health-related responses, including human rights and the legislative environment.
35. Work toward the elimination of restrictive practices in health settings, and further develop alternatives to seclusion and restraint.
36. Improve cultural and gender-specific responses required to prevent re-traumatisation, particularly in institutional settings.
37. Review system responses to children and young people where trauma can be experienced, including for those in contact with, or at risk of contact with child safety and youth justice.
38. Enhance data on system-related harm to better inform responses and actions and prevent traumatic experiences.

Strengthen community-led and place-based initiatives

39. Actively engage with communities impacted by trauma to design and develop community-led and place-based activities, focused on building mentally healthy and resilient communities, through existing infrastructure such as neighbourhood centres, men's sheds, local sporting clubs and faith-based organisations.
40. Enhance the resources, capacity and capability of the community non-government service system to provide trauma-informed responses appropriate to the people they work with, and in the communities they are based.

Trauma-informed justice systems

41. Continue to implement in full the Queensland Government response to the recommendations of the Women's Safety and Justice Taskforce series of reports, *Hear her voice*, as well as the Commission of Inquiry into Police Responses to Domestic and Family Violence as a Queensland Government priority.
42. Review and evaluate existing restorative justice activities and opportunities for expansion with a trauma-informed approach.
43. Increase access to navigation and advocacy supports for victim-survivors and people in contact with the criminal justice system.
44. Explore options for peer and lived-experience-based support approaches within the criminal justice, court and custodial systems.
45. Expand delivery of trauma-informed and culturally appropriate supports tailored to children and young people in detention, particularly for First Nations children and young people who are disproportionately represented in the criminal justice system.

Enable reform

Strengthen the systemic enablers for reform

Strengthening the foundational enablers that underpin effective reform is key to achieving a more trauma-informed Queensland. These are the critical elements and systemic changes required to prevent and reduce the impact of trauma and promote mental health and wellbeing for Queenslanders. An emphasis on human rights, workforces, governance and accountability, lived-living experience leadership, co-design, funding and cross-sector partnerships is critical.

For further consideration

An effective evidence-based approach to trauma requires a human rights focus. This is consistent with what we heard during consultations for the strategy:

“All roads lead back to human rights.”

Human rights

A system that embeds human rights enables equitable rights, protection of autonomy, agency, active citizenship, dignity, choice and control. There is a need for system responses that recognise and respect the inherent value of people seeking treatment and support, including families and carers; has effective safeguards to protect human rights; and delivers least restrictive practices.

Much can be learned from examining developments in other jurisdictions, both nationally and internationally, to ensure Queensland’s human rights protections and culture is underpinned by evidence and best practice. A culture of continually reviewing practices, including legislative provisions and their effectiveness, is important to cultivate environments that do not inadvertently perpetuate trauma. This involves challenging and revising existing frameworks that fail to support or protect people impacted by trauma, to ensure that all system interactions are built on principles of safety, dignity and respect.

Priority areas

Strengthen human rights approaches to trauma

Queensland was the first jurisdiction in Australia to have a dedicated human rights conciliation process, with positive outcomes delivered to date across health, housing, education and council service delivery, underpinned by legislation and the Queensland Government Human Rights Strategy. The *Human Rights Act 2019* (Qld) protects and promotes 23 fundamental human rights of all Queenslanders. These rights include equality before the law; protection from torture and cruel, inhumane or degrading treatment; cultural rights; humane treatment when deprived of liberty; rights in criminal proceedings; and the right to health services. The *Human Rights Act 2019* (Qld) is currently undergoing an independent review.

While Queensland has made significant progress, there is more to do to strengthen human rights protections and reduce harm through a person-led, trauma-informed and culturally competent system that supports and protects people impacted by trauma.

A commitment to human rights leadership, accountability and culture must be embedded across the system to cultivate environments that do not perpetuate trauma. Human rights must be enshrined in the places we live, work and learn—and this starts with government action and commitment to foster inclusive practice and policies that embed human rights leadership and culture.

Promoting stronger human rights practices and approaches across systems goes hand in hand with better outcomes for people with lived-living experience of trauma and includes governance, leadership and accountability mechanisms.

Build trauma-informed workforces

A strong and supported workforce is integral to improving mental health and wellbeing outcomes for all Queenslanders. This means building the capacity and capability of our workforce to identify and reduce the impacts of trauma. Recognising trauma should lead to tailored adjustments in approach, aiming to eliminate barriers and create environments that promote safety, dignity and healing. Each interaction is designed to not only prevent harm but also reinforce the strengths and resilience of the Queensland community.

Many people come into contact with systems and services during times of distress, crisis or hardship. This presents an opportunity to provide trauma-informed responses to ensure people receive the right support as early as possible. This focus extends to monitoring for signs of vicarious trauma within our workforces and understanding its dynamics—including identifying risk factors and protective measures.

There are four practice levels to trauma-informed approaches outlined in this strategy—trauma aware, trauma skilled, trauma enhanced and trauma specialised. These levels form a continuum of knowledge, skill and understanding designed to support the diverse needs of individuals, families and carers impacted by trauma. It is common for individuals to require support across various levels simultaneously, highlighting the need for a system that is person-led, integrated and responsive to meet diverse needs effectively.

Research⁹³ indicates that cultivating healthy workplaces requires clearly defined roles, appropriate training, boundary setting, peer connection, workload control and task diversity. It also includes promoting reflective practice and providing supervision tailored to both professional and personal needs, alongside policies to identify and address critical and potentially traumatic events in the workplace. Creating safe, supportive work conditions can mitigate risks like burnout and chronic stress, which can contribute to absenteeism and lower job satisfaction.

Care and support are particularly vital for those directly involved in supporting individuals impacted by trauma or in roles where exposure to traumatic experiences is likely. These roles carry an increased risk of vicarious trauma, moral injury and compassion fatigue. Without the requisite knowledge and skills to understand the impacts of trauma and adequately support those who may be impacted, repeated exposure to traumatic experiences may lead to a disconnection from professional values and compromise safety and wellbeing.

Strengthen governance and accountability mechanisms

During consultations, stakeholders overwhelmingly identified the need to strengthen governance, oversight and accountability frameworks across government to promote and foster greater transparency and accountability in organisational decision-making. This includes strengthened complaints processes, acknowledging mistakes and/or wrongdoing when it occurs, and addressing service delivery issues.

“Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe. They are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives.”

(Australian Human Rights Commission)

These themes are consistent with findings from *Let the sunshine in: Review of culture and accountability in the Queensland public sector*, completed in 2022 by Professor Peter Coaldrake. The review was undertaken in response to community and stakeholder concerns about transparency, accountability and integrity within the public sector.

Effective governance strengthens our systems and approaches by fostering accountability and transparency, and emphasising sustainable, system-wide improvement. Collaboration and partnership that extends beyond the healthcare system and engages diverse systems and sectors—spanning tiers of government, non-government, peak and professional bodies, industry, and primary and community sectors—also improves systems and approaches.

Enhancing accountability is essential for successful implementation of trauma-informed strategies that genuinely improve the mental health and wellbeing of Queenslanders. Key to this approach is a commitment to transparency and accountability at every level. By embedding robust accountability frameworks within our governance structures, we aim to cultivate a culture of continuous learning and improvement.

Prioritise lived-living experience leadership and expertise

Prioritising lived-living experience leadership and expertise at all levels will help achieve meaningful outcomes and foster the understanding that people are experts in their own lives. These experiences must be used to inform changes to the system, to ensure it continuously improves for people who have experienced trauma. Anchored in the principle, ‘nothing about us, without us’, the strategy emphasises genuine co-design and co-production at all levels. This includes the integration of lived-living experience leadership across systems and the active involvement of individuals, families and carers in shaping policies, programs and service delivery, as well as overseeing their implementation and effectiveness, including evaluation.

People with lived-living experience, families and carers play a vital role in ensuring that services are tailored to meet the needs of those who use them, and those who support them. Prioritising and growing the peer workforce is essential to the healing journey, providing unparalleled understanding and support. This approach will ensure that solutions are not only effective but also owned by the broader Queensland community.

Fund and resource for sustainable implementation

A well-structured funding approach that supports resilient infrastructure will enhance mental health and wellbeing outcomes for Queenslanders. Effective, early and sustained implementation of a broad range of initiatives across the continuum of need will also help support improved trauma responses. The availability of resources, without disruption, is particularly important to support people, families and communities during times of crisis.

The multifaceted nature of domestic and family violence and its trauma impacts require particular focus. Enhanced coordination and integration across Queensland Government agencies—including health, education, housing and justice—plus the strategic allocation of resources is necessary to enhance the effectiveness of interventions. Strengthening cross-sector approaches will create a more cohesive and comprehensive response system. This would not only address immediate safety concerns, but also support long-term healing and prevention efforts.

The strategic allocation of resources using funding models that are innovative and flexible will support enhanced service delivery, service integration and partnership, awareness and education, community engagement, and capacity building. Outcomes-based funding can increase the adaptability of our efforts, allowing for real-time adjustments based on actual needs and effectiveness.

Enhance cross-sector partnership and collaboration

Robust collaboration and partnership across sectors are important to effectively prevent and reduce the impact of trauma. There is genuine commitment from many systems and services to provide trauma-informed service delivery. However, more can be done to support these systems with foundational knowledge or internal resources, reduce operational silos and promote systemic collaboration. This effort involves adopting a coordinated approach across sectors such as child safety, education, housing, health and the justice system.

This must include partnerships within and beyond Queensland Government agencies, including with the private and non-government sector, academia and industry. This approach will help prevent and respond to trauma by creating a connected, responsive wrap-around system that is informed by community needs and feedback.

Strategic leadership will foster collaboration at all levels of government and service provision, integrating trauma-informed care into service delivery and decision-making processes. This creates a more comprehensive and effective response to preventing and reducing the impact of trauma, by improving collaboration and communication between services to ensure access to information with consent, and enhancing service delivery and client care.

By implementing these strategies, we can build a more resilient and effective system where collaboration is embedded in the operational culture, and ensure that all sectors work together seamlessly to support people impacted by trauma. This enhances efficacy and fosters a more compassionate and comprehensive community response.

Improve innovation, evaluation and knowledge translation

The strategy prioritises the expertise of people with lived-living experience, as well as their families and caregivers. Enabling quality-of-life outcomes for people with lived-living experience, families and carers requires prioritising co-designed and lived-living experience-led research and evaluation to improve approaches effectively.

The strategy prioritises approaches that are co-designed and person-led, ensuring solutions are innovative and informed by the perspectives of those most impacted by them. Leveraging collaborative approaches and partnerships includes sharing and harnessing new ideas and research. Data-driven insights, innovation and evaluation methodologies that are co-designed are a priority.

Data sharing and linkages will enhance accountability and transparency while also respecting confidentiality and consent. Continuous learning and adaptation are central to the implementation of this strategy, with feedback welcomed and used to refine services. The aim is to build and strengthen a sustainable, resilient system that is continually improving and delivering better outcomes at the individual, community and system levels.

Actions

Strengthen human rights approaches to trauma

46. Explore the intersection between trauma and human rights within the current legislative context to determine if changes are needed.

47. Embed human rights leadership and culture across all of government, including meeting statutory obligations to include relevant information relating to human rights in annual reports.

Build trauma-informed workforces

48. Co-produce with people with a lived-living experience, a Queensland trauma core competencies framework, training program and evaluation tool across the four practice levels, to build a shared approach and understanding of focus and scope in responding to trauma.

49. Enhance support and sustainability strategies (including comprehensive planning, training, recruitment, retention and specialist programs) for workforces and professions that frequently respond to traumatic incidents, such as emergency services, police, and other health and human service workforces.

50. Embed evidence-based trauma-related curriculum in higher education courses for a wide range of professions that work across health and human services.

Strengthen governance and accountability mechanisms

51. Develop trauma-informed leadership across Queensland Government agencies for greater accountability, promoting transparency and facilitating continuous improvement.

Prioritise lived-living leadership and expertise

52. Engage with people who have experienced trauma to design, deliver and evaluate policies, processes and systems where appropriate.

Fund and resource for sustainable implementation

53. Ensure security of longer-term funding arrangements to enhance sustainability, growth, workforce retention, and accessibility and availability of supports and services for people who have experienced trauma or adversity.

54. Explore opportunities to enable a holistic approach to resourcing domestic and family violence-informed responses across Queensland Government agencies.

Enhance cross-sector partnership and collaboration

55. Enhance collaboration, information sharing and cross-agency training to foster a shared understanding of trauma-informed principles across Queensland Government agencies.

Improve innovation, evaluation and knowledge translation

56. Ensure Queensland Government policies and planning across all portfolio areas reflect contemporary evidence about trauma and trauma-informed practice, including trauma experienced in diverse contexts and diverse groups, communities and population groups.

57. Enhance data collection and linkage methods, tools, frameworks and practice protocols across Queensland Government agencies that build knowledge of how to prevent and minimise the impacts of traumatic experiences and how to better implement trauma-informed responses across multiple settings and contexts.

Next steps

Accountability for implementation

This strategy aims to build on the progress already achieved through existing policies, programs and funding across government and across sectors. Several government initiatives in areas such as health, mental health, justice, education, and domestic and family violence are already supporting the overarching objectives.

A more detailed implementation plan, developed in collaboration with government departments, will further develop the reforms outlined in the strategy, including a focus on regional, rural and remote areas. It will involve phased and sequenced actions to support the priorities and identify lead agencies and key deliverables across the Queensland Government.

To support implementation, the Commission will explore the establishment of a centre of excellence to build the capacity and capability of Queensland Government agencies. A dedicated trauma centre of excellence could provide access to the latest evidence and insights in trauma-informed practice and support improved outcomes. Additionally, a centre could also provide services for those requiring highly specialised support and treatment beyond the tertiary service system.

The whole-of-government Shifting Minds Strategic Leadership Group comprised of senior government representatives and sector leaders, including lived-experience peak bodies, will oversee implementation and provide the authorising environment to drive reform through a collaborative, coordinated and integrated approach. The Strategic Leadership Group will ensure the reforms outlined in the strategy are connected to and leverage cross-sector strategies and activities. This includes reforms in education, child safety, youth justice, domestic and family violence, and other key areas.

Measuring, monitoring and reporting

To monitor and report on the progress of the strategy, a robust monitoring and evaluation framework will be established. A process will be implemented to ensure continuous learning and the effective translation of knowledge into practice, maintaining the strategy's relevance and appropriateness.

The Commission will lead the oversight, review and reporting on the strategy's implementation. In collaboration with the Strategic Leadership Group, the Commission will develop and refine the approaches to implementing and evaluating the strategy, including establishing review timelines.

Glossary

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| Adversity | A difficult or unpleasant situation, set of circumstances or experiences. ⁹⁴ |
| Co-design | Co-design is a way of bringing people with lived-living experience, their families and carers, and other stakeholders together to improve services. It involves planning, designing and implementing services with people who have experience with the problem or service to find a solution more likely to meet their needs. It creates an equal and reciprocal relationship between all stakeholders, enabling them to design and deliver services in partnership with each other. ⁹⁵ |
| Cultural safety | Cultural safety involves professionals and organisations providing treatment and supports to people with consideration of, and respect to the historical, cultural and social contexts in which they exist. This involves examining their knowledge, assumptions, skills and attitudes, and consists of shifting to the worldview of people and communities. ⁹⁶ |
| Culturally responsive care | Culturally responsive services respect diverse populations' health beliefs, practices, culture, language and faith, and are accessible, approachable, accommodating, affordable and appropriate. ⁹⁷ |
| Early support | Early support includes identifying signs of mental ill-health and other risk factors early, followed by timely care and support to reduce their severity, duration and recurrence, and promote recovery and wellbeing. |
| Families and carers | The term 'families and carers' is used to refer to a broad group of people who have an interest in a person's wellbeing or provide unpaid care and support to another person. It may refer to a family of origin or choice, kinship group or friends, and includes informal carers ⁹⁸ and people under 18 years old. |
| Integrated care | Integrated care refers to the provision of connected, effective and efficient care that accounts for and is organised around a person's health and social needs, across the spectrum of needs and in partnership with the person with lived-living experience, carers and family members. In addition, integrated care takes several key forms, including horizontal and vertical integration, cross-sector integration, people-centred integration, and whole-of-system integration. ⁹⁹ |
| Lived-living experience | Lived experience refers to a person's experience of mental ill-health, problematic alcohol and other drug use, suicidal thoughts, surviving a suicide attempt, or being bereaved by suicide. This strategy uses the term lived-living experience to conceptualise a continuum of experiences that people may have at different times in their lives. The use of the hyphen signifies the fluidity or changing nature of experiences along this continuum. |

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| Mental health and wellbeing | A state of mental wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. ¹⁰⁰ |
| Person-led | Person-led approaches respond to the person as the leader of their life in ways that foster personal agency and the capacity to manage challenges. In addition, person-led approaches require service providers to be accountable to the person. ¹⁰¹ |
| Psychosocial support | Psychosocial support refers to a range of services that improve mental wellbeing and build people's capacity to live well in their communities. This includes helping people to manage daily activities, rebuild and maintain connections, build social skills, participate in education and employment, and facilitate recovery in the community. ¹⁰² |
| Reconciliation | Reconciliation is about strengthening relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples, for the benefit of all Australians. Reconciliation is based and measured on five dimensions: historical acceptance, race relations, equality and equity, institutional integrity and unity. ¹⁰³ |
| Social and emotional wellbeing | This term acknowledges the diverse ways that First Nations people and communities understand, conceptualise and describe a person's overall physical, mental, emotional and social wellness. It recognises the importance of connection to community, family, Country, land, sea, culture and spirituality on a person's wellbeing. ¹⁰⁴ |
| Social determinants of health | The determinants of health are the social, cultural, political, economic, personal and environmental conditions in which people are born, live, work and age. The determinants of health are interrelated with experiences of mental health and wellbeing, alcohol and other drug use, suicide, and the likelihood of poorer outcomes. Uneven distribution of these determinants results in health inequities. ¹⁰⁵ |
| Trauma-informed principles | Several principles underpin trauma-informed approaches. Although diverse frameworks adopt different terminologies, and these concepts continue to evolve, the core concepts remain consistent. These principles can be tailored and adapted to diverse settings, contexts and sectors, incorporating the underlying values of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, humility, and respect for diverse needs, experiences, and preferences. ^{106, 107} |

Appendix 1

Types of trauma

Although there are many ways in which a person can respond to potentially traumatic events or circumstances, these experiences can be broadly categorised as interpersonal, external or environmental.¹⁰⁸ Each experience can have unique challenges and implications.

Trauma can potentially arise from a single traumatic circumstance or event or may result from repeated exposure to the same or multiple types of circumstances or experiences over time. This is often referred to as cumulative trauma.¹⁰⁹ Complex trauma, particularly common in women,¹¹⁰ is associated with the enduring effects of continuous, potentially traumatic circumstances or events that are difficult to leave and often involve interpersonal dynamics. Examples include family and domestic violence, encompassing physical abuse, emotional abuse, sexual violence and elder abuse, as well as medical trauma and witnessing or experiencing community violence.^{111, 112} People experiencing complex trauma often feel trapped, unsafe and unable to trust, leading to feelings of shame. This can further result in challenges in managing emotions and in adopting healthy coping strategies.

Potentially traumatic circumstances or events can occur at any time in a person's life. Adverse childhood experiences is an umbrella term that refers to potentially traumatic experiences that occur during childhood. These experiences are commonly characterised by abuse, which can be physical, sexual or emotional in nature and encompass emotional or physical neglect; household adversities, including mental ill-health, problematic alcohol and other drug use, parental separation, parental incarceration, family and domestic violence; and other adversities such as bullying and/or victimisation, or exposure to a natural disaster, war or terrorism.¹¹³ The protective factors in children's lives, such as supportive relationships and engagement with education, can also play a positive role in minimising the impact of adverse childhood experiences.¹¹⁴ Experiences of adversity and trauma in early life can significantly disrupt a child's developmental journey, with long-lasting and potentially intergenerational impacts.¹¹⁵

Trauma can also extend beyond the individual experience, encompassing vicarious interactions where people may become impacted by witnessing or learning about others' traumatic experiences. This type of trauma, referred to as vicarious trauma, is particularly common among those employed in professions that regularly work with others who are exposed to or who have personally experienced potentially traumatic events or circumstances.¹¹⁶

Some professions are traditionally recognised as being at high risk of experiencing trauma due to their frontline nature, including the defence force, police and emergency services, such as ambulance, fire and rescue, lifesaving and state emergency services—many of which rely heavily on volunteers. It can also extend to other sectors such as healthcare workers, journalists, and those in the legal and justice systems, as well as some individuals in the mining and construction industries.

Trauma can extend across generations and communities, manifesting as intergenerational or collective trauma. Intergenerational trauma occurs within families, where the effects of past traumas are passed from one generation to the next. Collective trauma refers to groups experiencing a traumatic event together, such as during wars, terrorist attacks or natural disasters.

First Nations Queenslanders experience contemporary, historical and intergenerational trauma and this trauma is ongoing and persists.¹¹⁷ The enduring effects of colonisation, systemic racism and discriminatory practices, such as the forcible removal of children, dispossession of land, and loss of cultural identity have further compounded the ongoing challenges and intergenerational trauma experienced by many First Nations families and communities.^{118, 119} Intergenerational trauma is not only an individual experience but can be embedded in the community's history. It encompasses the physical, emotional, mental and spiritual distress passed down through generations. Acknowledging truth is fundamental to healing. By acknowledging these truths, communities can begin to address the root causes of trauma, and foster a shared path towards healing and Reconciliation.¹²⁰

Collective trauma can be experienced and exacerbated by things such as marginalisation, stigma, discrimination and racism. For example, refugees and people seeking asylum often experience a profound range of potentially traumatic events in the context of war, persecution or displacement.¹²¹ These experiences can include loss, torture, ongoing uncertainty, isolation and detention, and violence. These challenges significantly contribute to a variety of issues related to physical and mental health, and social and emotional wellbeing. The complexity of trauma experienced by refugees and people seeking asylum extends from before arrival in Australia, during the migration process, and continues after settlement.

Systems and services designed to support people may unintentionally cause harm. System-related trauma arises from interactions with institutional systems that compound existing trauma and/or create new traumatic experiences. These interactions can challenge the principles of human rights, particularly when marked by insufficient knowledge and capability to respond appropriately. Capacity and resourcing issues in these environments can further alienate and distress people. This underscores the need for systemic reform to reduce these effects and prevent additional trauma.

It is critical that systems recognise the various aspects and points of contact that can be potentially unsafe for people and communities who have experienced traumatic events and circumstances. Without doing so, any intended positive outcomes are likely to be disrupted. Potentially unsafe aspects encompass the physical environment, legislative requirements, culture, practices, use of language, processes, policies and procedures. It is critical that understanding of system impacts is led from the perspective of the person, family and carers involved, through co-design, and by ensuring lived-experience voices and needs are central.

As our environment changes, Queenslanders are also increasingly facing exposure to more potentially traumatic circumstances and experiences due to more frequent and severe natural disasters. Queensland is the most disaster-prone state in Australia. The natural hazards predominantly affecting Queensland communities include bushfires, droughts, floods, storms and cyclones.¹²² Since 2011, Queensland has reported over 100 instances of natural disasters.¹²³ Infants, children and young people in particular face the prospect of living with the long-term effects of climate change, including floods, bushfires and heat waves. These extreme weather events not only threaten immediate physical safety but also lead to broader societal impacts such as food and water shortages, community displacement, and disruption to essential services, heightening the risk of trauma. Research indicates that natural disasters can significantly increase family-related challenges, which may compound or prolong distress, particularly in infants, children and adolescents.¹²⁴

Appendix 2

The policy landscape

International, national and state plans and approaches

International conventions

Human rights are both protections and aspirations, enabling a long-term strong and trauma-informed Queensland community. A human rights approach focuses on collective action for community change, which is a key part of the healing process for people with lived-living experience of trauma.

There have been significant advancements in the protection of human rights to embed these protections as international norms, including:

- *Universal Declaration of Human Rights* which establishes fundamental human rights to be universally protected
- *United Nations Declaration on the Rights of Indigenous Peoples* which establishes human rights standards and fundamental freedoms for Indigenous peoples
- *United Nations Convention on the Rights of Persons with Disabilities* which promotes, protects and ensures the inherent rights of people with disability including social, economic, civil and political rights
- *United Nations Convention on the Rights of the Child* which promotes, protects and ensures the inherent rights of children, including the right of a child to grow up in a family environment in an atmosphere of happiness, love and understanding.

National policy, frameworks and programs

- *National Agreement on Closing the Gap*
- *Gayaa Dhuwi (Proud Spirit) Declaration*
- *Implementation Plan for the Gayaa Dhuwi (Proud Spirit) Declaration* (pending)
- *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (pending)
- *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing*
- *The National Mental Health and Suicide Prevention Agreement and the Bilateral Schedule on Mental Health and Suicide Prevention: Queensland*
- *The National Plan to End Violence against Women and Children 2022–2032*
- *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*
- *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031*
- *National Disability Insurance Scheme (NDIS)*
- *Australia's Disability Strategy 2021–2031*
- *Working together to deliver the NDIS*
- *National Suicide Prevention Adviser – Final Advice*
- *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021–2026*
- *National Drug Strategy 2017–2026*
- *The National Lived Experience (Peer) Workforce Development Guidelines*
- *National Disaster Mental Health and Wellbeing Framework*

Relevant state-based policy, frameworks and programs

- Queensland's commitment to Path to Treaty
- *Reframing the Relationship Plan 2023–2024*
- *Queensland's Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence*
- *Queensland: Good Jobs, Better Services, Great Lifestyle*
- *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040*
- *HEALTHQ32: A vision for Queensland's health system*
- *Queensland Women and Girls' Health Strategy 2032*
- *Communities 2032 and Communities 2032: Action Plan 2022–2025*
- *Local Thriving Communities Action Plan*
- *Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*
- *Queensland Multicultural Policy: Our story, our future and Queensland Multicultural Action Plan 2024–25 to 2026–27*
- *Our way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037 and action plans*
- *Be healthy, be safe, be well framework*
- *Gambling harm minimisation plan for Queensland 2021–25*
- *Homes for Queenslanders*
- *Domestic and Family Violence Prevention Strategy 2016–2026*
- *A Safer Queensland 2024–2028 Youth Justice Strategy*
- *Queensland women's strategy 2022–27*
- *Queensland's Plan for the Primary Prevention of Violence Against Women 2024–2028*
- *Pride in Our Communities: 2024–2032*
- *Putting Queensland Kids First: Giving our kids the opportunity of a lifetime*
- *Domestic and Family Violence Training and Change Management Framework*
- *Future Directions for an Age-Friendly Queensland*
- *Queensland's Disability Plan 2022–27: Together, a better Queensland*
- *A Safer Queensland – Queensland Youth Justice Strategy 2024–2028*
- *Prevent. Support. Believe. Queensland's framework to address Sexual Violence*
- *Managing the risk of psychosocial hazards at work Code of Practice 2022*
- *Better Justice Together: Queensland's Aboriginal and Torres Strait Islander Justice Strategy 2024–2031*
- *Queensland State Disaster Management Plan*
- *Queensland Disaster Management Arrangements*
- *Queensland Disaster Management Guideline*
- *Even better public sector for Queensland strategy 2024–2028*

Our state mental health, alcohol and other drug and suicide prevention strategies and frameworks

- *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*
- *Every life: The Queensland Suicide Prevention Plan 2019–2029 Phase Two*
- *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*
- *Queensland Alcohol and Other Drug Treatment Service Delivery Framework*
- *Regional mental health, alcohol and other drugs and suicide prevention plans*

Relevant inquiries and reviews

- *Hear her voice – Report one – Addressing coercive control and domestic and family violence in Queensland*
- *Hear her voice – Report two – Women and girls' experiences across the criminal justice system and Queensland Government Response*
- *Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders*
- *A call for change: Commission of Inquiry into Queensland Police Service responses to domestic and family violence*
- *Royal Commission into Violence Abuse, Neglect and Exploitation of People with Disability*
- *Bringing them Home—Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*

References

- 1 Australian Government (Productivity Commission) 2020, *Mental Health*, Report no. 95, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health#report>.
- 2 Mathews B, Pacella R, Scott JG, et al 2023, 'The prevalence of child maltreatment in Australia: findings from a national survey' survey', *The Medical Journal of Australia*, vol. 218, no. S6, pp S13-S18, DOI:10.5694/mja2.51873.
- 3 Sweetland, J 2024, *Framing Adversity, Trauma, and Resilience*, viewed 22 May 2024, <https://www.frameworksinstitute.org/publication/framing-adversity-trauma-and-resilience/>.
- 4 Blue Knot Foundation n.d., *What is trauma*, viewed 1 May 2024, <https://blueknot.org.au/resources/understanding-trauma-and-abuse/>.
- 5 Phoenix Australia 2022, *Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD*, viewed 7 May 2024, <https://www.phoenixaustralia.org/wp-content/uploads/2022/07/3.-PTSD-Guidelines-Executive-summary.pdf>.
- 6 Crozier, T, Howard, A, Watson, L & Sadler, N 2024, 'The prevalence and impacts of trauma in adults', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Phoenix%20Australia%20-%20QMHC%20paper%20prevalence%20and%20impact%20of%20trauma%20in%20adults_FINAL_.pdf.
- 7 Blake, J, Kato, A & Scott, J 2024, 'Whole-of-government trauma strategy', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf.
- 8 Scotland Government (NHS Education for Scotland) 2017, *Transforming psychological trauma: a knowledge and skills framework for the Scottish Workforce*, viewed 9 May 2024, <https://traumatransformation.scot/app/uploads/2023/09/nationaltraumatrainningframework-final.pdf>.
- 9 Australian Government (Productivity Commission) 2020, *Mental Health*, Report no. 95, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health#report>.
- 10 Phoenix Australia Centre for Posttraumatic Mental Health 2024, *Can you see PTSD*, viewed 25 June 2024, <https://www.phoenixaustralia.org/ptsd-awareness-day/>.
- 11 Phoenix Australia Centre for Posttraumatic Mental Health 2020, *Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder*, viewed 7 May 2024, <https://www.phoenixaustralia.org/wp-content/uploads/2022/07/3.-PTSD-Guidelines-Executive-summary.pdf>.
- 12 Grummit, L, Baldwin, JR, Lafoa'I, J, Keyes KM & Barrett, E 2024, 'Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment', *JAMA Psychiatry*, published online 8 May 2024 ahead of print. DOI:10.1001/jamapsychiatry.2024.0804.
- 13 Dore, G, Mills, K, Murray, R, Teesson, M, & Farrugia, P 2012, 'Post-traumatic stress disorder, depression and suicidality in inpatients with substance use disorders' in *Drug and Alcohol Review*, vol.31, no.3, pp.294-302. <https://doi.org/10.1111/j.1465-3362.2011.00314.x>.
- 14 Queensland Government (Queensland Reconstruction Authority) 2024, *Getting To Know The Risk of Disaster In Queensland*, viewed 18 June 2024, <https://www.getready.qld.gov.au/understand-your-risk/disaster-risk#:~:text=Since%202011%2C%20Queenslanders%20have%20faced,cyclones%2C%20storm%20tides%20and%20floods.>
- 15 Couzner, L, Spence, N, Fausto, K, Huo, Y, Vale, L, Elkins, S, Saltis, J & Cations, M 2022, 'Delivering Trauma-Informed Care in a Hospital Ward for Older Adults with Dementia: An Illustrative Case Series', *Frontiers in Rehabilitation Sciences*, vol. 3, article 934099, pp. 1-7, DOI:10.3389/fresc.2022.934099.
- 16 Huang LN, Flatow R, Biggs T, et al 2014, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, HHS Publication No. 14-4884. Rockville, MD
- 17 Blake, J, Kato, A & Scott, J 2024, 'Whole-of-government trauma strategy', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf.
- 18 Jones S 2017, 'Describing the Mental Health Profile of First Responders: A Systematic Review', *Journal of the American Psychiatric Association*, vol. 23, no. 3, pp. 200-214, DOI:10.1177/1078390317695266.

- 19 Phoenix Australia Centre for Posttraumatic Mental Health 2020, *Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD*, Phoenix Australia, Melbourne. Available at <https://www.phoenixaustralia.org/australian-guidelines-for-ptsd/>.
- 20 Mohatt NV, Thompson AB, Thai ND, & Tebes, JK 2014, 'Historical trauma as public narrative: A conceptual review of how history impacts present-day health', *Social Science & Medicine*, vol. 106, pp. 128-136, DOI:10.1016/j.socscimed.2014.01.043.
- 21 Crozier, T, Howard, A, Watson, L & Sadler, N 2024, 'The prevalence and impacts of trauma in adults', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 22 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Phoenix%20Australia%20-%20QMHC%20paper%20prevalence%20and%20impact%20of%20trauma%20in%20adults_FINAL_070524.pdf.
- 22 Hirschberger G 2018, 'Collective Trauma and the Social Construction of Meaning', *Frontiers in Psychology*, vol. 9, article 1441, pp. 1-14, DOI:10.3389/fpsyg.2018.01441.
- 23 Cook, A, Spinazzola, J, Ford, J, Lanktree, C, Blaustein, M, Cloitre, M, DeRosa, R, Hubbard, R, Kagan, R, Liautaud, J, Malla, K, Olafson, E, & Van Der Kolk, B 2005 'Complex trauma in children and adolescents' in *Psychiatric Annals*, vol. 35, no. 5), pp. 390–398.
- 24 Blake, J, Kato, A & Scott, J 2024, 'Whole-of-government trauma strategy', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf.
- 25 Bendall, S, Eastwood, O, Spelman, T, McGorry, P, Hickie, I, Yung, A R, Amminger, P, Wood, S J, Pantelis, C, Purcell, R, & Phillips, L 2023, 'Childhood trauma is prevalent and associated with co-occurring depression, anxiety, mania and psychosis in young people attending Australian youth mental health services', *The Australian and New Zealand Journal of Psychiatry*, vol. 57 no. 12, pp. 1518-1526, DOI: 10.1177/00048674231177223.
- 26 Blue Knot Foundation n.d., *What is trauma*, viewed 1 May 2024, <https://blueknot.org.au/resources/understanding-trauma-and-abuse/>.
- 27 Blake, J, Kato, A & Scott, J 2024, 'Whole-of-government trauma strategy', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf.
- 28 Matthews, B et al 2023, 'The Australian Child Maltreatment Study: National prevalence and associated health outcomes of child abuse and neglect', *The Medical Journal of Australia*, vol. 218, no. 6, pp. S1-S51.
- 29 Matthews, B et al 2023, 'The Australian Child Maltreatment Study: National prevalence and associated health outcomes of child abuse and neglect', *The Medical Journal of Australia*, vol. 218, no. 6, pp. S1-S51.
- 30 O'Connor, M. et al 2020, 'Inequalities in the distribution of childhood adversity from birth to 11 years', *Academic Pediatrics*, vol. 20, no.5, pp 609-618, DOI:10.1016/j.acap.2019.12.004.
- 31 Australian Government (Australian Institute of Health and Welfare) 2024, *Deaths by suicide among young people*, viewed 27 May 2024, <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people>.
- 32 Baidawi, S & Sheehan, R 2019, 'Crossover kids': Offending by child protection-involved youth, in *Trends & issues in crime and criminal justice*, no. 582.
- 33 Australian Institute of Health and Welfare 2024, *Child protection Australia 2021–22*, viewed 18 June 2024, <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2021-22/contents/insights/how-is-child-maltreatment-determined>.
- 34 Blake, J, Kato, A & Scott, J 2024, 'Whole-of-government trauma strategy', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf.
- 35 Kuzminskaitė, E, Penninx, B W J H, van Harmelen, A L, Elzinga, B M, Hovens, J G F M, & Vinkers, C H 2021, 'Childhood Trauma in Adult Depressive and Anxiety Disorders: An Integrated Review on Psychological and Biological Mechanisms in the NESDA Cohort', *Journal of Affective Disorders*, vol. 283, pp. 179-191, DOI:10.1016/j.jad.2021.01.054.

- 36 Sahle, B W, Reavley, N J, Li, W, Morgan, A J, Yap, M B H, Reupert, A, & Jorm, A F 2022, 'The association between adverse childhood experiences and common mental disorders and suicidality: an umbrella review of systematic reviews and meta-analyses', *European Child & Adolescent Psychiatry*, vol. 31, no. 10, pp. 1489-1499, DOI:10.1007/s00787-021-01745-2.
- 37 American Psychiatric Association 2022, *What is Posttraumatic Stress Disorder (PTSD)?*, Viewed 2 May 2024, <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.
- 38 Blue Knot Foundation n.d., *What is trauma*, viewed 1 May 2024, <https://blueknot.org.au/resources/understanding-trauma-and-abuse/>.
- 39 Scotland Government (NHS Education for Scotland) 2017, *Transforming psychological trauma: a knowledge and skills framework for the Scottish workforce*, viewed 9 May 2024, <https://traumatransformation.scot/app/uploads/2023/09/nationaltraumatrainningframework-final.pdf>.
- 40 Darwin L, Vervoort S, Vollert E & Blustein S, 2023, Intergenerational trauma and mental health, Catalogue number IMH 18, Australian Institute of Health and Welfare, Australian Government.
- 41 Gibson, M., Stuart, J., Leske, S., Ward, R. & Vidyattama, Y. 2021, 'Does community cultural connectedness reduce the influence of area disadvantage on Aboriginal and Torres Strait Islander young peoples' suicide?', *Australian and New Zealand Journal of Public Health*, vol. 45, no. 6, pp. 643-650, DOI:10.1111/1753-6405.13164.
- 42 Australian Institute of Health and Welfare 2024, *Family, domestic and sexual violence*. FDSV summary. Canberra.
- 43 Webster, K 2016, A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women, *Compass* 07/2016, Australia's National Research Organisation for Women's Safety (ANROWS), viewed 05 June 2024, <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2019/01/19025309/28-10-16-BOD-Compass.pdf>.
- 44 Australian Institute of Health and Welfare 2024, FDSV summary, viewed 04 July 2024, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/fdsv-summary>.
- 45 Delap, N 2021, 'Trauma-Informed Care of Perinatal Women]' Abbott, L. (eds) 2021, *Complex Social Issues and the Perinatal Woman*, Springer Cham, DOI: 10.1007/978-3-030-58085-8_2.
- 46 PANDA 2023, *Submission to the NSW Upper House Select Committee: Inquiry into Birth Trauma*, viewed 31 May 2024, [https://www.parliament.nsw.gov.au/lcdocs/submissions/80734/0241%20Perinatal%20Anxiety%20and%20Depression%20Australia%20\(PANDA\).pdf](https://www.parliament.nsw.gov.au/lcdocs/submissions/80734/0241%20Perinatal%20Anxiety%20and%20Depression%20Australia%20(PANDA).pdf).
- 47 Rawlinson, C 2024, 'Pregnancy and Early Parenting', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Trauma%20Strategy%20-%20Pregnancy%20and%20Early%20Parenting-1.pdf>.
- 48 Crozier, T, Howard, A, Watson, L & Sadler, N 2024, 'The prevalence and impacts of trauma in adults', *Consultation paper: development of whole-of-government Trauma Strategy for Queensland*, viewed 22 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Phoenix%20Australia%20-%20QMHC%20paper%20prevalence%20and%20impact%20of%20trauma%20in%20adults_FINAL_070524.pdf.
- 49 Sweetland, J 2024, Framing Adversity, Trauma, and Resilience, Frame Works, viewed 22 May 2024, <https://www.frameworksinstitute.org/publication/framing-adversity-trauma-and-resilience/>.
- 50 Emerging Minds 2022, *Trauma responses in children aged 0–24 months*, viewed 22 May 2024, <https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2022/08/16141112/Tipsheet-Trauma-responses-in-children-aged-0-24-months-final-Aug-22.pdf>.
- 51 Hoehn, E & De Young, A 2024, 'Infants and young children', *Consultation paper: development of whole-of-government Trauma Strategy for Queensland*, viewed 22 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Trauma%20Strategy%20-%20Infant%20and%20Early%20Childhood%20Updated.pdf>.
- 52 Choi, KR., Stewart, T., Fein, E., McCreary, M., Kenan, KN., Davies, JD., Naureckas, S., & Zima, BT. 2020, 'The Impact of Attachment-Disrupting Adverse Childhood Experiences on Child Behavioral Health', *The Journal of Pediatrics*, vol. 221, pp. 224–229, DOI:10.1016/j.jpeds.2020.03.006.
- 53 Blake, J, Kato, A & Scott, J 2024, 'Trauma in young people', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20in%20young%20people-plain-text-1.pdf>.
- 54 Youth Justice Reform Select Committee 2024, *Interim Report: Inquiry into ongoing reforms to the youth justice system and support for victims of crime*, viewed 27 May 2024, <https://documents.parliament.qld.gov.au/tp/2024/5724T612-1B7E.pdf>.
- 55 Queensland Government (Queensland Treasury) 2021, *Youth offending research brief*, viewed 24 May 2024, <https://www.qgso.qld.gov.au/issues/10321/youth-offending-april-2021-edn.pdf>.

- 56 Crozier, T, Howard, A, Watson, L & Sadler, N 2024, 'The prevalence and impacts of trauma in adults', *Consultation paper: development of whole-of-government Trauma Strategy for Queensland*, viewed 22 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Phoenix%20Australia%20-%20QMHC%20paper%20prevalence%20and%20impact%20of%20trauma%20in%20adults_FINAL_070524.pdf.
- 57 Crozier, T, Howard, A, Watson, L & Sadler, N 2024, 'The prevalence and impacts of trauma in adults', *Consultation paper: development of whole-of-government Trauma Strategy for Queensland*, viewed 22 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Phoenix%20Australia%20-%20QMHC%20paper%20prevalence%20and%20impact%20of%20trauma%20in%20adults_FINAL_070524.pdf.
- 58 Phoenix Australia 2024, *Most people will experience a traumatic event during their life*, viewed 22 May 2024, <https://www.phoenixaustralia.org/your-recovery/>.
- 59 Mitchell, L 2024, 'Trauma in an older adult context', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/TraumaOlderAdults_finaldraft.pdf.
- 60 Couzner, L, Spence, N, Fausto, K, Huo, Y, Vale, L, Elkins, S, Saltis, J & Cations, M 2022, 'Delivering Trauma-Informed Care in a Hospital Ward for Older Adults With Dementia: An Illustrative Case Series', in *Frontiers in Rehabilitation Sciences*, vol. 3, article 934099, pp. 1-7, DOI:10.3389/fresc.2022.934099.
- 61 Couzner, L, Spence, N, Fausto, K, Huo, Y, Vale, L, Elkins, S, Saltis, J & Cations, M 2022, 'Delivering Trauma-Informed Care in a Hospital Ward for Older Adults With Dementia: An Illustrative Case Series', in *Frontiers in Rehabilitation Sciences*, vol. 3, article 934099, pp. 1-7, DOI:10.3389/fresc.2022.934099.
- 62 De Maio, J., Gatina-Bhote, L., Rioseco, P., & Edwards, B. (Australian Institute of Family Studies) 2017, *Risk of psychological distress among recently arrived humanitarian migrants*, viewed 2 May 2024, https://aifs.gov.au/sites/default/files/publication-documents/bnla-researchsummary-mentalhealth-oct17_0.pdf.
- 63 Slewa-Younan, S, Uribe Guajardo, M G, Heriseanu, A, & Hasan, T 2015, 'A systematic review of post-traumatic stress disorder and depression amongst Iraqi refugees located in Western countries', *Journal of Immigrant and Minority Health*, vol. 17, no. 4, pp. 1231-1239, DOI:10.1007/s10903-014-0046-3.
- 64 Nguyen, T 2023, *Trauma in the Australian LGBTQIA+ Community*, Centre for Clinical Psychology, viewed 31 May 2024, <https://ccp.net.au/trauma-in-the-australian-lgbtqia-community/#:~:text=The%20LGBTQIA%2B%20community%20in%20Australia,family%20and%20society%2C%20and%20violence.>
- 65 Skeffington, PM., Rees, CS., & Mazzucchelli, T. 2017, 'Trauma exposure and post-traumatic stress disorder within fire and emergency services in Western Australia', *Australian Journal of Psychology*, vol. 69, no. 1, pp. 20-28, DOI:10.1111/ajpy.12120.
- 66 Royal Commission into Violence, Neglect and Exploitation of People with Disability (DRC) 2023, *Final Report: Executive Summary, Our vision for an inclusive Australia and Recommendations*, Australian Government, Canberra.
- 67 Blue Knot Foundation 2024, direct quote.
- 68 Lynch J 2020, *A whole person approach to wellbeing: building sense of safety*, Routledge, New York.
- 69 Blue Knot n.d., *Applying Trauma-Informed Principles to Conversations About Trauma*, viewed 18 June 2024, <https://blueknot.org.au/resources/blue-knot-fact-sheets/talking-about-trauma/applying-trauma-informed-principles-to-conversations-about-trauma/>.
- 70 SAMHSA 2023, *Practical Guide for Implementing a Trauma-Informed Approach*, viewed 18 June 2024, <https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>.
- 71 Blue Knot n.d., *Applying Trauma-Informed Principles to Conversations About Trauma*, viewed 18 June 2024, <https://blueknot.org.au/resources/blue-knot-fact-sheets/talking-about-trauma/applying-trauma-informed-principles-to-conversations-about-trauma/>.
- 72 Public Health Wales NHS Trust 2022, *Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity*, viewed 2 May 2024, <https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf>.
- 73 Queensland Parliament (Mental Health Select Committee), 2022, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. Available online at <https://documents.parliament.qld.gov.au/tp/2022/5722T743-64F1.pdf>.

- 74 Queensland Government (Queensland Mental Health Commission) 2018, *Changing attitudes, changing lives Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use*, viewed 26 June 2024, https://www.qmhc.qld.gov.au/sites/default/files/downloads/changing_attitudes_changing_lives_options_to_reduce_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drug_use.pdf.
- 75 O, Bourne, A, McNair, R, Carman, M & Lyons, A 2020, *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*, ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
- 76 Morson, S & Hogan, M 2024, 'The experience of trauma by Queensland children' *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/QMHC%20Trauma%20Strategy%20Consultation%20Paper_Children-1.pdf.
- 77 Australian Government (Department of the Prime Minister and Cabinet) 2023, *A 10-year-plan to unleash the full capacity and contribution of women to the Australian economy 2023–2033*, viewed 28 June 2024, <https://www.pmc.gov.au/sites/default/files/resource/download/womens-economic-equality-taskforce-final-report.pdf>.
- 78 Australian Government (Department of Health) 2017, *My Life My Lead: Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations*, viewed 24 May 2024, [http://www.health.gov.au/internet/main/publishing.nsf/Content/D2F6B905F3F38667DACA2580D400014BF1/\\$File/My%20Life%20My%20Lead%20Consultation%20Report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/D2F6B905F3F38667DACA2580D400014BF1/$File/My%20Life%20My%20Lead%20Consultation%20Report.pdf).
- 79 Rawlinson, C 2024, 'Pregnancy and Early Parenting', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Trauma%20Strategy%20-%20Pregnancy%20and%20Early%20Parenting-1.pdf>.
- 80 Rawlinson, C. 2024, 'Pregnancy and Early Parenting', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Trauma%20Strategy%20-%20Pregnancy%20and%20Early%20Parenting-1.pdf>.
- 81 Morson, S & Hogan, M 2024, 'The experience of trauma by Queensland children' *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/QMHC%20Trauma%20Strategy%20Consultation%20Paper_Children-1.pdf.
- 82 Morson, S & Hogan, M 2024, 'The experience of trauma by Queensland children' *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/QMHC%20Trauma%20Strategy%20Consultation%20Paper_Children-1.pdf.
- 83 Morson, S & Hogan, M 2024, 'The experience of trauma by Queensland children' *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/QMHC%20Trauma%20Strategy%20Consultation%20Paper_Children-1.pdf.
- 84 Queensland Government (Queensland Family and Child Commission), 2024, *Exiting youth detention: preventing crime by improving post-release support*, viewed 26 June 2024, <https://www.qfcc.qld.gov.au/sites/default/files/202406/Exiting%20youth%20detention%20report%20June%202024.pdf>.
- 85 ANROWS 2020, *Constructions of complex trauma and implications for women's wellbeing and safety from violence*, viewed 26 June 2024, <https://www.anrows.org.au/project/constructions-of-complex-trauma-and-implications-for-womens-wellbeing-and-safety-from-violence/>.
- 86 Our Watch 2021, *Change the Story: A shared framework for the primary prevention of violence against women in Australia*, 2nd edn, viewed 26 June 2024, <https://assets.ourwatch.org.au/assets/Key-frameworks/Change-the-story-Our-Watch-AA.pdf>.
- 87 Commonwealth of Australia (Department of Social Services), *National Plan to End Violence against Women and Children 2022–2032*, Executive Summary, viewed 26 June 2024, https://www.dss.gov.au/sites/default/files/documents/12_2023/national-plan-executive-summary.pdf.
- 88 Phoenix Australia National Centre of Excellence in Posttraumatic Mental Health 2023, *The mental health impacts of family violence*, viewed 26 June 2024, <https://www.phoenixaustralia.org/news/the-mental-health-impacts-of-family-violence/>.

- 89 Procter, N, Ferguson, M, Loughead, M & McIntyre, H 2024, 'Trauma-informed approaches to suicide prevention', Consultation paper developed for the Queensland Mental Health Commission, viewed 05 July 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/2024-04-16%20Evidence%20summary-%20Trauma%20informed%20approaches%20to%20suicide%20prevention_.pdf.
- 90 Healing Foundation 2024, *Community Healing*, viewed 7 July 2024, <https://healingfoundation.org.au/community-healing/>.
- 91 Australian Institute of Health and Welfare 2024, *Determinants of health for First Nations people*, viewed 7 July 2024, <https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health>.
- 92 Australian Institute of Health and Welfare 2024, *Contact with the Criminal Justice System*, viewed 18 June 2024, <https://www.indigenoushpf.gov.au/measures/2-11-contact-with-the-criminal-justice-system>.
- 93 Australian Government (Productivity Commission) 2020, *Mental Health*, Report no. 95, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health#report>.
- 94 Public Health Wales NHS Trust 2022, *Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity*, viewed 27 May 2024, <https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf>.
- 95 Agency for Clinical Innovation n.d., *Co-design toolkit*, NSW Government, viewed 26 June 2024, <https://aci.health.nsw.gov.au/projects/co-design>.
- 96 Victorian Transcultural Mental Health 2021, *An Integrated Approach to Diversity Equity and Inclusion in Mental Health Service Provision in Victoria: A Position Paper*, Victorian Transcultural Mental Health, viewed 28 June 2024, https://vtmh.org.au/wp-content/uploads/2021/10/VTMHPositionPaper2021_.pdf.
- 97 Victorian Transcultural Mental Health 2021, *An Integrated Approach to Diversity Equity and Inclusion in Mental Health Service Provision in Victoria: A Position Paper*, Victorian Transcultural Mental Health, viewed 28 June 2024, https://vtmh.org.au/wp-content/uploads/2021/10/VTMHPositionPaper2021_.pdf.
- 98 Australian Government (Productivity Commission) 2020, *Mental Health*, Report no. 95, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health#report>.
- 99 Goodwin, N 2016, 'Understanding integrated care', *International Journal of Integrated Care*, vol. 16, no. 4, article 6, pp. 4-6, DOI:10.5334/ijic.2530.
- 100 World Health Organization 2022, *Mental health*, viewed 27 April 2023, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.
- 101 Queensland Alliance for Mental Health 2022, *Wellbeing First*, Second edition, November 2022, viewed 2 May 2024, <https://www.qamh.org.au/wellbeing/wellbeing-first/>.
- 102 Australian Government (Productivity Commission) 2020, *Mental Health*, Report no. 95, Australian Government, Canberra. Available online at <https://www.pc.gov.au/inquiries/completed/mental-health#report>.
- 103 Reconciliation Australia 2024, *What is reconciliation?* viewed 27 May 2024, <https://www.reconciliation.org.au/reconciliation/what-is-reconciliation/>.
- 104 Australian Government (Australian Health Ministers' Advisory Council) 2017, National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023, Australian Government, Canberra. Available online at <https://www.niaa.gov.au/resource-centre/national-strategic-framework-aboriginal-and-torres-strait-islander-peoples-mental>.
- 105 World Health Organization 2021, *Health Promotion Glossary of Terms 2021*, World Health Organisation, Geneva. Available online at <https://www.who.int/publications/i/item/9789240038349>.
- 106 Blue Knot n.d., *Applying Trauma-Informed Principles to Conversations About Trauma*, viewed 18 June 2024, <https://blueknot.org.au/resources/blue-knot-fact-sheets/talking-about-trauma/applying-trauma-informed-principles-to-conversations-about-trauma/>.
- 107 SAMHSA 2023, *Practical Guide for Implementing a Trauma-Informed Approach*, viewed 18 June 2024, <https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>.
- 108 Blake, J, Kato, A & Scott, J 2024, 'Whole-of-government trauma strategy', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf.
- 109 Blake, J, Kato, A & Scott, J 2024, 'Whole-of-government trauma strategy', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf.

- 110 de Boer, K, Arnold, C, Mackelprang, J & Nedeljovic, M 2022, 'Barriers and facilitators to treatment seeking and engagement amongst women with complex trauma histories' in *Health Soc Care Community*, vol. 30, no. 6, pp. 4303-4310.
- 111 Australian Institute of Health and Welfare 2024, *Family, domestic and sexual violence*, viewed 6 June 2024, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/fdsv-summary>.
- 112 State of Victoria 2021, *Royal Commission into Victoria's Mental Health System*, viewed 2 May 2024, https://content.vic.gov.au/sites/default/files/2024-01/RVMHS_FinalReport_Vol1_Accessible.pdf.
- 113 Felitti, VJ., Anda, RF., Nordenberg, D., et al. 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study', *American Journal of Preventive Medicine*, vol. 14, no. 4, pp. 245-258, DOI:10.1016/S0749-3797(98)00017-8.
- 114 Morson, S & Hogan, M 2024, 'The experience of trauma by Queensland children', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 2 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/QMHC%20Trauma%20Strategy%20Consultation%20Paper_Children-1.pdf.
- 115 Hoehn, E & De Young, A 2024, 'Infants and Young Children', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 3 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Trauma%20Strategy%20-%20Infant%20and%20Early%20Childhood%20Updated.pdf>.
- 116 Phoenix Australia Centre for Posttraumatic Mental Health 2024, 'Prevalence and impact of trauma in high-risk professions', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/QMHC%20Trauma%20Strategy%20Consultation%20Paper_High-risk%20professions.pdf.
- 117 Darwin L, Vervoort S, Vollert E & Blustein S, 2023, *Intergenerational trauma and mental health*, Catalogue number IMH 18, Australian Institute of Health and Welfare, Australian Government.
- 118 Atkinson, J 2024, 'Prevalence and impacts of trauma in First Nations communities in Queensland' *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/Prevalence%20and%20Impacts%20of%20Trauma%20in%20First%20Nations%20Communities%20QLD.pdf>.
- 119 Queensland Government (former Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships) 2021, *Treaty Advancement Committee Report*, viewed 3 May 2024, <https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/work/atsip/reform-tracks-treaty/path-treaty/treaty-advancement-committee-report.pdf>.
- 120 Atkinson, J 2024, 'Prevalence and impacts of trauma in First Nations communities in Queensland', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Trauma%20Strategy%20Consultation%20Papers/Prevalence%20and%20Impacts%20of%20Trauma%20in%20First%20Nations%20Communities%20QLD.pdf>.
- 121 Kronick, R 2017, 'Mental Health of Refugees and Asylum Seekers: Assessment and Intervention', *Canadian Journal of Psychiatry*, vol. 63, no. 5, pp. 290-296, DOI:10.1177/0706743717746665.
- 122 Ranse, J & Jones, R 2024, 'Disaster preparation, response, and recovery', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Disaster%20guidance%20consultation%20paper.pdf>.
- 123 Queensland Government (Queensland Reconstruction Authority) 2024, *Disaster Risk*, viewed 18 June 2024, <https://www.getready.qld.gov.au/understand-your-risk/disaster-risk#:~:text=Since%202011%2C%20Queenslanders%20have%20faced,cyclones%2C%20storm%20tides%20and%20floods>.
- 124 Blake, J, Kato, A & Scott, J 2024, 'Whole-of-government trauma strategy', *Consultation paper developed for the Queensland Mental Health Commission*, viewed 1 May 2024, https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC%20Discussion%20paper%20-%20Trauma%20Introduction-plain-text_version2.pdf.

Need help?

Thinking and reading about mental ill-health, problematic alcohol and other drug use, and suicide can be distressing. If you need help, please ask for the support you need. No one needs to face their problems alone.

National 24/7 support services

| | | |
|-----------------------------|--------------|--|
| Lifeline | 13 11 14 | www.lifeline.org.au/gethelp |
| Suicide Call Back Service | 1300 659 467 | www.suicidcallbackservice.org.au |
| MensLine Australia | 1300 789 978 | www.mensline.org.au |
| Beyond Blue Support Service | 1300 224 636 | www.beyondblue.org.au |
| 13YARN | 13 92 76 | www.13yarn.org.au |
| SANE Australia Helpline | 1800 187 263 | www.sane.org |
| QLife (LGBTQIA+) | 1800 184 527 | www.qlife.org.au |
| Kids Helpline | 1800 551 800 | www.kidshelpline.com.au |
| Defence Family Helpline | 1800 624 608 | www.defence.gov.au/dco/defence-helpline.asp |

Alcohol and other drugs support services

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|---|--------------|--|
| National Alcohol and Other Drug Hotline | 1800 250 015 | www.health.gov.au/contacts/national-alcohol-and-other-drug-hotline |
| adis | 1800 177 833 | www.adis.health.qld.gov.au |
| Family Drug Support | 1300 368 186 | www.fds.org.au |

Post suicide bereavement support services

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|--------------------------------------|--------------|--|
| StandBy Response Service | 1300 727 247 | www.standbysupport.com.au |
| Thirrili Postvention Suicide Support | 1800 805 801 | www.thirrili.com.au/find-support |

Telephone Interpreter Service

If you require translation support, please ask the telephone support service to use the Translating and Interpreting Service by phoning **1800 131 450**.

Hearing impaired callers

Dial **106** by TTY or in an emergency use National Relay Services TTY number **1800 555 677**.

