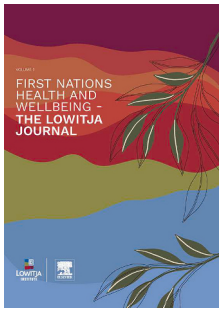

Commentary

Commentary: Trauma-informed care in Aboriginal and Torres Strait Islander healthcare: challenges, opportunities and future directions

Emma Carlin[a,b,*], *Lorraine Anderson*[a], *Kristen Orazi*[a], *Pat Dudgeon*[c]

[a]Kimberley Aboriginal Medical Services, Broome, Western Australia, Australia
[b]Rural Clinical School Western Australia, The University of Western Australia, Broome, Western Australia, Australia
[c]School of Indigenous Studies, The University of Western Australia, Perth, Western Australia, Australia

Abstract

This commentary explores the impact of colonisation and intergenerational trauma on the mental health and wellbeing of First Nations peoples, particularly Aboriginal and Torres Strait Islander communities in Australia. First Nations peoples have demonstrated resilience, employing culture-centred approaches to wellbeing. Trauma-informed care (TIC) in healthcare settings recognises the pervasive impact of trauma and provides compassionate and strengths-based care. This approach aims to improve engagement, trust and health outcomes by addressing underlying factors of distress. This commentary examines TIC within Aboriginal community-controlled health services (ACCHS). While TIC shows promise in improving health equity, there is the unanswered call for a national policy framework to standardise and sustain its application across ACCHS, facilitating integration with existing health models and improving care delivery. This commentary discusses the challenges and opportunities in embedding TIC within the ACCHS and the broader First Nations health ecology.

Keywords: Trauma-informed care; Aboriginal and Torres Strait Islander health; Cultural safety; Aboriginal community-controlled health services

*Corresponding author.
E-mail address: emma.carlin@rcswa.edu.au (E. Carlin).

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Commentary

Highlights

- First Nations peoples face trauma from colonisation, which impacts their health and wellbeing.
- Trauma-informed care (TIC) improves health outcomes by creating safe, supportive and accessible healthcare.
- The Aboriginal community-controlled health service (ACCHS) model of care aligns with TIC approaches.
- Embedding TIC in policy and practice can progress health equity and strengthen the ACCHS model of care.
- What is next for TIC in the ACCHS?

This commentary aims to reignite the discussion on the need for a comprehensive policy and practice framework for trauma-informed care (TIC) within Aboriginal and Torres Strait Islander healthcare. Such a framework could leverage the leadership of Aboriginal community-controlled health services (ACCHS) to promote consistent, culturally safe healing approaches that align with, and strengthen, the ACCHS model of care.

Indigenous peoples worldwide sustained sophisticated societies, health systems and wellbeing practices for thousands of years. Indigenous peoples also have shared experiences of colonisation, genocide and oppressive government policies that sought not only to control land and resources but also to eliminate Indigenous peoples' presence and sovereignty (Wolfe 2006; Tuck and Yang 2012). Despite these attempts, Indigenous peoples have demonstrated resilience and resistance, employing holistic, strengths-based and culture-centred approaches to wellbeing and survival.

The ongoing impacts of colonisation and the persistent conditions of 'deprivation, dislocation and dispossession' (Raphael et al. 1998, p. 336) continue to heighten vulnerability to trauma at individual, interpersonal and collective levels for Aboriginal and Torres Strait Islander peoples (Atkinson 2002; Joo-Castro and Emerson 2021; Mitchell 2019). These outcomes reflect structural conditions including systemic racism, discriminatory government policies and inequities in housing, education, employment and incarceration (Paradies 2016). Such systemic influences can affect coping mechanisms and shape behavioural responses (Bombay et al. 2009). Patterns of distress within families and communities can emerge, amplifying vulnerabilities to trauma for future generations (Atkinson 2002). These experiences of trauma can have wide-reaching effects on both mental and physical health (Kumari and Mukhopadhyay 2020), influencing health behaviours (Bombay et al. 2009), chronic conditions (Felitti et al. 1998) and the ability to access care (Due et al. 2020).

Trauma-informed care (TIC) approaches to primary healthcare recognise that there is a high likelihood that those engaging with healthcare may be impacted by experiences, events or effects of trauma and/or violence (Artiga and Hinton 2018; Browne et al. 2018; Petteway and González 2022); they seek to provide compassionate, responsive care that acknowledges these experiences. Healthcare staff, from reception to patient transport to clinicians, are trained to be aware of contemporary or historical experiences of trauma and understand that these experiences may shape a

person's interaction with the service (Han et al. 2021; King et al. 2019).

Recent studies suggest that TIC holds significant promise for improving health outcomes for Indigenous peoples, refugees and migrant populations (Joo-Castro and Emerson 2021; Machtinger et al. 2015; Mitchell 2019). By fostering engagement, trust and a safe environment, TIC can improve access to care, increase patient satisfaction and lead to better health outcomes (Goldstein et al. 2024; Han et al. 2021; Due et al. 2020). At the same time, scholars emphasise that TIC cannot be applied as a universal model. For Indigenous peoples, approaches must centre culture and address the collective and systemic dimensions of trauma. This means moving beyond individual pathology, confronting inequities shaped by colonisation, and aligning approaches with Indigenous knowledge, values and community-led solutions (Gone 2013; Ginwright 2018).

Within the Australian context, Aboriginal community-controlled health services (ACCHS) play a critical role in responding to Aboriginal and Torres Strait Islanders' experiences of trauma. ACCHS are primary healthcare services initiated, governed and operated by local Aboriginal and Torres Strait Islander communities. They were established in response to the harms of colonisation to provide accessible, culturally safe and holistic care (Campbell et al. 2018). Grounded in the principles of self-determination, ACCHS provide healthcare that is responsive to the social, cultural and historical contexts of the communities they serve. ACCHS and TIC share key values, but ACCHS extend TIC by embedding culture, community governance and collective healing (Table). This includes addressing not only individual impacts of trauma but also the structural, historical and collective dimensions that standard TIC models frequently overlook. In this sense, embedding trauma-informed approaches within ACCHS does not represent an external 'add-on', but rather a deepening of practices already grounded in community strengths, cultural knowledge and wellbeing (Pearson et al. 2020; Tujague and Ryan 2021). The challenge and opportunity now lie in how TIC can be meaningfully implemented in ways that strengthen, rather than constrain, health and healing approaches for Aboriginal and Torres Strait Islander peoples.

This challenge is already being taken up across the sector. A growing body of work within ACCHS shows how TIC can be grounded in Indigenous knowledges and practices. The work of Waminda and Yerin Eleanor Duncan Aboriginal Health Service provides leading and impactful examples of whole-of-service approaches that integrate TIC and systemic decolonisation within the ACCHS model of care (Coombes et al. 2022; Crook et al. 2012; Cullen et al. 2021; Cullen et al. 2020). The Aboriginal-led Healing the Past by Nurturing the Future (Jones et al. 2024) project is another example of emerging excellence, illustrating how TIC can be adapted to meet the needs of families in the perinatal period. A further example is the culturally responsive trauma-informed practice training for ACCHS healthcare professionals (Aboriginal Medical Services Alliance Northern Territory 2024). This training has been developed and implemented by Aboriginal Medical Services Alliance Northern Territory (AMSANT) to support the ACCHS workforce to deliver care that is culturally safe, trauma-aware and responsive to community needs. Beyond these examples, many other ACCHS are implementing TIC principles through service innovations or developing specific programs to be TIC aligned. Collectively, these initiatives demonstrate a growing body of trauma-informed care that is delivering tangible and immeasurable benefits for Aboriginal and Torres Strait Islander peoples

Feature	ACCHS model of care	Trauma-informed care
Origins	Community-led services created in response to colonisation	Mainstream framework developed to address trauma
Governance	Community-controlled	Institutionally governed
Core principles shared	Safety, trust, collaboration, empowerment, person-centred	Safety, trust, collaboration, empowerment, person-centred
Core principles different	Cultural safety, Indigenous knowledge, collective healing, addressing structural determinants	Universal precautions, staff training, system change, avoid re-traumatisation
Trauma lens	Individual, intergenerational and collective trauma	Focus on individual trauma experiences
Healing approach	Holistic, culture-centred, community-driven	Safe environments, recovery support, less culture specific

ACCHS, Aboriginal community-controlled health service.

Table: Comparing the Aboriginal community-controlled health service model of care and trauma-informed care

(Atkinson 2019; Blignault and Williams 2017; Dudgeon et al. 2012; Ginwright 2018; McCoy 2008; Rodaughan et al. 2024).

The authors' own project, a partnership between the University of Western Australia and Kimberley Aboriginal Medical Service, is also exploring TIC in the ACCHS. Based on regional preference for strengths-based language, this project is called the 'Wellbeing Informed Care-Kimberley' project. A variety of methods are being used to investigate:

- Current clinical approaches to enquiring about adverse life experiences, stress, thoughts of suicide, experiences of self-harm, violence and alcohol/substance use (referred to ongoingly as 'wellbeing enquiry').
- Preferences and expectations from Aboriginal and Torres Strait Islander community members in relation to wellbeing enquiry.
- The current role of electronic medical record systems and clinical terminology in supporting wellbeing enquiry and care.
- Role of staff orientation and ongoing education in promoting the ACCHS model of care and providing wellbeing-related enquiry and care.
- Current role of local and national guidelines and standards in supporting wellbeing enquiry and care.

This project recognises the complexity of trauma-informed care in Aboriginal communities and the need for locally responsive actions alongside a collective vision. While there are no simple solutions, this work focuses on bridging knowledge gaps, developing resources (Cowdrey-Fong et al. 2024a; Cox et al. 2022), and innovating practices where possible (Cowdrey-Fong et al. 2024b). However, the scale and complexity of this work is vast – too vast to be tackled alone. In this regard, the authors echo a recommendation from the Lowitja Institute (2018) to develop an *overarching policy and practice framework for trauma-informed care in relation to the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples*.

A coordinated policy and practice platform has the potential to embed TIC across ACCHS in ways that strengthen health equity and codify the ACCHS model of care. At the systems level, policy frameworks can provide structured guidance for implementing TIC by establishing objectives that ensure consistency, quality and alignment with cultural and ethical standards. When grounded in Aboriginal ways of being, doing and knowing, standardised approaches can also drive accountability and continuous improvement through shared monitoring and evaluation mechanisms. Embedding TIC within national

agreements, health standards, clinical guidelines and commissioning frameworks would further support an integrated approach to equity in Aboriginal and Torres Strait Islander health.

Yet, as the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 demonstrates, the effectiveness of such initiatives relies on translation into community-driven contexts such as ACCHS (Department of the Prime Minister and Cabinet 2017). Without adequate resourcing and local adaptation, clearinghouses and frameworks risk becoming symbolic, rather than strengthening the holistic, culturally grounded models of care that ACCHS already deliver. Seven years on from the Lowitja Institute's call to action, no overarching policy or practice framework for TIC has emerged, while ACCHS remain at capacity, grappling with funding insecurity, policy fragmentation and workforce pressures.

Despite these barriers, there is evidence of innovation: some ACCHS are embedding system-wide TIC approaches to operationalise their model of care. The challenge now lies in how these learnings can be captured, scaled and shared across the sector. Moving forward, coordinated, collective and culturally centred approaches to TIC, led by ACCHS, will be essential to ensure that national policy frameworks do not simply add to the noise of competing priorities but instead amplify community-led strengths in Aboriginal and Torres Strait Islander healthcare.

Author contributions

E. Carlin: Conceptualisation; project administration; roles/writing – original draft; writing – review and editing. L. Anderson: Conceptualisation; writing – review and editing. K. Orazi: Conceptualisation; writing – review and editing. P. Dudgeon: Conceptualisation; supervision; writing – review and editing.

Declaration of interests

Professor Pat Dudgeon is a Senior Editor of First Nations Health and Wellbeing – The Lowitja Journal. The other authors declare no competing interests.

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Author biographies

Emma Carlin is a non-Aboriginal early career health researcher who has been living and working in the Kimberley for the last 13 years. Emma works for the University of Western Australia and Kimberley Aboriginal Medical Services as a senior research fellow. Her research interests include Aboriginal social and emotional wellbeing, maternal and child health, and implementation science.

Lorraine Anderson is an Aboriginal medical professional and the Medical Director at Kimberley Aboriginal Medical Services (KAMS) in Broome, Western Australia. She is a descendant of the Palawa people of Tasmania, with her Aboriginal heritage tracing back through her father. Dr Anderson holds a primary degree in medicine and public health from The University of Auckland in New Zealand, along with postgraduate qualifications in child health, palliative medicine and Aboriginal community-controlled health sector general practice. Lorraine is heavily involved in research across the region.

Kristen Orazi is the Executive Manager of Mental Health at Kimberley Aboriginal Medical Services (KAMS) in Broome, Western Australia. She has lived in the Kimberley for over 18 years and is a passionate believer in health equity. In this role, Kristen oversees mental health initiatives aimed at improving social and emotional wellbeing for Aboriginal communities in the Kimberley region.

Pat Dudgeon is a Bardi woman from the Kimberley region of Western Australia. She made history as Australia's first Indigenous psychologist and has significantly contributed to Indigenous mental health and wellbeing. Currently, she serves as a research professor at the University of Western Australia's School of Indigenous Studies and directs the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention at the Poche Centre for Indigenous Health. Her research focuses on Indigenous social and emotional wellbeing and suicide prevention.

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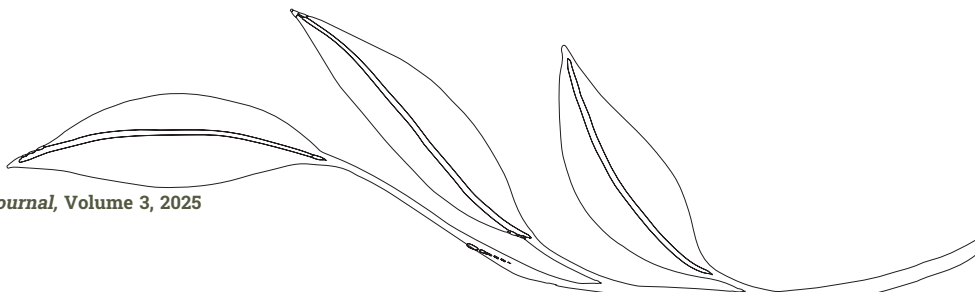

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