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Editorial

Trauma-informed care: Why is it so important in primary health care?

In 2016, the Royal Commission into Family Violence released its findings highlighting the significant health impacts of trauma to the Australian population (State of Victoria, 2016). Trauma, which is often described as a negative emotional response to an event or series of events (Dalenberg, Straus, & Carlson, 2017) can be overwhelming and while many people recover, for others, the effects can be long lasting (Phoenix Australia, 2021). Australia's substantial trauma history includes the suffering Indigenous peoples have experienced through loss of land, disconnection from kin and culture (Dudgeon, Watson, & Holland, 2017), natural disasters such as droughts and bushfires (Dutta, Das, & Aryal, 2016), and may also be associated with family violence or sexual abuse (Australian Institute of Health and Welfare, 2019), adverse childhood experiences (Wickramasinghe, Raman, Garg, & Hurwitz, 2019) and being marginalised or displaced (Taylor & Haintz, 2018). Just as there are many ways in which individuals are exposed to trauma, the impact is also variable; yet every trauma-impacted individual needs appropriate, responsive care to support recovery.

Nurses are central to supporting wellbeing, health and recovery for people impacted by trauma. In recognition of the trauma associated with family violence, The Royal Commission into Family Violence highlighted the need to improve health sector responses to family violence through strengthened screening and risk assessment, greater workforce training and development, and better coordination and information sharing between different parts of the health care system (State of Victoria, 2016). However, given that the experience of trauma is more widespread than just family violence, a broader approach to care for victims of trauma is essential.

A trauma-informed approach to care is often already embedded into the care provided by family violence organisations, mental health services and refugee health centres. Founded on five core principles which include the provision of safety, creating a trusting environment, offering choice, collaborating with the individual, and promoting empowerment (Fallot & Harris, 2009; Kezelman & Stavropoulos, 2018), trauma-informed care takes a harm minimisation approach, and addresses actual and potential health inequities experienced by a person (Bateman, Henderson, & Kezelman, 2013; Palmieri & Valentine, 2020). Yet, nurses in every primary health care setting may unknowingly encounter people who have experienced trauma in their everyday practice.

Primary health care, such as general practice and community health centres, may be the first point of contact for most people with the Australian health care system. Primary health care settings typically offer a range of health promotion, illness prevention and disease management services (Australian Institute of Health and Welfare, 2016). Ideally, primary health care services aim to promote equitable access for users and target improving health outcomes for the populations they serve by using approaches that focus on the social determinants of health (Freeman et al., 2016).

For this reason, trauma-informed care training should be viewed as essential to supporting and empowering primary health care nurses to recognise people who may be impacted by trauma and respond accordingly. One of the first challenges, however, is that Australian primary health care services are underpinned by a medical model of care in which disease management is prioritised, and the potential underlying causes of health disadvantage experienced by an individual may be overlooked (Baum et al., 2016).

There is clear evidence that the neurobiological impacts of trauma can sabotage an individual's ability for memory, decision-making, processing and articulating information that impact engagement with services and the success of health interventions (Kezelman & Stavropoulos, 2018; Malarbi, Abu-Rayya, Muscara, & Stargatt, 2017). Confronting procedures and unfamiliar health care environments can also trigger survival responses in victims such as pseudo-seizures, disassociation or aggression, and can result in reluctance to accept care (Kezelman & Stavropoulos, 2018). Even the most routine of health assessments may trigger a response associated with past trauma.

For these reasons, we contend that recognising and responding to trauma, and its potential impacts on individuals, is key to reducing health inequities and facilitating the provision of accessible, inclusive and sensitive health care. Thus, until nurses are adequately equipped to respond effectively to clients who have experienced trauma and its diverse impacts, they are likely to be ineffective in addressing the potential cumulative negative individual, community and systemic legacies. As the largest discipline group in Australia's health care workforce (Commonwealth of Australia, 2020), attributed with a high level of trust (Rutherford, 2014), nurses are well placed to drive positive change in health care provision. With dedicated education and training for current and future primary care nurses, the provision of safe, effective, respectful and compassionate care is enhanced, aligning with the Code of Conduct (Nursing and Midwifery Board of Australia, 2018).

Nurses are ideally positioned to make change because of their person-centred interactions with clients, thereby increasing psychological safety and sensitivity to the potential for trauma. We therefore propose that the Australian primary health care system revise its approach to care to recognise the potential for every client to have a trauma-history, thus increasing client perceptions of physical and psychological safety in primary health care.

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