



Australian Government
**Australian Institute of
Family Studies**



Trauma-informed practice in family mental health support services

Kylie Butler, Jasmine B. MacDonald, Holly Helprin, Will Dobud and Melissa Willoughby

Practice Guide | August 2025





The Australian Institute of Family Studies acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands and waters. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

© Commonwealth of Australia 2025

With the exception of AIFS branding, the Commonwealth Coat of Arms, content provided by third parties, and any material protected by a trademark, all textual material presented in this publication is provided under a Creative Commons Attribution 4.0 International licence (CC BY 4.0). You may copy, distribute and build upon this work for commercial and non-commercial purposes; however, you must attribute the Commonwealth of Australia as the copyright holder of the work. Content that is copyrighted by a third party is subject to the licensing arrangements of the original owner.



This publication was produced by AIFS' **Child Family Community Australia information exchange** (CFCA).

CFCA information exchange provides high quality, evidence-based information, resources and interactive support for professionals in the child, family and community welfare sector. The work of CFCA is made possible by the generous funding of the Department of Social Services.

Questions or comments? Please contact CFCA at cfca-exchange@aifs.gov.au

The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government.

Australian Institute of Family Studies
Level 4, 40 City Road, Southbank VIC 3006 Australia
Ph: (03) 9214 7888 Web: aifs.gov.au

Cover image: © gettyimages/Mikollette

ISBN (online): 978-1-76016-395-2
ISBN (PDF): 978-1-76016-396-9

Suggested citation: Butler, K., MacDonald, J. B., Helprin, H., Dobud, W., & Willoughby, M. (2025) *Trauma-informed practice in family mental health support services. Practice guide*. Melbourne: Australian Institute of Family Studies.

Edited by Katharine Day
Typeset by Rachel Evans

2508 CFCA FMHSS trauma informed practice guide

Contents

Acknowledgements	2
Overview	3
Introduction	3
Trauma-informed principles and assumptions	4
What is trauma-informed practice?	4
Benefits of trauma-informed practice	5
Organisational-level responsibilities	6
Implementing trauma-informed practice	6
Making the most of feedback in the implementation process	7
Strategies for strengthening trauma-informed practice	7
Initial contact	8
Screening and assessment	9
During sessions between practitioners, young people and their families	9
Nature of the evidence	12
Further reading and resources	13
Trauma-informed practice	13
Research and evaluation	13
Understanding trauma and supporting clients	14
Co-design	15
Supporting First Nations families	15
Organisational-level responsibilities	16
References	16

Acknowledgements

This practice guide was funded by the Australian Government Department of Social Services.

Kylie Butler, Dr Jasmine B. MacDonald, Holly Helprin and Dr Melissa Willoughby work in the Child and Family Evidence and Evaluation (CFEE) team at the Australian Institute of Family Studies. Dr Will Dobud is Senior Lecturer in Social Work at Charles Sturt University.

Dr Jasmine B. MacDonald conceptualised this resource, designed the review protocol, with support from Dr Melissa Willoughby, and conducted the literature search. Literature screening was performed by Dr Jasmine B. MacDonald, Dr Melissa Willoughby, Dr Will Dobud, Holly Helprin and Lewis Munro (CFEE). Gillian Lord provided support accessing full-text research articles in the literature search and screening phase of this review. Data extraction and evidence synthesis were conducted by Kylie Butler, Dr Jasmine B. MacDonald, Dr Pragya Gartoulla, Dr Will Dobud, Holly Helprin and Dr Laura Gobey (CFEE). At the time of these contributions, Dr Pragya Gartoulla and Lewis Munro were members of the CFEE team.

This resource was written by Kylie Butler, Dr Jasmine B. MacDonald, Holly Helprin and Dr Will Dobud, with early contributions by Dr Melissa Willoughby. This resource was planned and revised in collaboration with Dr Stewart Muir (CFEE). Further readings and resources were compiled by Lisa Tamiakis (CFEE).

Thank you to the individuals from the following groups who consulted on this project: the Department of Social Services, Family Relationship Services Australia and Family Mental Health Support Services staff and team leaders.

Overview

This practice guide summarises research and practice evidence about strategies for trauma-informed practice. It covers:

- what trauma-informed practice is
- organisation-level responsibilities for implementing trauma-informed practice and barriers
- trauma-informed practice strategies practitioners can implement.

This practice guide has been developed for, and in consultation with, practitioners working in [Family Mental Health Support Services \(FMHSS\)](#). FMHSS provide early intervention and non-clinical community mental health support for children and young people aged up to 18 years who are showing signs of, or are at risk of, developing mental illness.

This practice guide will also be useful to other practitioners working with children and young people, parents and families. The content has been developed specifically for practitioners who have less than 5 years of experience in the child and family services sector.

Program managers supporting and enabling the work of early career practitioners will also find this resource useful, particularly the [Organisational-level responsibilities](#) section. For trauma-informed practice to be implemented effectively, it is important that frontline practitioners are supported at the management and organisation levels.

Introduction

Since the early 2000s, practitioners working across a variety of service systems – including mental health, child welfare, criminal justice and health – have been increasingly aware of how common trauma experiences are in the broader community and the need to provide services that are trauma-informed (Becker-Blease, 2017; Quadara & Hunter, 2016).

Trauma-informed practice is an umbrella term for a range of practice behaviours intended to promote safety and trustworthiness, share power/control with clients, improve service effectiveness, enhance client-practitioner relationships and increase the person-centred focus of services (Department of Families, Fairness and Housing [DFFH], 2023). Trauma-informed practice requires services and those working within them to be aware of trauma and trauma responses, and to facilitate services that promote client dignity and safety.

While the intention of trauma-informed practice is to improve service experiences and outcomes for all people, one specific aim is to avoid re-traumatising people who have experienced trauma (Quadara & Hunter, 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Many aspects of service delivery can unintentionally cause harm: the physical environment, practices, policies, language and organisational culture (DFFH, 2023).

Implementing practices that are trauma-informed also reduces the likelihood of practitioners misattributing trauma-related responses and coping strategies (e.g. challenging or disruptive behaviours, difficulty regulating emotions, hypervigilance) as aggression or belligerence or seeing them as personality or cognitive disorders (Guevara et al., 2021; Quadara & Hunter, 2016).

It is common for community-based mental health practitioners to support children and families who have experienced trauma. Research suggests that 50%–75% of children have been exposed to at least one traumatic event by the age of 16 (Bendall et al., 2018). Experiences of trauma, particularly during childhood, can have a range of long-term physical and mental health effects (DFFH, 2023; Szygiel, 2018).

Although community-based prevention and early intervention services do not provide trauma-specific treatment,¹ they are well-placed to identify support needs for families impacted by trauma and can play an important role in providing within-scope supports (e.g. psychoeducation) and/or referrals to specialist services (Guevara et al., 2021). By recognising and responding to potential trauma as early as possible, prevention and early intervention services may help reduce the mental health system demand for specialised, extensive and expensive interventions (Hanson & Lang, 2016).

¹ Trauma-specific practice (also called trauma-centred or trauma-focused) is intended to provide specialist support for trauma and to address trauma symptoms (Guevara et al., 2021; Knight, 2019; Lee et al., 2021). Trauma-informed practice is something that all services can do.

Trauma-informed principles and assumptions

Trauma-informed principles and assumptions are used to guide working in a trauma-informed way or, at an organisational level, adopting a trauma-informed approach. There is no single universally accepted trauma-informed approach. However, one approach that has been influential on practice in Australia and internationally is the Substance Abuse and Mental Health Services Administration's (SAMHSA) *Concept of Trauma and Guidelines for a Trauma-Informed Approach* (SAMHSA, 2014).

The SAMHSA approach contains trauma-informed 'principles' that provide useful scaffolding for organisations implementing trauma-informed practice as core to service delivery. Six key principles (SAMHSA, 2014) of a trauma-informed approach are presented in Figure 1.²

Figure 1: Six principles of the SAMHSA trauma-informed approach

<p>1 Safety</p> <p>Ensure the physical setting is safe and that interpersonal interactions promote a sense of safety for both staff and clients.</p>	<p>4 Collaboration & mutuality</p> <p>Place importance on partnering and levelling power differences between staff and clients.</p>
<p>2 Trustworthiness & transparency</p> <p>Conduct organisational operations and make decisions with transparency and the goal to build and maintain trust.</p>	<p>5 Empowerment, voice & choice</p> <p>Recognise and build on individuals' strengths and experiences. Understand power differentials and ways in which clients may have been historically diminished in voice and choice. Support clients in shared decision making, choice, goal setting and self-advocacy.</p>
<p>3 Peer support</p> <p>Recognise peer support and mutual self-help as key vehicles for establishing safety, hope, trust and collaboration. Use stories and lived experience of clients to promote recovery and healing.</p>	<p>6 Cultural, historical & gender issues</p> <p>Incorporate policies, protocols and processes that are responsive to the racial, ethnic and cultural needs of individuals. Recognise and address historical trauma.</p>

Source: MacDonald et al. (2024b)

Complementing the 6 principles are 4 trauma-informed assumptions (the '4 Rs') to guide services to work in a trauma-informed way (SAMHSA, 2014):

1. **Realise** the widespread impact of trauma and understand potential paths for recovery.
2. **Recognise** the signs and symptoms of trauma in families, staff and others involved with the service system.
3. **Respond** by fully integrating knowledge about trauma into policies, procedures and practices.
4. Seek to actively **resist** re-traumatisation.

What is trauma-informed practice?

As described in the previous section, *trauma-informed approaches* provide a set of overarching principles and assumptions from which you can develop strategies to work in a trauma-informed way. 'Trauma-informed practice'³ refers to the implementation of these trauma-informed approaches. Trauma-informed practice is an umbrella term used to describe a range of practice behaviours intended to promote safety, share control with clients, increase service effectiveness, enhance client-practitioner relationships and increase the person-centred focus of services (DFFH, 2023). It can include individual-level strategies (e.g. practice decisions and behaviours) as well as organisational policy and culture (e.g. professional development and supervision).

Trauma-informed practice does not mean practitioners should assume that all clients are trauma survivors or focus their service provision and interventions on addressing trauma (Knight, 2015). It does mean that

² For more information about foundational approaches and principles of trauma-informed work, refer to [Principles for doing trauma-informed research and program evaluation](#).

³ The terms 'trauma-informed practice' and 'trauma-informed care' are used interchangeably in the literature, with no clear consensus about which is most appropriate for family and children services. This resource draws on information from literature using both terms.

practitioners are sensitive to the possibility that clients may have experienced trauma and understand the links between trauma and mental health (Knight, 2015; Sweeney & Taggart, 2018). It is not necessary to know the details of someone's trauma to work with them in a trauma-informed way (Bosk et al., 2020; Guevara et al., 2021; Knight, 2015).

For practitioners, key priorities of trauma-informed practice include:

- recognising signs and symptoms of trauma and trauma responses
- being sensitive to ways in which the client's current difficulties can be understood in the context of past trauma and how past experiences may impact the client's willingness and ability to engage with services
- strengthening practitioner–client relationships
- promoting a sense of safety for clients.

The next subsection highlights some of the [benefits of trauma-informed practice](#). The 2 sections that follow it identify [strategies for organisations](#) and [practitioners](#) when considering how they can strengthen the trauma-informed work they are already doing.

Benefits of trauma-informed practice

It is generally accepted that trauma-informed practice can support the wellbeing of everyone involved in a service – those working in it and those accessing it – regardless of whether they have experienced trauma (DFFH, 2023).

The benefits for children and families of accessing trauma-informed support services include:⁴

- an enhanced sense of safety and associated improvements in engagement and help-seeking behaviours
- an enhanced sense of dignity and hopefulness
- a reduced risk of distress and re-traumatisation
- improved emotional regulation and expression, especially for children
- improved social skills, peer relationships and social connectedness.

Personal benefits experienced by practitioners who do their work in a trauma-informed way include:⁵

- an enhanced sense of personal safety, resiliency and wellbeing
- strengthened relationships with clients through increased understanding, respect and trust
- increased job satisfaction.

Trauma-informed practice aligns with the foundational values of many therapeutic professions including advocacy, empathy, empowerment, anti-oppressive practice and respect. Trauma-informed practice also incorporates factors common in effective therapeutic alliances, such as a focus on a relational bond, consent about the purpose of the intervention and agreement about what the client can expect while with the practitioner (MacDonald & Dobud, 2024; MacDonald et al., 2025).

The difference between these foundational practices and values and trauma-informed practice is that the latter views all elements of care through the lens of trauma and the goal of actively seeking to prevent re-traumatisation (Leotti & Wahab, 2024; Sweeney & Taggart, 2018).

Organisational-level responsibilities

This section is for organisational and program managers. It outlines the importance of their roles in embedding a trauma-informed approach in service delivery and supporting practitioners to effectively engage in trauma-informed practice. This section is not directly applicable to frontline practitioners but may still be of interest for understanding the organisational-level responsibilities to supporting practice.

It is important for organisations to consider their responsibilities in the delivery of trauma-informed practice. Practitioners need their organisations to lead the implementation of trauma-informed practice from the top

4 Ajeen et al., 2023; Fernandez et al., 2023; Guevara et al., 2021; Hunter-Dehn, 2021; Lotty et al., 2020; Oral et al., 2020; Sweeney et al., 2018; Sweeney et al., 2022; van der Hoeven et al., 2022; Wilson-Ching & Berger, 2023

5 Guevara et al., 2021; Oral et al., 2020; Macedo et al., 2022; Mental Health Coordinating Council [MHCC], 2018; Sweeney et al., 2018

down, with change driven by leadership teams, human resources departments, service managers and team supervisors (Guevara et al., 2021; Holmes et al., 2023; MHCC, 2018). For trauma-informed practice to be delivered at a practitioner level, organisations must work to align trauma-informed principles with their workplace policies, procedures and culture (SAMHSA, 2014).

Trauma-informed service delivery requires a long-term organisational commitment to embedding the principles of trauma-informed care in service and workplace culture. This requires an ongoing commitment to:

- open dialogue between funders, organisations, service providers, clients and communities
- adequate allocation of resources
- support for staff wellbeing
- research and evaluation that informs service enhancement
- workforce capacity building for all staff (MHCC, 2018).

Did you know ...?

SAMHSA's approach includes guidance for organisations (not practitioners) on how to implement trauma-informed approaches.

Organisations seeking to meaningfully implement or enhance their trauma-informed service delivery can start by auditing their existing governance, policies and workforce, and by using existing manuals for organisational change such as [TICPOT](#) from the Mental Health Coordinating Council (NSW).

Implementing trauma-informed practice

Organisations looking to implement trauma-informed practice can be guided by knowledge about organisational change (Fixsen et al., 2005). Implementation research is the scientific inquiry of organisational change and the integration of best practice (Moss & Mousavizadeh, 2017).

Adopting the core conditions of trauma-informed practice may require a period of adaptation for the experienced worker and mature agency (Proctor et al., 2015). There may be a period when learning new practices also involves unlearning old ones, which may lead to resistance as changes are rolled out. When this occurs, *adopting* the principles of trauma-informed practice should come before *adapting* specific day-to-day practices with children and families. This enables staff to gain more of an understanding of the evidence underpinning the organisational change towards trauma-informed practice. Organising a pilot team of 'trauma-informed champions' can help to smooth out this process and ensure the stages of implementation are followed, noting that it takes time for implementation to be embedded and sustained.

Fixsen and colleagues (2013) recommend a staged approach to implementation. Breaking implementation into stages helps to go beyond the traditional professional development activities undertaken by staff to sustain changes to practice at a policy level. The stages include:

- *exploration* (secure budget, communicate to all levels about new practice theory)
- *installation* (establish a transition group, conduct stakeholder analysis – i.e. seek ongoing and routine client feedback about service delivery, assess organisation readiness)
- *initial implementation* (train a pilot team, create a feedback loop across staff and management)
- *full implementation* (ongoing staff training, introduce new policies, consolidate research on effectiveness)
- *sustainment* (ongoing supervision and oversight, analyse data on effectiveness).

Making the most of feedback in the implementation process

Implementing trauma-informed practice at an organisational level involves a cultural shift that engages frontline staff working with clients in the process. Successful agency-wide implementation hinges on deliberate planning and ongoing critical reflection, including incorporating what frontline staff learn from clients. In particular, aligning implementation with the experience of delivering and receiving care is crucial. If the implementation of trauma-informed practice is not grounded in the experiences of frontline staff and clients, tension and resistance to the organisational change may slow or reduce the likelihood of it being successfully implemented.

Feedback loops help organisations to foster a responsive, trustworthy, safe and engaging trauma-informed agency. Staff at the managerial level can help frontline staff build feedback loops with clients to ensure that systems are in place to collect information about 'what works' and about what services can be improved or better tailored.

Following the implementation stages outlined above can help to reduce the likelihood of *agency change fatigue* stemming from staff implementing new changes too quickly without adequate planning and preparation. New service policies and procedures – such as ongoing confirmation of informed consent, privileging client choice and increasing safety and trustworthiness – require adopting practices that may be new to workers and management. To protect staff during times of agency-level change, those in supervisory and managerial positions should create a *culture of feedback* so that staff implementing trauma-informed practices can do so at a slow pace, ensuring all staff understand the background and evidence informing the organisational changes (Moss & Mousavizadeh, 2017). Supervisors should be open to staff feedback about the implementation process.

The organisation should also collect client data (e.g. about 'no shows', dropouts, ratings of the therapeutic alliance and outcome) to explore if the shift to trauma-informed principles and practices are improving their experiences and increasing engagement in care. This allows the organisation to make data-driven decisions for improving service delivery and effectiveness.

Privileging service user feedback begins from the initial meeting when seeking informed consent. In trauma-informed practice, informed consent goes beyond consenting to the service in general. To preserve the client's sense of safety, clients must be able to decline a specific activity or session and leave prematurely if they wish. Informed consent and discussions about the client's rights must continue throughout service provision to promote agency, active engagement and trustworthiness. To better tailor and adapt service delivery to each client, seeking user feedback in real time during service delivery is important.

Strategies for strengthening trauma-informed practice

This section provides practical guidance on trauma-informed practice. It brings together research on trauma-informed practice with best practice literature and guidance, including guidance produced by the Victorian State Government Framework (DFFH, 2023) and the NSW Mental Health Coordinating Council (MHCC, 2018).

Although there is a wide range of existing resources broadly exploring *what* trauma-informed practice is and *why* it is important, this resource aims to present practical tips for *how* to implement and embed trauma-informed practice in everyday service delivery.

Practitioners will likely already be using many of the strategies listed below in their day-to-day work, without necessarily labelling their practice as 'trauma-informed'. This is because trauma-informed strategies intersect with other best-practice approaches such as strengths-based and person-centred care. This resource seeks to enhance the good work that practitioners already do by clarifying existing practice, suggesting new strategies and providing a foundation for starting conversations with your team about how to create safe and effective service delivery for all.

This section presents a collection of practice tips, interweaving [SAMSHA'S principles for trauma-informed practice](#) across 3 stages of support:

1. [Initial contact](#)
2. [Screening and assessment](#)
3. [During sessions between practitioners, young people and their families](#)

AIFS has also published resources on [Principles for doing trauma-informed research and program evaluation](#) and [How to do trauma-informed research and evaluation](#).

Initial contact

Relational safety

The creation of safe relationships is particularly important when working with families who have experienced trauma (Bosk et al., 2020; Knight, 2019).

The following strategies can be used by those greeting new families over the phone and in-person to establish relational safety before they attend their first session:⁶

- Use non-stigmatising, strengths-based language. There are many trauma-informed language guides available online that can help with this. These include [this short example](#) and [this full guide](#) from the NSW Mental Health Coordinating Council.
- Use vocal tone and body language to project warmth and friendliness.
- Do not ask clients to disclose any sensitive information that is not specifically needed prior to screening and assessment.
- Ask clients how they want to be identified including pronouns.

Physical safety

A focus on creating a safe physical setting for clients can promote a sense of belonging and dignity in the service setting (Ajeen et al., 2023). Many factors to do with creating safety in the physical environment will be the responsibility of organisations and management but, where possible, practitioners can inform and adjust service settings to meet the unique needs of the families they work with (Ajeen et al., 2023; Becker-Blease, 2017; MHCC, 2018).

Things to consider when creating a more trauma-informed physical environment include:⁷

- Is the furniture comfortable?
- Is the space private? This is particularly important when families are completing forms and waiting to be seen.
- Is there space for a family's personal belongings?

Other considerations:⁸

- Allow clients to choose where and how they position themselves. For example, avoid positioning people with their back facing the door.
- Choose lighting that is soft and warm, whether artificial or natural, rather than harsh fluorescents.
- Think about your use of colour – soft, muted colours create a calming environment, while brighter tones can be uplifting.
- Use posters to encourage clients to give feedback. This can include feedback about any concerns they have with the service and what could be done better (refer to [these examples](#) from YoungMinds UK).
- Reduce noise – quiet environments can promote a sense of safety for some clients.
- Make facilities accessible. Facilities should be easy to navigate and well-signposted.
- Maintain spaces so that physical spaces are clean, tidy and in good condition.
- Have play areas for children – consider cultural safety⁹ and inclusivity.

Transparency

Trauma-informed service delivery also involves clearly, simply and continually informing clients and their families about your organisation's policies about:¹⁰

- eligibility criteria
- disclosure and reporting requirements

6 Leotti & Wahab, 2024; Levenson, 2017; MHCC, 2018; Mirick et al., 2023.

7 Ajeen et al., 2023; DFFH, 2023; Knight, 2019; MHCC, 2018.

8 Ajeen et al., 2023; DFFH, 2023; Knight, 2019; Leotti & Wahab, 2024; Levenson, 2017; Speck et al., 2023; Tibbitts et al., 2021.

9 SNAICC defines cultural safety for Aboriginal and Torres Strait Islander children as: '...the child being provided with a safe, nurturing and positive environment where they are comfortable with being themselves, expressing their culture ... their spiritual and belief systems, and they are supported by the carer ... [who] respects their Aboriginality and therefore encourages their sense of self and identity.' (National Office for Child Safety, 2021).

10 DFFH, 2023; Levenson, 2017; Mirick et al., 2023.

- This is particularly important when discussing suicidal thoughts or behaviours – respond with empathy and avoid shutting down conversations.
- use and maintenance of case notes
 - Explain why case notes are being taken and offer the client the opportunity to review notes.
- fees
- confidentiality and sharing/accessing information with/from other services.

Screening and assessment

Practitioners can adopt trauma-informed practice during the early stages of screening and assessment by creating a predictable, structured and safe environment for families (Macedo et al., 2022; Mirick et al., 2022).

Strategies include:¹¹

- Explain what will happen during the session, the purpose of the session and who will be involved.
- Ask permission before moving on to next steps, making decisions or asking about sensitive topics.
- Ensure screening and assessment includes the identification and recognition of strengths rather than just the assessment of 'problems'.
- Only ask families to disclose information that is relevant to service supports, especially when considering sensitive or traumatic experiences.

During sessions between practitioners, young people and their families

Relational safety and collaboration

Building meaningful and collaborative relationships is essential to trauma-informed practice (Guevara et al., 2021). Trauma-informed therapeutic relationships combine the practitioner's professional knowledge with the family's expertise about their own life narrative, coping responses and strengths (Levenson, 2017).

Strategies for enhancing relational safety and collaboration with families include:¹²

- Recognise and emphasise that families, including children and young people, are the experts in their own life experience, safety and wellbeing.
- Practise active listening skills:
 - Listen with curiosity, compassion and non-judgement.
 - Validate challenging or traumatic family experiences through simple messaging such as: 'I believe you', 'I'm glad you told me that', or 'I'm sorry that happened to you'.
- Consider your use of language and tone:¹³
 - Use a clear, calm voice and open body language.
 - Avoid negatively charged language or labels when speaking about people or their behaviours (e.g. think about what happened to someone instead of what is wrong with them).
 - Reframe challenging behaviour as adaptive strategies used to cope with traumatic experience that reflect resilience.
- Identify, acknowledge and build on client's strengths and abilities:
 - Focus on what is working well for clients and what they need to thrive.
 - Consider how notes, reports and referrals can elicit hope for healing.
- Model respectful interpersonal boundaries to help establish safe and appropriate relationships.
- Build connections with local peer support, community or specialist programs to enhance referrals and information sharing with families.

¹¹ Levenson, 2017; Macedo et al., 2022; MHCC, 2018; Mirick et al., 2022; Speck et al., 2023; Sweeney et al., 2022.

¹² Bosk et al., 2020; DFFH, 2023; Guevara et al., 2021; Knight, 2019; Levenson, 2017; Macedo et al., 2022; MHCC, 2018; Niimura et al., 2019; SAMHSA, 2014; Speck et al., 2023; Sweeney et al., 2022.

¹³ There are many trauma-informed language guides available online, including [this example](#) from the Australian Childhood Foundation, as well as the recovery oriented language [full guide](#) from the NSW Mental Health Coordinating Council.

Empowerment, voice and choice

Trauma-informed approaches value and respect family's choices and autonomy (MHCC, 2018). They recognise the effect of power in therapeutic relationships and strive to ensure that power is shared (MHCC, 2018), allowing families as much control and choice as possible (Knight, 2019). These aspects of trauma-informed practice are particularly important when supporting culturally and linguistically diverse families and those from refugee and migrant backgrounds (Danielson & Saxena, 2019; Kulkarni, 2018; Mirick et al., 2023; Némorin et al., 2019; Speck et al., 2023).

Strategies for maximising client empowerment, voice and choice include:¹⁴

- Pay attention to, name and mitigate the inherent power imbalance in practitioner–family relationships:
 - Consider how these power dynamics make clients feel in practice settings and how this affects their engagement.
 - Consider how these power dynamics may mirror victim–perpetrator relationships – practitioners hold a lot of decision-making power.
- Support client engagement:
 - Create opportunities and support clients to self-reflect and identify their strengths.
 - Provide options for self-expression and storytelling (e.g. through evidence-based play or art strategies).
 - Continually emphasise to families that they have a choice over what they disclose and at what pace. Remind clients they don't have to answer any questions they do not wish to and accept when clients do not want to disclose certain information (we have created resources on [responding to disclosures by children and young people](#), as well as those by [adult mental health clients](#)).
 - Explain all available support options.
 - Ask permission to discuss sensitive topics.
- Actively provide clients with the opportunity to ask questions or express concerns throughout your work together.
 - Follow up with families about their experience with services and supports offered and consider their responses in future decision making.

Did you know ...?

Peer support can be valuable, particularly for clients who experience marginalisation (Choi et al., 2020; Mirrick et al., 2022). Refer to our resources on [LGBTIQ+](#) and [refugee](#) populations to learn about organisations that could help clients through community or peer-based supports.

Did you know ...?

Children of all ages can be included in conversations about support options (DFFH, 2023). Refer to [this resource](#) from the Australian Childhood Foundation for activities to therapeutically support trauma recovery.

Physical activities and trauma

It is important that practitioners who use, or are considering using, physical activities in their practice are trained to use these strategies in trauma-informed ways. The following are some trauma-informed strategies and considerations when incorporating physical activities, such as yoga and breathing exercises, into your practice:¹⁵

- Let families choose how they engage in support practices involving physical activity and that they can opt-out at any time.
- Consider physical movements and breathing exercises that families can use in their everyday lives.
- Consider whether promoting bodily awareness and mindfulness is safe at this time:
 - It may be harmful for children and young people to engage in meditation and mindfulness if this is not accompanied by psychoeducation; they may become more aware of negative internal states but not have the skills and knowledge to manage them (MacDonald et al., 2025).

¹⁴ Ballard et al., 2022; Danielson & Saxena, 2019; DFFH, 2023; Lee et al., 2023; Levenson, 2017; Kulkarni, 2018; Macedo et al., 2022; Mirick et al., 2023; Némorin et al., 2019; Speck et al., 2023; Szczygiel, 2018.

¹⁵ Barrett, 2023; Richard et al., 2024; Tibbitts et al., 2021.

- If you are integrating yoga into your practice, consider avoiding hip and heart opening poses that expose the body or resemble sexual positions.
- If you are integrating mindfulness into your practice, consider that experiences of trauma may mean that clients are not comfortable closing their eyes (Barrett, 2023).

Culture and history

Practitioners should account for cultural factors such as ethnicity, religious affiliation and norms, which have a profound influence on families' experiences, understanding and responses to trauma (Danielson & Saxena, 2019; MHCC, 2018). Clients with culturally diverse, migrant or refugee backgrounds may also have distinct experiences of trauma, such as racism, discrimination and displacement, that result in unique service needs (Danielson & Saxena, 2019; Lee et al., 2023).

Trauma-informed services also need to recognise and understand the impacts of recent and historical loss, ongoing racism and discrimination, and the intergenerational impact of trauma on Aboriginal and Torres Strait Islander peoples as well as the strengths embedded within Aboriginal and Torres Strait Islander communities (MHCC, 2018).

Practitioners wanting to strengthen their trauma-informed practice through a cultural and historical lens¹⁶ can:¹⁷

- Consider the political, social and economic conditions that shape health and wellbeing:
 - Rather than trying to 'fix' clients' behaviour, consider their behaviours in the context of the person's broader environment.
 - Consider how unequal access to resources and services can impact people's mental health, behaviour and ability to recover from trauma.
 - Consider how white privilege,¹⁸ implicit or unconscious bias, systematic and systemic racism, intergenerational injustice and racial trauma may impact the families you work with.
 - Be aware that highly publicised local and international news events may cause or intensify distress for families. For example, families may be distressed by news reports of high-profile incidents of racism or conflict in their birth country.
- Convey appreciation for difference and diversity by being inclusive, respectful and curious about what matters to families:
 - Seek to understand the cultural identity, world views, histories and norms of the families and communities you work with.
 - Ask families how their culture interprets, understands and responds to experiences of trauma, and consider how these understandings may be different to your own.
 - Employ interventions and strategies that are respectful of and specific to cultural backgrounds.
 - Identify protective cultural and social factors to incorporate into support plans.
- Reflect on how your own culture, power, privilege, beliefs, stereotypes and biases may influence your practice and client relationships:
 - Acknowledge and address areas of reduced understanding, particularly in relation to issues that affect the communities you work with.
 - Be aware of the potential or tendencies toward pathologising experiences of discrimination, racism and oppression.
- Acknowledge that culturally safe and appropriate support for Aboriginal and Torres Strait Islander peoples requires genuine collaboration in service design and delivery.

¹⁶ SAMSHA's principles for trauma-informed practice also emphasise the importance of considering and responding to gender in service delivery. This consideration is particularly important given national Australian data suggesting that women have greater likelihood of experiencing family, domestic and sexual violence than men (Australian Institute of Health and Welfare [AIHW], 2018). However, our literature search identified limited evidence on gender responsive trauma-informed practice in early intervention settings, indicating a possible gap in research.

¹⁷ Berger & Quiros, 2016; Danielson & Saxena, 2019; DFFH, 2023; Holmes et al., 2023; Lee et al., 2021; Lee et al., 2023; MHCC, 2018; Mirick et al., 2022; Némorin et al., 2019; Niimura et al., 2019; Speck et al., 2023; Sweeney et al., 2022; Szygiel, 2018; Yinger, 2022.

¹⁸ White privilege refers to the advantages white people experience over other racial and ethnic groups. These benefits are not always obvious but are formed through society and systems that treat white as the racial 'norm' (Reconciliation NSW: [Anti Racism Education Toolkit](#)).

Are you working with trans and gender diverse people?

Transhub by ACON contains [resources about supporting clients through trauma-informed care](#).

Are you working with young LGBTQI+ people? The Child & Adolescent Psychiatry Division of Washington University School of Medicine has a [short guide to enhancing trauma-informed care through affirmative practice](#).

Nature of the evidence

In developing this resource, we searched for literature from 2014 to 2024 that included the terms 'trauma-informed approach', 'trauma-informed practice' or 'trauma-informed care'.

The intention of this resource is to provide information and advice for practitioners working with children and families in community-based early intervention mental health services. We found a substantial body of literature about trauma-informed approaches and practice across a broad range of human services. Most of the literature focused on studies about trauma-informed practice in specific settings (e.g. youth justice, out-of-home care, homelessness services, suicide prevention). Although these relate to specialist services, the research evidence provided useful insights for community-based and early intervention services more broadly. This is because trauma-informed practice assumes that anyone accessing services may have experienced trauma without needing to know a person's trauma history. Research specifically about trauma-informed practice in early intervention settings is limited.

The trauma-informed practice literature does a good job of describing practitioner attitudes, barriers and perceived benefits to working in trauma-informed ways but is less useful for understanding client experiences and outcomes.

Most studies do not provide definitions of trauma-informed approaches or trauma-informed practice. Terms such as 'trauma-informed approaches', 'trauma-informed practice' and 'trauma-informed care' are often used interchangeably. Although almost all studies draw on the SAMHSA principles and assumptions for trauma-informed practice (SAMHSA, 2014), the literature does not provide any commonly used frameworks or guidelines from which organisations could practically implement trauma-informed practice strategies. This means that trauma-informed practice looks different from one organisation to another (even when considering organisations providing similar services) and studies did not always outline what concrete or practical strategies they were using.

In this resource we have collated trauma-informed strategies from the diverse range of studies identified in the literature search and complemented this empirical literature with insights from government and non-government organisational frameworks and recommendations. Specifically, we found the Victorian Government Department of Families, Fairness and Housing framework (DFFH, 2023) and the NSW Mental Health Coordinating Council Framework toolkit provided useful practical insights and guidelines. A targeted search did not identify similar trauma-informed frameworks developed for broad use across human services published by other state or territory governments.

To date, there is a lack of published evaluation of trauma-informed practice, meaning our understanding of how trauma-informed practice directly relates to client outcomes is limited, as is our understanding of what aspects of trauma-informed practice are most beneficial. Although it is widely accepted that trauma-informed practice is beneficial to clients, further evidence is required to confidently report that trauma-informed practice is meeting the intended purpose of minimising harm and risk of re-traumatisation for clients. The fact that trauma-informed practice closely aligns with the foundational values of many therapeutic professions – coupled with the considerable variability in research studies of trauma-informed practice¹⁹ – makes it difficult to identify which specific benefits come from adopting trauma-informed practice (Guevara et al., 2021).

¹⁹ Variability between studies generally relates to service settings, definitions and frameworks of trauma and trauma-informed practice and methods of measurement.

Further reading and resources

Trauma-informed practice

[Framework for trauma-informed practice](#)

This framework, by the Victorian State Government Department of Families, Fairness and Housing, supports service providers in delivering trauma-informed practice. It promotes a shared understanding of what being trauma-informed means to children, individuals, families, professionals and volunteers.

[Translating trauma-informed principles into social work practice](#)

This research study explores ways to incorporate trauma-informed care principles into real-world service delivery.

[A paradigm shift: Relationships in trauma-informed mental health services](#)

This research study, authored by trauma survivors and service providers, describes trauma-informed approaches to mental health care, why they are needed and how to overcome implementation barriers.

[SAMHSA's concept of trauma and guidance for a trauma-informed approach](#)

This manual explains the SAMHSA framework, referred to throughout this practice guide, for becoming a trauma-informed organisation, system or service sector. The manual provides a definition of trauma and a trauma-informed approach and offers 6 key principles and 10 implementation domains.

[Principles of trauma-informed approaches to child sexual abuse](#)

This AIFS report provides clarity on the concept of trauma-informed care. Drawing on the international evidence, it reviews the emergence of trauma-informed care in Australia and overseas, how it is being implemented in practice, trauma-informed systems and service settings, trauma-integrated interventions, and the utility, strengths and limitations of this approach.

[Building trauma-informed organisations](#)

This Phoenix Australia video describes what trauma-informed care is and how organisations can apply trauma-informed principles.

[Trauma sensitive language with children](#)

This short resource from the Australian Childhood Foundation is a trauma-informed language guide for working with children and young people. It provides useful examples of negatively charged language, underlying determinants of childhood behaviour, and desirable terminology.

[Together: A collection of activities for exploring and strengthening relationships](#)

This document from the Australian Childhood Foundation contains practice-based ideas for building relationships with children and young people who have experienced trauma. The 20 activities cover a range of treatment settings, including one-on-one sessions with children and family sessions.

Visit the [Australian Childhood Foundation's Professional Community](#) for more trauma-informed activities relating to increasing predictability and safety for children.

Research and evaluation

[Principles for doing trauma-informed research and program evaluation](#)

This AIFS resource is designed to provide practitioners with an understanding of what trauma-informed research is, including an appreciation of the value of considering trauma throughout the research process. It includes knowledge of high-level principles of trauma-informed research to apply within projects.

[How to do trauma-informed research and evaluation](#)

This AIFS resource extends on the principles resource listed above. It provides evidence-informed, practical insights for doing trauma-informed research and program and service evaluation.

Understanding trauma and supporting clients

[Helplines, telephone and online counselling services for children, young people and adults](#)

This AIFS resource sheet is designed to provide practitioners and service providers with the contact details and links to helplines, telephone and online counselling services for children, young people and adults. It includes services related to topics such as family and domestic violence, gambling, mental health and wellbeing, alcohol and drug use, legal services and parenting. It also includes services specifically for Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and people living or working in rural areas. Services are grouped according to the location in which they operate.

[Phoenix Australia](#)

Phoenix Australia is the Australian National Centre of Excellence in Posttraumatic Mental Health. This website contains research and resources designed to help you understand, prevent and recover from the impacts of trauma, and to support trauma-impacted loved ones or communities. Some useful resources from this website include:

- [About posttraumatic stress disorder](#)
- [Treatment for posttraumatic stress disorder](#)
- [Helping children after a traumatic event](#)
- [Child help strategies](#)
- [Dealing with trauma: A guide for young people who have experienced trauma](#)

[The effect of trauma on the brain development of children](#)

This AIFS practice guide provides an overview of what we know from research about cognitive development in children who have experienced trauma and provides principles to support effective practice responses to those children's trauma.

[How to recognise complex trauma in infants and children and promote wellbeing](#)

This webinar from AIFS and Emerging Minds explores:

- the evidence about what complex trauma is, how it might present in children and how it can impact their development
- how to recognise and respond to the effects of complex trauma in practice with infants and children, and their parents and caregivers
- how to have preventative and early intervention conversations with parents and caregivers of infants and children who have experienced complex trauma.

[Calming the body before calming the mind: Sensory strategies for children affected by trauma](#)

This AIFS short article describes how practitioners can use strategies that help calm children's bodies in order to help calm their minds and emotions – specifically, the Regulate–Relate–Reason approach used in [Berry Street's Take Two program](#).

[Supporting children who have disclosed trauma](#)

This webinar from AIFS and Emerging Minds explores:

- how self-blame operates and how perpetrators may manipulate children to blame themselves
- how to help children challenge feelings of complicity in their trauma experiences by focusing directly on the power difference between children and adults
- children's stories of protests or choices they made throughout their experiences that kept them or their loved ones safe, to acknowledge that no child is a passive recipient of trauma.

[Managing uncertainty in professional practice](#)

This practice guide provides an overview of what uncertainty and uncertainty tolerance are and their significance to professional practice. It also outlines the individual, practice and organisational factors that can contribute to uncertainty and describes evidence-based strategies for how practitioners can manage practice uncertainties. This resource is useful because cases involving trauma often lead to a sense of uncertainty for practitioners.

[Helping children and young people cope with crisis: Information for parents and caregivers](#)

This booklet from the [Australian Red Cross](#) was developed for parents and carers wanting to support their child following a traumatic event. It includes a breakdown of common trauma responses across age ranges and a list of positive coping activities that families can explore.

[Blue Knot Professional Community](#)

The Blue Knot Foundation hosts a Professional Community for professionals working with people with experiences of complex trauma. Their website contains fact sheets on a variety of trauma-related topics including emotions, arousal, identity, belonging and healing. They also provide paid professional training and organisational development consultation services.

[The Trauma and Grief Network \(TGN\)](#)

TGN develops free resources for parents and caregivers who are supporting children and people experiencing trauma, loss or grief. Their resources cover people impacted by disasters, First Nations peoples, and those living in rural and remote areas.

[Emerging Minds](#)

Emerging Minds has many free resources for practitioners working with children and young people, families and communities following disasters. They include strategies and practice guidance for supporting infant and child mental health, as well as a Community Trauma Toolkit.

[Sesame Workshop](#)

The Sesame Workshop provides a suite of evidence-based multimedia resources for children (1-6 years), parents and carers about discussing tough topics, including trauma and supporting the social and emotional needs of children. This includes videos for children, worksheets, online storybooks and games that can be completed as a family, featuring characters from the Sesame Street show.

[Trauma informed care: A guiding tool to discussing sexual health with young people](#)

This resource from NSW Ministry of Health examines how practitioners can have discussions about sexual health with young people through a trauma-informed lens. It includes guidance on sexual health education and considerations when engaging in trauma-informed discussions with diverse groups of young people.

Co-design

[Supporting children and families: How does co-design invite us to think differently?](#)

This Emerging Minds paper provides insights for practitioners about engaging in co-design. In the paper, a series of reflective questions are responded to by a lived experience consultant, a practitioner and a researcher.

This two-part podcast series by Emerging Minds provides practical insights for implementing co-design in your work with children and families:

[Podcast | Co-design: Disrupting business as usual part 1](#)

[Podcast | Co-design: Disrupting business as usual part 2](#)

Supporting First Nations families

[Decolonising mental health when working with Aboriginal and Torres Strait Islander families](#)

This Emerging Minds webinar co-produced with the Mental Health Professionals' Network (MHPN) discusses the importance of decolonising mental health for Aboriginal and/or Torres Strait Islander children and families, and strategies that support the cultural needs of First Nations children and families at an individual, family and community level.

[Racial stress and trauma](#)

This short resource from The Healing Foundation and the National Aboriginal Community Controlled Health Organisation (NACCHO) introduces the concept of racial stress (aka racial trauma), looks at coping strategies and provides a list of support services for First Nations clients.

Organisational-level responsibilities

Trauma Informed Organisational Change Manual

This manual by the Institute on Trauma and Trauma-informed Care (University at Buffalo) helps organisations and systems plan for, implement and sustain trauma-informed care. It steps through aspects of organisational change and provides resources and examples for action planning.

Trauma-informed Care and Practice Organisational Toolkit (TICPOT)

This toolkit, by the Mental Health Coordinating Council, is a free public resource, to be used by any organisation wishing to improve its organisational and service delivery culture and practices.

Young Minds UK

Posters, like these examples from Young Minds UK, reinforce policies around treatment choice, complaints and disclosure to create a physically safe environment for those who may have experienced trauma.

- [Something not right? Giving feedback and making complaints about your service](#)
- [Whatever your age, it's your information, so it's your choice](#)
- [Taking control. Having a say in your care and treatment](#)

References

- Ajeen, R., Ajeen, D., Wisdom, J. P., Greene, J. A., Lepage, T., Sjoelin, C. et al. (2023). The impact of trauma-informed design on psychological well-being in homeless shelters. *Psychological Services, 20*(3), 680–689. doi.org/10.1037/ser0000724
- Australian Institute of Health and Welfare (AIHW). (2018). *Family, domestic and sexual violence in Australia, 2018*. Canberra: AIHW. www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018
- Ballard, J., Turner, L., Cuca, Y. P., Lobo, B., & Dawson-Rose, C. S. (2022). Trauma-informed home visiting models in public health nursing: An evidence-based approach. *American Journal of Public Health, 112*(S3), S298–S305. doi.org/10.2105/AJPH.2022.306737
- Barrett, G. M. (2023). The new immigration crisis: Creating trauma-informed yoga programs for asylum seekers, refugees, and new immigrants. *Yoga Therapy Today*. static1.squarespace.com/static/5ec830b6bcf1e41590235fed/t/64f8e3f98f09dc6e049e7f95/1694032910121/YTT+Summer+2023_Barrett.pdf
- Becker-Blease, K. A. (2017). As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation, 18*(2), 131–138. doi.org/10.1080/15299732.2017.1253401
- Bendall, S., Phelps, A., Browne, V., Metcalf, O., Cooper, J., Rose, B. et al. (2018). *Trauma and young people: Moving towards trauma-informed services and systems*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.
- Berger, R., & Quiros, L. (2016). Best practices for training trauma-informed practitioners: Supervisors' voice. *Traumatology, 22*(2), 145–154. doi.org/10.1037/trm0000076
- Bosk, E. A., Williams-Butler, A., Ruisard, D., & MacKenzie, M. J. (2020). Frontline staff characteristics and capacity for trauma-informed care: Implications for the child welfare workforce. *Child Abuse & Neglect, 110*(Pt 3). doi.org/10.1016/j.chiabu.2020.104536
- Choi, K. R., Records, K., Low, L. K., Alhusen, J. L., Kenner, C., Bloch, J. R. et al. (2020). Promotion of maternal-infant mental health and trauma-informed care during the COVID-19 Pandemic. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 49*(5), 409–415. doi.org/10.1016/j.jogn.2020.07.004
- Danielson, R., & Saxena, D. (2019). Connecting adverse childhood experiences and community health to promote health equity. *Social and Personality Psychology Compass, 13*(7). doi.org/10.1111/spc3.12486
- Department of Families, Fairness and Housing (DFFH). (2023). *Framework for trauma-informed practice: Supporting children, young people and their families*. Melbourne: DFFH. www.dffh.vic.gov.au/publications/framework-trauma-informed-practice
- Fernandez, V., Gausereide-Corral, M., Valiente, C., & Sanchez-Iglesias, I. (2023). Effectiveness of trauma-informed care interventions at the organizational level: A systematic review. *Psychological Services, 20*(4), 849–862. doi.org/10.1037/ser0000737
- Fixsen, D. L., Blase, K. A., Naoom, S. F., & Duda, M. (2013). *Implementation drivers: Assessing best practices*. National Implementation Science Network, Frank Porter Graham Child Development Institute, University of North Carolina Chapel Hill.
- Fixsen, D., Naoom, S. F., Blase, K. A., Friendman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Louis de la Parte Florida Mental Health Institute.
- Guevara, A. M. M., Johnson, S. L., Elam, K., Rivas, T., Berendzen, H., & Gal-Szabo, D. E. (2021). What does it mean to be trauma-informed? A multi-system perspective from practitioners serving the community. *Journal of Child and Family Studies, 30*(11), 2860–2876. doi.org/10.1007/s10826-021-02094-z
- Hanson, R. F., & Lang, J. (2016). A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. *Child Maltreatment, 21*(2), 95–100. doi.org/10.1177/1077559516635274

- Holmes, M. R., King, J. A., Miller, E. K., King-White, D. L., Korsch-Williams, A. E., Johnson, E. M. et al. (2023). Innovations in trauma-informed care: Building the nation's first system of trauma-informed recreation centers. *Behavioral Sciences (Basel, Switzerland)*, 13(5). doi.org/10.3390/bs13050394
- Hunter-Dehn, A. (2021). A trauma-informed transition model for new entrants with dysregulated behaviours. *New Zealand Journal of Educational Studies*, 56(2), 301-314. doi.org/10.1007/s40841-021-00219-y
- Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal*, 43(1), 25-37. doi.org/10.1007/s10615-014-0481-6
- Knight, C. (2019). Trauma informed practice and care: Implications for field instruction. *Clinical Social Work Journal*, 47(1), 79-89. doi.org/10.1007/s10615-018-0661-x
- Kulkarni, S. (2018). Intersectional trauma-informed Intimate Partner Violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. *Journal of Family Violence*, 34(1), 55-64. doi.org/10.1007/s10896-018-0001-5
- Lee, A. T., Chin, P., Nambiar, A., & Hill Haskins, N. (2023). Addressing intergenerational trauma in Black families: Trauma-informed socioculturally attuned family therapy. *Journal of Marital and Family Therapy*, 49(2), 447-462. doi.org/10.1111/jmft.12632
- Lee, E., Kourgiantakis, T., Lyons, O., & Prescott-Cornejo, A. (2021). A trauma-informed approach in Canadian mental health policies: A systematic mapping review. *Health Policy*, 125(7), 899-914. https://doi.org/10.1016/j.healthpol.2021.04.008
- Leotti, S. M., & Wahab, S. (2024). Mapping the landscape of trauma-informed care in social work: A critical scoping review. *Trauma Violence Abuse*. doi.org/10.1177/15248380241286810
- Levenson, J. (2017). Trauma-informed social work practice. *Social Work*, 62(2), 105-113. doi.org/10.1093/sw/swx001
- Lotty, M., Dunn-Galvin, A., & Bantry-White, E. (2020). Effectiveness of a trauma-informed care psychoeducational program for foster carers: Evaluation of the Fostering Connections Program. *Child Abuse & Neglect*, 102. doi.org/10.1016/j.chiabu.2020.104390
- MacDonald, J. B., Butler, K., Willoughby, M., Gartoulla, P., & Dobud, W. (2024a). *How to do trauma-informed research and evaluation: Practice guide*. Melbourne: Australian Institute of Family Studies. aifs.gov.au/resources/practice-guides/how-do-trauma-informed-research-and-evaluation
- MacDonald, J. B., Butler, K., Willoughby, M., Gartoulla, P., & Dobud, W. (2024b). *Principles for doing trauma-informed research and program evaluation: Practice guide*. Melbourne: Australian Institute of Family Studies. aifs.gov.au/resources/policy-and-practice-papers/building-resilience-children-and-young-people
- MacDonald J. B., & Dobud, W. (2024) *Counselling effectiveness and the therapeutic alliance*. Melbourne: Australian Institute of Family Studies. aifs.gov.au/resources/short-articles/counselling-effectiveness-and-therapeutic-alliance
- MacDonald, J. B., Dobud, W., & Muir, S. (2025). *Building resilience in children and young people: Practice guide*. Melbourne: Australian Institute of Family Studies. aifs.gov.au/resources/policy-and-practice-papers/building-resilience-children-and-young-people
- Macedo, D. M., Reilly, J. A., Pettit, S., Negoita, C., Ruth, L., Cox, E. et al. (2022). Trauma-informed mental health practice during COVID-19: Reflections from a Community of Practice initiative. *International Journal of Mental Health Nursing*, 31(4), 1021-1029. doi.org/10.1111/inm.13013
- Mental Health Coordinating Council (MHCC). (2018). *Trauma-informed care and practice organisational toolkit (TICPOT): An organisational change process resource, Stage 1 - Planning and audit*. MHCC.
- Mirick, R. G., Bridger, J., & McCauley, J. (2022). Trauma-informed clinical practice with clients with suicidal thoughts and behaviors. *Smith College Studies in Social Work*, 92(3), 169-184. https://doi.org/10.1080/00377317.2022.2104778
- Mirick, R. G., Bridger, J., & McCauley, J. (2023). Trauma-informed school-based postvention services: Support to students following a suicide death. *Clinical Social Work Journal*, 52(1), 3-11. doi.org/10.1007/s10615-023-00887-x
- Mirick, R. G., McCauley, J., & Bridger, J. (2023). Integrating trauma-informed principles into suicide prevention, intervention, and postvention. *Practice Innovations*, 8(4), 305-316. doi.org/10.1037/pri0000212
- Moss, R. K., & Mousavizadeh, V. (2017). Implementing feedback-informed treatment: Challenges and solutions. In D. S. Prescott, C. L. Maeschalck, & S. D. Miller (Eds.), *Feedback-informed treatment in clinical practice: Reaching for excellence* (pp. 101-121). American Psychological Association. doi.org/10.1037/0000039-006
- National Office for Child Safety. (2021). *Keeping our kids safe: Cultural safety and the national principles for child safe organisations*. Commonwealth of Australia. www.childsafety.gov.au/resources/keeping-our-kids-safe-cultural-safety-and-national-principles-child-safe-organisations-guide-0.
- Némorin, S., Momartin, S., & Junaid, M. (2019). Community partnership with Rohingya refugees in Sydney, Australia: A systemic approach towards healing and recovery. *Intervention*, 17(2), 225-230. https://doi.org/10.4103/intv.Intv_31_19
- Niimura, J., Nakanishi, M., Okumura, Y., Kawano, M., & Nishida, A. (2019). Effectiveness of 1-day trauma-informed care training programme on attitudes in psychiatric hospitals: A pre-post study. *International Journal of Mental Health Nursing*, 28(4), 980-988. doi.org/10.1111/inm.12603
- Oral, R., Coohy, C., Zarei, K., Conrad, A., Nielsen, A., Wibbenmeyer, L. et al. (2020). Nationwide efforts for trauma-informed care implementation and workforce development in healthcare and related fields: A systematic review. *Turkish Journal of Pediatrics*, 62(6), 906-920. doi.org/10.24953/turkjped.2020.06.002
- Proctor, E., Luke, D., Calhoun, A., McMillen, C., Brownson, R., McCrary, S. et al. (2015). Sustainability of evidence-based healthcare: Research agenda, methodological advances, and infrastructure support. *Implementation Science*, 10, 1-13. doi.org/10.1186/s13012-015-0274-5
- Quadara, A., & Hunter, C. (2016). *Principles of trauma-informed approaches to child sexual abuse: A discussion paper*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.

- Richard, D., Rousseau, D., Umapathy, K., Pandya, H., Rousis, G., & Peeples, P. (2024). Exploring the impact of a trauma-informed yoga and mindfulness curriculum for multiple populations: A pilot study. *Explore (New York, New York)*, 20(1), 54–61. doi.org/10.1016/j.explore.2023.05.007
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (Vol HHS Publication No (SMA) 14-4884). Rockville, MD: SAMHSA
- Speck, P. M., Robinson, L. S., Johnson, K., & Mays, L. (2023). Care for women with past trauma using trauma-informed care. *Advances in Family Practice Nursing*, 5(1), 119–135. doi.org/10.1016/j.yfnp.2022.11.002
- Sweeney, A., & Taggart, D. (2018). (Mis)understanding trauma-informed approaches in mental health. *Journal of Mental Health*, 27(5), 383–387. doi.org/10.1080/09638237.2018.1520973
- Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Advances*, 24(5), 319–333. doi.org/10.1192/bja.2018.29
- Sweeney, A., White, S., Kelly, K., Faulkner, A., Papoulias, S., & Gillard, S. (2022). Survivor-led guidelines for conducting trauma-informed psychological therapy assessments: Development and modified Delphi study. *Health Expectations*, 25(6), 2818–2827. doi.org/10.1111/hex.13585
- Szczygiel, P. (2018). On the value and meaning of trauma-informed practice: Honoring safety, complexity, and relationship. *Smith College Studies in Social Work*, 88(2), 115–134. doi.org/10.1080/00377317.2018.1438006
- Tibbitts, D. C., Aicher, S. A., Sugg, J., Handloser, K., Eisman, L., Booth, L. D. et al. (2021). Program evaluation of trauma-informed yoga for vulnerable populations. *Evaluation and Program Planning*, 88. doi.org/10.1016/j.evalprogplan.2021.101946
- van der Hoeven, M. L., Widdershoven, G. A. M., van Duin, E. M., Hein, I. M., & Lindauer, R. J. L. (2022). A resilience enhancing trauma-informed program for children and mothers in domestic violence shelters: A qualitative study. *Child & Family Social Work*, 28(2), 515–526. doi.org/10.1111/cfs.12981
- Wilson-Ching, M., & Berger, E. (2023). Relationship building strategies within trauma informed frameworks in educational settings: A systematic literature review. *Current Psychology*, 43(4), 3464–3485. doi.org/10.1007/s12144-023-04590-5
- Yinger, O. S. (2022). I am safe and I am strong: Understanding adverse childhood experiences and building resilience through trauma-informed music therapy. In Beer, L. E., & Birnbaum, J. C. (Eds.), *Trauma-Informed Music Therapy* (pp. 47–55). doi.org/10.4324/9781003200833-8