



Women's Input into a Trauma-informed systems model of care in Health settings (the WITH Study)

Using a trauma-and-violence-informed framework in practice

Sexual violence and family violence are common in women attending health settings. Both issues are associated with a range of health problems, especially mental health. Most health settings now recognise the need to adopt a trauma-informed approach to care when responding to these issues. **Trauma-and-violence-informed care (TVIC)**¹ expands on the concept of trauma-informed care. It takes into account the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life. However, there are no guidelines or frameworks that help practitioners actually implement TVIC in practice **across an organisation**². As part of the WITH Study (see Box 1), we developed a model based on women's and practitioners' voices to help guide a system-wide approach to implementing TVIC.

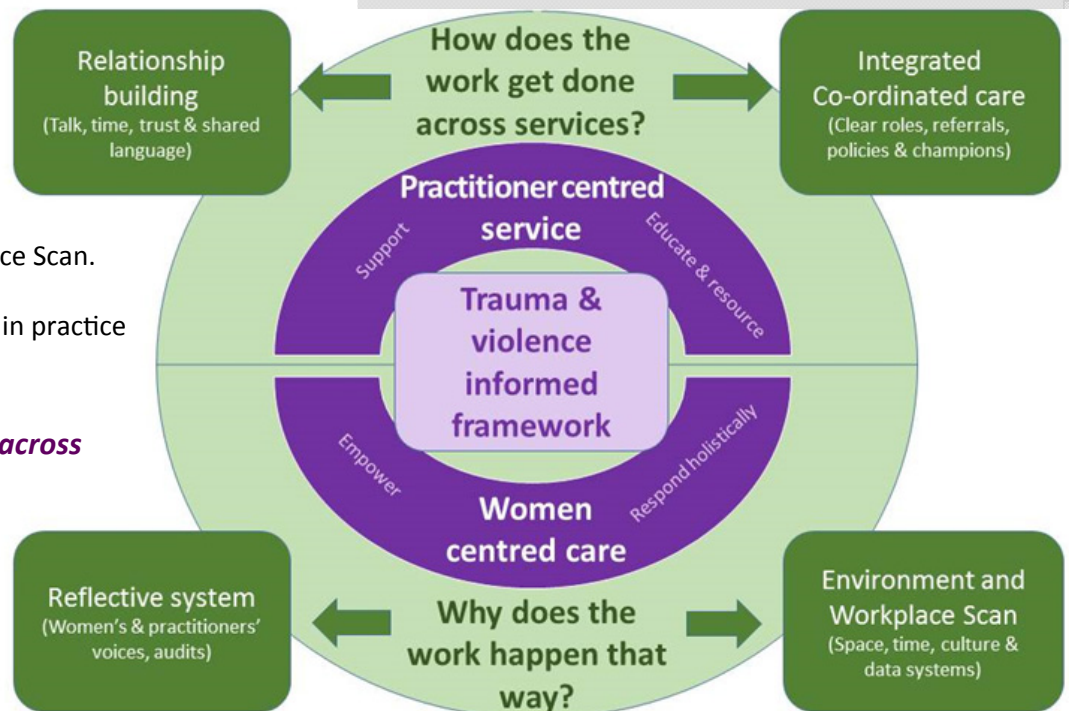
The model focuses on delivering women-centred care, and developing practitioner-centred service. It has **four main "building blocks"**:

- Relationship building,
- Integrated Co-ordinated care,
- Reflective system
- Environment and Workplace Scan.

A key part of implementing TVIC in practice is asking two questions:

How does the work get done across services?

Why does the work happen that way?



Box 1. The WITH Study

Findings from the WITH Study informed the development of this trauma-and-violence-informed framework. The project involved:

- In-depth interviews with 33 women who had experienced sexual violence and mental health problems;
- Digital stories with 5 survivors of sexual violence;
- Four workshops with 33 health practitioners from The Women's hospital and Northern Area Mental Health Service;
- Twenty consultations with senior staff and 19 interviews with clinicians across The Women's hospital

For more information about the project, please visit www.anrows.org.au to read the final report.



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HOW DOES THE WORK GET DONE ACROSS THE ORGANISATION?

Relationship Building: Staff need to be connected within care teams, within the hospital, and with external services through opportunities to **talk** together. They need to develop **trust** over **time** and a **shared understanding** of their different frameworks and roles.

Integrated Co-ordinated Care: Staff need clearly defined roles and **referral pathways** that are mapped internally and externally. **Policies** supporting the trauma-and-violence-informed work and staff '**champions**' within the hospital to drive the work are needed.

WHY DOES THE WORK HAPPEN THAT WAY?

Reflective System: Organisations that engage in regular reflection are more likely to promote quality improvement. This includes prioritising feedback from **women** about what they would like changed in the system as well as providing feedback to practitioners. **Staff** input into changes in strategy, policies and resources is also essential. **Auditing** how women flow through the system on their pathway to safety and well-being and what practitioners are enacting would allow quality improvement to be monitored.

Environment and Workplace Scan: Regular assessment of the environment and workplace facilitates improvements in areas requiring attention. This includes checking for **spaces** to have private and confidential discussions, and reviewing staff work flow patterns to allow sufficient **time** to engage with women on these sensitive topics. Assessment of **culture**, values and beliefs that are occurring within a workplace can impact any change process. Monitoring and evaluation also requires better **data systems** to be developed.

WHAT DOES THIS MEAN FOR YOU AND YOUR WORK AS A PRACTITIONER?

- Support and be open to being involved in cross-service training and discussions;
- Provide constructive feedback to management on what can be improved;
- Engage in audits (of the environment, of workplace practices, and of women's pathways);
- Prioritise self-care to avoid vicarious trauma and burnout;

¹Varcoe, C., Wathen, C., Ford-Gilboe, M., Smye, V., & Browne, A. (2016). VEGA briefing note: Trauma- and violence-informed care. Retrieved from Violence Evidence Guidance Action Project website <http://projectvega.ca/wp-content/uploads/2016/10/VEGA-TVIC-Briefing-Note-2016.pdf>

²Quadara, A. (2015). *Implementing trauma-informed systems of care in health settings: The WITH study. State of knowledge paper* (ANROWS Landscapes, 10/2015). Sydney: ANROWS.

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