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TOWARDS TRAUMA- INFORMED RESEARCH:

A brief overview
& practice guide



THE UNIVERSITY OF
SYDNEY



Development of the Guide

This guide was developed collaboratively by a small group of people interested in trauma-informed research who have a shared desire to provide a comprehensive and accessible resource for people interested in engaging in research underpinned by trauma-informed principles of practice. It draws upon their collective experiences of distress, trauma, substance use, and health service delivery across multiple service contexts, and research engagement. The resource was developed through a series of purposeful conversations guided by two questions: 'What does it mean to be trauma-informed in research endeavours?' and 'What are some actions or considerations that exemplify trauma-informed research?'

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OVERVIEW

Healthcare services and research institutes are increasingly striving to be 'trauma-informed'. To be trauma-informed means demonstrating an understanding of trauma and using that understanding to inform ways in which support services are delivered, and how research is conducted. This practical guide provides a brief overview of what trauma-informed research is alongside reflections on how to 'do' trauma-informed research. It is particularly useful for anyone interested in undertaking research about trauma or seeking to minimise the risk of re-traumatisation occurring during research processes.

To be 'trauma-informed' in research overlaps with other processes of undertaking 'good' research. Research must uphold four key principles to be considered ethical: beneficence (it benefits the participants' well-being), autonomy (having informed decision-making and consent processes in place), non-maleficence (doing no harm), and justice (the equitable distribution of social benefits (Australian Code for the Responsible Conduct of Research).

Extra considerations need to be considered when engaging in research about trauma or with people who may have experiences of trauma. Trauma-informed research should reflect an understanding that trauma is widespread but that recovery is possible, and have mechanisms in place that recognise the indicators of trauma and its impacts in people involved in research. Research should also demonstrate a responsiveness to knowledge of trauma through articulated procedures and practices and seek to actively minimise the risk of re-traumatisation occurring throughout the research process.

This guide explores these considerations and offers a framework on how to conduct ethical and responsible research in ways informed by understandings of trauma. This guide can be considered a companion to the Co-design Kickstarter as being trauma-informed ideally requires engagement with people and communities researched and impacted upon by research, at all stages of the investigative process.

Describing trauma

Trauma-informed research relies upon a shared understanding of what trauma is or might be to an individual and how it might impact upon research. There is no perfect definition of trauma. However, it is generally defined as an experience that overwhelms a person's coping mechanisms and may be associated with fear, betrayal, or the misuse of power. Trauma can result from acts of violence or events such as disasters, as well as abuse or neglect in key relationships, or experiences such as grief, loss, coercive control, poverty, or oppression. This guide frames the experience of trauma as subjective and deeply personal, meaning a particular event may lead to trauma for one person but not for another.

Trauma is not the circumstance or experience that occurs but the impact it has upon the person/people. Many definitions of trauma are purposefully vague so that they can be inclusive of a diversity of experiences. At the same time, many trauma screening tools are highly prescriptive in identifying set events that are deemed potentially traumatic. It is important to recognise and respect the experiences of an individual and how they define or understand trauma for themselves.

The impacts of trauma are varied but commonly include significant alteration to perceptions of safety, self, and view of the world. Trauma is also associated with emotional or nervous system dysregulation, hypervigilance to threat, heightened distress or big feelings and altered states of consciousness (such as dissociation). Trauma can also cause or exacerbate a host of mental and physical health issues. To deal with this, people may use coping strategies like self-injury or harmful drug use, which can lead to further health issues or social and financial harms. When trauma occurs from harm perpetrated by other humans within relationships, sometimes referred to as interpersonal trauma, interactions with other people may trigger traumatic responses.

Describing people who have experiences of trauma

In the past, people having lived or living experiences of trauma were often called 'victims'. Many trauma advocates now prefer the word 'survivors' as the term represents a form of reclaiming power. However, some people may not identify as survivors. In MH and AOD services, the term 'survivor' can imply that an individual has overcome a traumatic experience, yet many people are continuously striving to survive or find ways to live with the effects of trauma. The terms 'patient', 'client', and 'consumer' all give rise to complexity and disagreement. As such, this guide uses the phrase 'people who have experienced or are experiencing trauma' to acknowledge that trauma from certain experiences may be ongoing or that past experiences may continue to intrude upon the present.

PART I: AN OVERVIEW OF TRAUMA-INFORMED RESEARCH

This section of the guide explores how trauma relates to research.

Why focus on trauma?

Trauma is common amongst the general population. Because trauma encompasses many different experiences and is defined differently in different contexts, it is hard to accurately estimate its prevalence. However, trauma is known to impact upon the lives of the vast majority of people accessing AOD and/or MH services, and to also be prevalent in the lives of people who work in these areas

Why be trauma-informed?

Being trauma-informed improves both direct service delivery, as well as workforce and social outcomes. As a practice approach, it minimises harm to people who have not experienced trauma and allows services to be more accessible to those who do live with trauma. Trauma-informed practice has become more embedded both organisationally and in direct service delivery because increasingly evidence and awareness of the prevalence of trauma and its ripple effects on individuals and communities, is informing practice approaches and models. The importance of engaging in trauma-informed practice is underscored by the experiences of individuals having been misunderstood, harmed, and re-traumatised when seeking support, healthcare, education, or interacting with institutions or the criminal justice system. To be trauma-informed requires a clear understanding of how traumatic experiences may be triggered, replicated, created, or influenced through service engagement and processes.

Why be trauma-informed in research?

Research is an integral component of service delivery. It can validate service models and resources and influence how services and systems engage with communities. Research also plays a role in development and quality improvement of policies and processes that best meet the needs of individuals and groups. Historically, harm has been caused to oppressed and marginalised people through research. These individuals, communities, and groups are frequently under-represented, excluded, misrepresented or disempowered in research endeavours. Research has also been used to justify social policies or practices that further marginalise individuals and groups. Trauma-informed research should address power imbalances in the conception and design of research and prioritise safety and choice in research methodology. Trauma-informed research also aims to protect researchers. Research on topics related to trauma, MH, or AOD use can lead to secondary or 'vicarious' trauma.

Using a trauma-informed framework for research does not resolve systematic inequalities, unethical practices, power imbalances, unintended harms, or injustices. However, when more researchers contemplate the intersection between trauma and research, topics can be explored with more sensitivity, complexity and research may be more likely to minimise stigma and discrimination. A trauma-informed framework can enable the production of more research on sensitive topics and for this research to be conducted more safely.

While this guide focuses mainly on the relational components of trauma-informed research and how to use an understanding of trauma to inform engagement with participants, trauma-informed research also requires consideration about which analytical and theoretical frameworks should be used and what data collection methods promote the resilience, strengths, words and identities of individuals and communities.

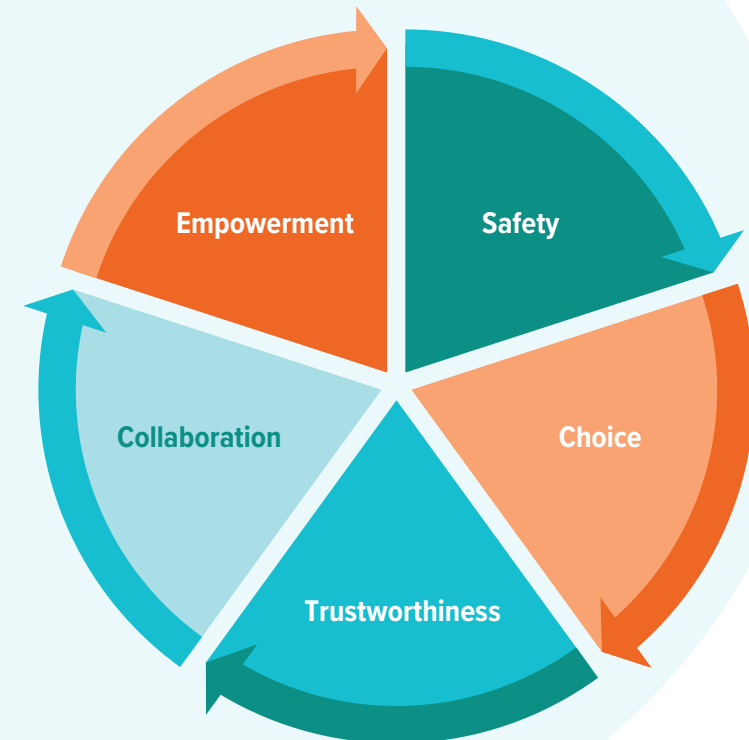
PART II: APPLYING TRAUMA-INFORMED PRINCIPLES TO RESEARCH

This part of the guide considers how you can apply trauma-informed principles to your research.

Trauma-informed practice and research approaches include understanding the impact of trauma on the emotional, psychological and social wellbeing of individuals and communities, as well as attending to cultural sensitivity and incorporating lived experience wisdom. The 'principles' of Trauma-Informed approaches differ across documents. This guide uses the broad principles of safety, choice, collaboration, empowerment, and trustworthiness¹. Considering each of these is one way to reflect on ways to enact trauma-informed ways of being. Beyond their assumed meaning, each principle needs to be considered through the lens of how they relate to trauma.

There is of course significant overlap between each trauma-informed principle and how they are demonstrated. For example, collaborating and providing choice to a person can enhance empowerment. And being trustworthy increases safety. The principles are designed to guide ways of thinking about being trauma-informed rather than to be discretely implemented. In research, the principles can also overlap with expected standards of ethical research.

FIGURE 1: TRAUMA INFORMED PRINCIPLES



1. There are different versions of the Principles of Trauma Informed Care. These principles are those identified by Harris and Fallot in: Harris, M., & Fallot, R. D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New directions for mental health services*, 2001(89), 3-22.

Safety refers to fostering emotional and relational safety to minimise harm to participants, and communities as well as researchers. Safety is a dynamic, and ongoing process, and includes cultural safety.

Safety is an important part of all research. Safety is a primary focus of ethics review processes. However, to use a trauma-informed lens requires critical reflection on safety to ensure research processes attempt to be 'safe enough' for participants and communities, and do not replicate the powerlessness inherent to traumatic experiences. It is not possible to objectively determine when a situation, process, or interaction is officially 'safe' for someone else, nor should one assume what makes someone feel safe. However, relational safety can be enhanced through language, facial expression, body language, and clear communication, while also paying attention to yourself, cues from others, and the relational space between you. This guide focuses mainly on safety within the relationship between you as a researcher and the individuals or communities who will be impacted by your research.

Trauma can impact upon people's perceptions of safety. People may be more cautious about the intentions of others or feel less safe in interactions with professionals or services. This makes sense when understood in the context of past harms. The boundaries of a research interaction are different to those of a clinical or support relationship, and as such, a trauma-informed approach is about providing opportunities for participants to enhance safety in the process of engaging in the research and to share what feels meaningful or relevant to them.

Safety requires planning and in the moment attention. In paying attention to the safety of the research process, as well as 'in the moment' safety, it can be useful to ask people what they need to feel safer. However, discourses of safety and risk aversion within mental health and AOD, may mean that people may feel uncomfortable responding to direct questions about safety. Instead, you might ask people what they need to feel more comfortable throughout the process of participating or how things could be better, for example 'Is there anything that you would like to be different in the plan we have discussed?'. Small gestures such as ensuring they are comfortable in the room, and in their proximity to you, and have access to water or tea can be important symbols of attention to relational safety in direct data collection. Pausing for a few moments to gather yourself or to allow the person to settle may also be beneficial, as well as spending time on rapport building before any more formal conversations. Safety is dynamic and requires ongoing attunement to the space and the participant throughout any data collection or research process.

Distress can occur during research processes. Even the most thorough research design cannot predict distress, and it is always possible that participants or researchers may become upset during research. People may be well able to manage their own distress but it can be helpful to discuss ways to manage distress with participants prior to undertaking

data collection. For example, you could say: 'Some of my questions cover difficult topics about past experiences of engaging with mental health and AOD services, which some people find upsetting to talk about. What would feel most supportive for you if you did start to feel upset or overwhelmed during the interview?'

Relational safety is important. That may contribute to relational safety include letting people know in advance what topics will be discussed, paying attention to the power dynamics that may exist between you, and engaging in ongoing self-reflection. Noticing what 'vibe' you bring to an interaction is also important as during research you may become too focused on the questions, research protocol, or your own concerns and not notice how this may be interpreted by the participant.

Safety considerations are not just relevant for data collection. They are also part of the design stage of your research, and considering how issues, communities, and individuals are framed within the research, the data analysis process, and how you disseminate findings. Safety also extends to how you look after data, including people's stories or information, during the process of analysis and write-up.

You may want to ask yourself:

- What am I bringing to the space as the researcher? Have I made sure that I have ways to manage my own responsibilities, expectations, and worries so that I can focus on the process?
- Are there ways that this research may unintentionally replicate dynamics of powerlessness that may make people feel less safe? How can I change that?
- How comfortable do I feel responding to distress 'in the moment'? What words and tone might I use if someone does become distressed? What will I do if I feel distressed?
- What might participants need to feel they can slow down, speed up, skip bits, stop, or renegotiate participation?
- Am I treating people, and their data, as I would like me and my data to be treated? Am I actively soliciting feedback in case they like to be treated differently to how I do?
- What mechanisms do we have in our research team to address disagreements?

TRUSTWORTHINESS

Trustworthiness refers to doing what you say you will do and being clear on the intent and purpose of any interaction, use of data, or representation of individuals or groups. Trustworthiness links to transparency, consistency, accountability, and clarity.

Trustworthiness is a way of being. Trustworthiness in research extends beyond direct contact with participants and includes how researchers talk about communities and participants, how data is handled and presented, and how transparent researchers are about the aim of research studies. While these reflect the principles of ethical research, trustworthiness is particularly important when considering how people who have experienced trauma may have been systemically disadvantaged or disbelieved.

Trustworthiness relies on boundaries and authenticity. While being trauma-informed requires being genuine and humanistic in interactions, it does not negate the need to ensure people are aware of the limitations of the relationship. It is also important that you are clear with people about what is expected or possible, and make sure that you provide the space for stories to be participant-led. The focus of data collection should remain on the participant. At the end of any direct contact with participants, it is important to thank people for their contributions, and reiterate any next steps. This assists in addressing the knowledge asymmetry inherent in research processes between the researcher and participants. While these processes of sharing often occur in research, employing a trauma-informed approach allows for the validation of feelings of uncertainty and transparency of processes that protect their words and experiences. For people who have experienced trauma, addressing power differentials is particularly important. Trustworthiness requires imagining the experience from the perspective of participants or communities, and how it might feel to read the findings of your study.

Researchers may have their own lived experience. Often people are researching topics they have lived experience in. You do not have to declare this or share this for legitimacy and should only do so if it is relevant to the research or the relationship. Ideas of 'purposeful disclosure' woven into Peer Support knowledge may be beneficial when considering this. At other times, you may be undertaking research required by your organisation that you have limited interest in and/or no direct experience. This is important to recognise and reflect on, with an openness and curiosity to the experience of others. Remember that anything you share during an interview or focus group may also be transcribed and shared with your research team, consider upfront how you want to introduce yourself and how much feels appropriate to share about yourself.



You may want to ask yourself:

- Why am I undertaking this research? What is the intent of the work?
- Have I made it clear to participants what the research is about, what will be expected of them, and what they will receive in return?
- What do I need to share with participants about the process of data collection, analysis and dissemination for them to navigate it fairly?
- What topics/issues might be good to check in about during the transition in and out of the conversation?
- Are there other ways to go about this research or make sense of my findings?
- Am I doing my due diligence to the participant/s and their communities?

CHOICE

Choice refers to ensuring researchers and participants are given meaningful decision-making capacities during the research process and have agency over their role in the project. Choice includes understanding any limitations and providing options wherever possible.

Choice extends beyond consent and participation. Choice relates to what research is undertaken, how it is being framed, and the decision-making capacities within interactions. Ethics committees often focus on ensuring participants have a choice about participation. Through a trauma-informed lens, choice extends to mindfully incorporating more opportunities for participant decision-making during the design stage, which methodology is selected, the minutiae of interactions and choice about how groups and data are presented and framed. Choice also relates to how much participants or communities are able to have input into study protocols or procedures, considering who has access to data and ensuring clear delineation between service delivery and evaluation. Interpersonal choices include what data participants provide or have access to, how interview spaces are used, how interactions are ended, what level of privacy participants want/need, how they prefer to be addressed, and so on.

There are different types of choices. Choices can be quite small (for example, ensuring demographic questions on surveys are optional and inclusive) or more significant (for example, ensuring participants can decide where, when, and how they participate). People may want to choose how they are referred to in any report or publication and what language they identify with in relation to their health and wellbeing. Beyond the usual processes of ethical research, ensuring choice is critical for trauma-informed approaches as past experiences of trauma commonly involve the misuse of power. The act of offering choice reduces the possibility of replicating these power imbalances during research.

Too much choice can also be overwhelming. Participants may be worried about pleasing researchers or not doing the wrong thing. Therefore, should also be choice about choice. For example, you might say 'at times people may want to be a part of different aspects of the project, let me know if you would like me to explain the different options of how you can participate'.

Choices should be possible. Choice occurs on a spectrum between what is feasible within the research project and ensuring participants' well-being throughout participation. Some choices may seem trivial or tokenistic, so clear explanations as to why they are being given should be provided, alongside acknowledgment of limitations. You as a researcher may also have limited choice about how you undertake the work. To be trauma-informed in this circumstance starts with awareness and reflection on your situation and knowing what is possible.



You may want to ask yourself:

- Have I provided as many opportunities as possible for people to make meaningful and feasible choices?
- Is there someone who could look over my research plans and consider how it may feel to participate or be impacted by this research?
- If I were a participant in this research, what choices would I want?
- What choices do I have about my role as a researcher? Are there more choices I could make?

Collaboration refers to working together in study design, data collection, analysis, and write up. Ideally, collaboration occurs with the people and communities who are the focus of research and will be impacted by it.

Collaboration is dynamic. It can be sharing the labour of the work or acknowledging the unique contributions of individuals to research, such as participants and community groups who are consulted. Collaboration is largely a relational process and often involves discussing how to best manage data collection amongst the team and/or participants, negotiating how findings will be disseminated, and ensuring collaborative dialogues about the process. It is also important to consider the unique experiences of trauma that might be present within a community. Ideally, collaboration also occurs within the design of trauma-informed research through co-design or meaningful consultation. It is important that collaboration occurs with people with diverse perspectives who will offer critical insights into the study design and aims. Collaboration may be with service staff members, managers, people who access services, or community members.

Collaboration should be meaningful. It should also be guided by those who have relevant perspectives and investment in the project. Often research teams are built based on convenience, skill or interest. Ensuring dialogue as part of collaboration will ensure people feel safe and valued. Dialogue should include about how much work people will do, what is expected in relation to input, expertise or time, and what roles people will play in dissemination, including presentations or publications.

Researchers should collaborate with participants in data collection. Experience of trauma can be unspeakable or disrupt linearity and cohesion. Therefore, the role of the researcher may be to support participants in articulating and reflecting upon experiences. Checking in with participants during and after any participation can be helpful. This could look like summarising back to people what you understand they have said or helping people stay on track in relating stories through gentle prompting, for example 'I'm wondering about what you mentioned before and how that might link to what we are talking about here'. Collaboration can also be enacted through member-checking (sending data or findings to participants for their consideration) or collaborative meaning-making (opportunities for collaborative analysis or interpretation).



You may want to ask yourself:

- What other perspectives aside from my own are important to consider?
- At what stages of my research is collaboration possible?
- What conversations are important to have amongst the research team, with participants, and/or with community groups?
- How are power and roles talked about within my research team?
- What possibilities are there for collaborative design alterations?

EMPOWERMENT

Empowerment refers to the sharing of power so that people feel respected, validated, and able to have agency over what happens to them and their data. Empowerment can also relate to being overtly conscious of power in the design and dissemination of research.

Power is woven into many trauma experiences. Experiences of trauma often involve the exertion of power over someone else, taking away a person's agency, or diminishing their capacity to cope or escape. Thus, being conscious of power on an institutional and personal level in research processes is essential to being trauma-informed. At a systemic level, sharing power requires unpacking the socio-historical context that influences knowledge production. This may include reviewing practices driven by specific world or institutional views including colonialism, racism, sexism, misogyny, homophobia, heterosexism, transphobia, ageism, classism, ableism, or religious affiliation.

People may be structurally disempowered. Empowerment also requires an understanding of epistemic injustice² and the ways in which people who access MH or AOD services may have had their capacity to 'know' themselves be questioned. While it is not always possible to address structural disempowerment in individual projects, it is important to be aware of these factors, to support empowerment. Processes of empowerment can also include advocacy in spaces where peoples' voices may not routinely be heard, for example, advocating for participants with ethics committees or other institutional groups to emphasise the importance of trauma-informed study design from the very beginning of research. Even in activities that do not include direct participation, like the collection of routine data or doing workplace surveys, it may be helpful to consider whether there are ways to minimise disempowerment.

Empowerment is not a transaction. This means you cannot 'give' someone power, however, through sharing power, individuals and communities may become more empowered in a research and knowledge production setting. Engaging in consultation or co-design and avoiding tokenism can be crucial.

Reflexivity can also support empowerment. Reflexivity requires researchers to consider their own assumptions, positionality, and biases in the course of the research and can include adding researcher reflections or positionality statements to outputs or reports.

Empowerment extends to dissemination. In the dissemination of research findings, reports or publications, empowerment again plays a role. People impacted by research may want opportunities to contribute to outputs or to access findings. Where it has not been possible to share power or structurally support people to collaborate, it is important to address this in limitations and recommendations going forward.

2. Epistemic Injustice is described and defined here: Fricker, M. (2007). Epistemic injustice: Power and the ethics of knowing. OUP Oxford.



You may want to ask yourself:

- I able to utilise methodologies that involve people with lived experience? If not, are there other ways to ensure my research is informed by knowledge from the communities who will be impacted by it?
- Have I fairly reimbursed any participants or collaborators for their time, particularly if engaging with socially disadvantaged groups or individuals?
- Have I reflected on what the history and purpose of the research is, and is this clear and transparently disclosed?
- What is my positionality in relation to this work?
- Who will benefit from this research and in what ways?
- How, or with whom, can I reflect on my own experiences of power throughout my project?

VICARIOUS TRAUMA AND CARING FOR SELF

Trauma can occur in the course of research. Research can re-activate trauma associated with past experiences for researchers who have their own experiences of trauma or can expose researchers to narratives or data about other people's experiences of trauma. Vicarious trauma is a form of trauma that occurs from hearing, reading, or witnessing the trauma experiences of other people. In research, this can occur from listening to stories, analysing data, or observing people's experiences in life or in care. Vicarious trauma often occurs subconsciously through a blurring of self and other. This means that you may not realise you are absorbing the effects of other people's trauma and are beginning to experience them as your own. Proactive plans to enable reflection and awareness are important for anyone researching trauma or undertaking research in fields where experiences of trauma are common, for example through peer supervision, mentoring or journaling.

Vicarious trauma occurs through processes of empathy. It is not a weakness or failing on the part of the researcher. Within any effort towards being trauma-informed, it is essential that mechanisms, resources, and supports are built in to minimise vicarious trauma. Vicarious trauma should be considered alongside other study risks addressed in an ethics review processes, with access to trauma-informed supervision and reasonable research timelines essential to minimise its impacts. Researchers who focus primarily on data or transcribing may also be at risk. It is essential to consider what you might need to do to look after yourself throughout any research process. This includes considering how you structure your research activities, how you manage yourself 'in the moment,' and what you do in your wider life to maintain a sense of care towards yourself.

Self-care is personal. Self-care should be whatever works for you in your life rather than set tasks or assumed practices. You may just need to ensure opportunities to engage in activities that support your well-being on the days you are undertaking research or throughout the research project. Sometimes people are drawn to researching difficult subjects because of their own capacity to separate from uncomfortable emotions. To be trauma-informed does not require you to stop doing things that help you cope, but to engage in self-reflection and self-compassion for your own ways of getting through and to notice if the research process is impacting upon your well-being.

You may want to consider:

- Capping the amount of time spent in direct contact with data or undertaking interviews each day
- Engaging in dialogue or collaboration throughout data analysis
- Establishing informal debriefing processes with a colleague
- Ensuring breaks
- Gently stopping or redirecting a participant or a colleague if they start describing traumatic details in a way that you felt unprepared for
- Paying attention to your own breathing and bodily regulation and noticing changes
- Establishing a routine to process, distract or regulate yourself at the end of each day

Vicarious trauma can sneak up on you. Researching MH or AOD-related topics, even if projects appear straightforward, can have a cumulative effect on researchers. A project might begin simply enough but speaking with multiple people in a relatively short time-period about a sensitive topic, engaging with disembodied data about people's lives or thinking deeply about how to meet people's needs within existing service structures can have a significant impact on mental and emotional well-being. This does not mean that you need to stop the project, but it is important to be aware and enact positive actions, such as seeking support or taking a break, to promote your own well-being throughout research.



You may want to ask yourself:

- Have there been any changes in my mood, perception of the world, or general wellbeing throughout this project?
- How do I feel before and after an interview or analysing data?
- Is my current support system meeting my needs? What other forms of support do I need?
- Is the research having a noticeable impact on other aspects of my life?
- What other supports or strategies could I build into my research day?
- What are the things that make me feel good and how can I do more of these?

TRAUMA INFORMED RESEARCH CONSIDERATIONS

Project name:

How will we enhance safety, trustworthiness, choice, collaboration, empowerment and awareness of trauma throughout:

Project planning	
Project design	
During data collection	
Analysis and write up	
Dissemination	
Researcher self-care	



Helpful resources

Co-design Kickstarter (CMHDARN, 2023)

Recovery-oriented language guide
(Mental Health Coordinating Council, 2022)

Trauma-Informed Care and Practice
Organisational Toolkit (TICPOT)
(Mental Health Coordinating Council, 2018)

