



WITNESS STATEMENT OF PROFESSOR LOUISE HARMS

I, Professor Louise Harms, Chair and Head of Social Work, Melbourne School of Health Sciences, University of Melbourne, of 161 Barry St, Carlton VIC 3053, say as follows:

Background

- 1 I am the Chair and Head of Social Work at Melbourne School of Health Sciences, University of Melbourne.
- 2 In my current role I have leadership and management responsibilities of the Department of Social Work at The University of Melbourne, including all teaching and research activities. I also undertake research in the area of psychosocial trauma, recovery and resilience, and teach in the advanced social work subject, *Advanced Trauma Perspectives*.
- 3 My tertiary qualifications include a Bachelor of Arts, Bachelor of Social Work, Master of Social Work (Research), and a Doctor of Philosophy degree. Since graduating I have worked as a hospital social worker, as a counsellor at a University Counselling Service, in private practice, and then, since 2000, as an academic at The University of Melbourne.
- 4 My research focuses on people affected by a range of traumatic life experiences, including health crises and disasters in particular. My studies focus on understanding the interactions of stress, trauma and loss responses with resilience and growth responses, at individual, family and community levels.
- 5 Attached to this statement and marked 'LH-1' is a copy of my curriculum vitae.
- 6 I am giving evidence in my personal capacity and not on behalf of any organisations with which I am associated.

Nature of trauma and its impacts

Defining trauma

- 7 From a social work perspective, trauma is a broad term. Fundamentally, it means a massive disruption to a person's wellbeing, functioning, coherence and sense of meaning. It also involves a disruption to a person's sense of control, empowerment and agency.

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

- 8 Often trauma is discussed in the context of the psychiatric diagnosis of Post-Traumatic Stress Disorder ('PTSD'). However, there is a range of other aspects to trauma and trauma experiences can vary widely. For example, sustained childhood sexual abuse is very different to a single incident of trauma in adulthood in relation to the effect it has on a person's mental wellbeing. The disruption and damage that occurs from those two experiences is arguably quite different, but often conflated.

The relationship between a single traumatic experience and mental health

- 9 The relationship between a single traumatic experience and mental health depends on the trauma. Interpersonal trauma in an attachment relationship at an early developmental stage impacts a person's sense of self, safety and trust. That pathway has the strongest connection to adult mental health issues, illness, self-harm and suicide. By comparison, the trajectory for a single incident trauma in adulthood is fundamentally different because of an individual's developmental capacity and resources available to cope with the trauma.
- 10 In relation to trauma from emergency or disaster experiences, we observed in our Beyond Bushfires study that at 3-4 and 5 years after the disaster there were higher rates of PTSD and serious mental illness in high affected communities with high loss of life, stress, and property and infrastructure loss, than medium affected communities with some death and disruption, or low affected communities. The predictors of PTSD at 3-4 and 4-5 years were not only the fear for one's life, but also subsequent major life stressors such as housing rebuilds and employment changes.¹

Mental health issues that can manifest from trauma

- 11 The types of mental health issues that can manifest from many different experiences of trauma include PTSD, depression, anxiety and substance abuse.
- 12 We have also observed post-traumatic growth, which is a controversial but important outcome of trauma. We do not want to minimise the devastating consequences of trauma, however it is important to report on the transformative impacts of trauma in terms of life trajectory. Tedeschi and Calhoun highlighted five domains of post-traumatic growth – a greater appreciation of life; more intimate relationships with others; recognition of new possibilities; greater sense of personal strength; and spiritual growth.² We explored these themes with a small sample following the Black Saturday fires, and found that these domains were experienced by survivors, but that this growth

¹ Bryant, R., Waters, E., Gibbs, L., Gallagher, H., Pattison, P., Lusher, D., MacDougall, C., Harms, L., Block, K., Snowden, E., Sinnott, V., Ireton, G., Richardson, J., & Forbes, D. (2014). Psychological outcomes following the Victorian Black Saturday bushfires, Australian & New Zealand Journal of Psychiatry, 48(7), 634-643.

² Tedeschi, R., & Calhoun, C. (1995). Trauma and transformation: Growing in the aftermath of suffering. London: SAGE Publications.

typically happened in the context of their relationships and in engagement in creative activities.

- 13 Studies of posttraumatic growth following traumatic life experiences often find a small to moderate correlation of post-traumatic growth with PTSD. This association may reflect that people are still actively processing their traumatic experience, trying to make sense of what has occurred.³
- 14 We also observed that having people speak about post-traumatic growth contributed to their recovery from trauma as it provided people with the opportunity to safely talk about their trauma through a strengths and growth lens.

Supporting recovery from trauma

Short, medium and long-term recovery needs for people who have experienced trauma

- 15 The short, medium and long-term recovery needs for people who have experienced trauma are quite different but have some common threads. This is the case for both survivors of emergencies and disasters, as well as more individual, personal traumas.
- 16 There are consensus elements of mass trauma interventions that are consistent with trauma informed principles about empowerment, hope and strength-based approaches. Stevan Hobfoll developed five empirically-supported intervention principles that guide intervention and prevention efforts in the early to medium term for people who have experienced mass trauma. These are promoting: 1) a sense of safety, 2) calming, 3) a sense of self and community efficacy, 4) connectedness and 5) hope.⁴ They are as relevant for mass trauma situations as they are for individual or family-level traumas.
- 17 Generally, short-term recovery needs are focussed on assertive outreach in a way that is community or individual led. Participants in our Beyond Bushfires study said that it was positive having the army and police present in communities during the immediate survival period of the trauma.
- 18 Key elements of medium and long-term recovery are flexibility, responsiveness and consistency of approach. We received feedback that one of the difficult aspects of recovery in the medium term following Black Saturday was when services were planned to be pulled on the two year anniversary of the bushfires. Similarly, in my doctoral study of road trauma survivors, around 18 months to 2 years, people found that they were out of rehabilitation at the very time when they needed mental health support – at that time

³ Harms, L., Abotomey, R., Rose, D., Woodward Kron, R., Bolt, B. & Waycott, J. (2018). Post-disaster posttraumatic growth: Positive transformations following the Black Saturday bushfires. *Australian Social Work*, 71(4), 417-429.

⁴ Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., . . . Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, 70(4), 283-315.

people were moving out of survival mode into restoring wellbeing and quality of life.⁵ It is often once people get past initial recovery and rebuilding that mental health issues arise, when people have time to reflect on what has happened.

- 19 Any planned approach must be flexible and in the disaster context we observed that a core principle of recovery must be that it is community-led from the outset. Community needs have to be local, specific and heard.⁶ This is not only because of the importance of social capital in recovery, which is increasingly well evidenced.⁷ It is about drawing on the expertise in communities about their systems and culture, and mobilising the functioning of communities rapidly by drawing on the existing leadership within them. This enables not only practical recovery, but psychosocial, through the restoration of a sense of control and self-/community-efficacy.⁸
- 20 We do not have sufficient data to report on long term recovery needs. We observed that the 10 year Black Saturday anniversary was very distressing for some people and very important for others. This demonstrates that there is a diverse range of responses to trauma and that the approach of 'one size fits all' does not work in the recovery context.

Best practice in supporting the recovery of individuals from trauma

- 21 Best practice involves flexibility, responsiveness and continuity, and a longer-term model. We need to channel more resources into specialist trauma services such as the Centres Against Sexual Assault ('CASA'). Currently recovery support services are far too short term. Many services are single session or time limited sessions, which means they will not provide the therapeutic recovery work that is needed.
- 22 With the introduction of the NDIS, some of the organisations that provide long term support are no longer sustainable. These services need to be resourced as they provide a much-needed service in the mental health recovery context.

Differing understandings of a 'recovery-oriented approach' between mental health clinicians, psychiatrists and psychologists and allied health and social workers

- 23 There are similarities as well as fundamental differences in the understanding of what constitutes a 'recovery-oriented approach' between various professions and disciplines. From a social work perspective, mental health issues are understood through a

⁵ Harms, L. (2001). An analysis of subjective experiences of recovery from road trauma, Doctoral thesis, University of Melbourne.

⁶ Taylor, D. & Goodman, H. (2015). Place-Based and Community-Led: Specific Disaster Preparedness and Generalisable Community Resilience. CatholicCare Bushfire Community Recovery Service. Melbourne.

⁷ Aldrich, D. P. (2010). The power of people: Social capital's role in recovery from the 1995 Kobe earthquake. *Natural Hazards*, 56(3), 595-611.

⁸ Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., . . . Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, 70(4), 283-315.

biopsychosocial or multidimensional perspective – that is, as related both to a person's inner world experiences and their outer world context (social, structural and cultural dimensions). Therefore, trauma and mental health issues are often seen as manifestations of people's experiences of violence, abuse and disempowerment, both relationally and structurally. Recovery approaches are very resonant with these understandings. Recovery is a strengths- and empowerment-based approach, rather than a medicalised, symptom management based approach. The intervention approach is based on being consumer driven and co-designed. The focus is on ways in which consumers and their families can be supported to live with their mental health issues.

- 24 There are some paradigm differences in the causal understandings of 'mental illness' between mental health clinicians, psychiatrists and psychologists and allied health and social workers. In social work, we usually refer to 'mental health and wellbeing' rather than 'mental illness'. Many social workers feel constrained in a highly medicalised mental health service context, where over-medicalising can make it harder to follow a recovery-oriented approach.

Effective interventions for minimising the impact of trauma

- 25 Most studies on trauma interventions focus on the impact of trauma with people diagnosed with PTSD, which is narrow in scope. Though it is difficult to garner, focussed research on the impacts of trauma on factors like finance, employment and ability to engage in relationships with others would be useful. Given these factors are often predictors of mental health outcomes, trialling interventions with financial and employment supports is a critical step.

Impact of early intervention in preventing and reducing the impact of mental illness

- 26 There are examples of subjective wellbeing reports and randomised control trials that demonstrate the impact early intervention in preventing and reducing the impact of mental illness. See, for example:

Roberts NP, Kitchiner NJ, Kenardy J, Bisson JI. Early psychological interventions to treat acute traumatic stress symptoms. Cochrane Database of Systematic Reviews 2010, Issue 3. Art. No.: CD007944. DOI: 10.1002/14651858.CD007944.pub2.

Psychotherapeutic interventions for treating different types of trauma

- 27 There is evidence that trauma focussed CBT is an effective intervention at the individual level.⁹
- 28 In addition to the NICE guidance standards in the UK for the treatment of PTSD, there is evidence supporting a person-centred approach to therapy which is similar to a recovery oriented approach.¹⁰ The person-centred approach is based on the work of Carl Rogers. It is anchored in the concept that people fundamentally want to feel a sense of self-worth, unconditional positive regard and that they matter in the world. There is an element of CBT involved in this approach in relation to how people are thinking. Essentially the approach from the perspective of the therapist is about high warmth, high positive regard and high collaboration.
- 29 Our mental health system cuts across a lot of those things as being psychotherapeutic factors because of the pressure the system is under. However, these types of approaches could be effective in Australia because they relate to strengthening relationships, building self-esteem and supporting core functioning. Family-centred approaches would also support the restoration of family systems and wellbeing.

Specialist disciplinary skill sets required to deliver effective psychotherapeutic interventions

- 30 Social workers are trained in individual counselling skills as well as the skills for working with families, groups and communities. While not framed as psychotherapeutic skills within our discipline, there is a therapeutic focus and intent inherent in all these intervention levels.

Adopting a ‘trauma-informed’ approach to mental health services

- 31 A trauma-informed approach offers a critically important lens on the high prevalence of trauma histories in the lives of many people with mental health and health issues.¹¹ However, it is not only an approach that understands the prevalence and impacts of people’s trauma experiences and how they manifest in mental health and substance abuse issues, for example. This is a common misinterpretation of the approach. It is an approach that focuses on fundamental organisational change – looking at consumer representation in the design and delivery of services; delivering services that are

⁹ Roberts NP, Kitchiner NJ, Kenardy J, Bisson JI. Early psychological interventions to treat acute traumatic stress symptoms. Cochrane Database of Systematic Reviews 2010, Issue 3. Art. No.: CD007944. DOI: 10.1002/14651858.CD007944.pub2.

¹⁰ Murphy, D., Archard, P., Regel, S. & Joseph, S. (2013). A survey of specialized traumatic stress services in the United Kingdom. *Journal of Psychiatric and Mental Health Nursing*, 20(5), pp. 433-441.

¹¹ Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V. & Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245-258.

consumer driven and focused on recovery and empowerment; and that recognises the impacts of trauma work on service providers, and self-care needs.¹² It is therefore a holistic, and whole-of-organisation understanding of and response to mental health, aligned with a recovery model rather than a focus on PTSD. It is premised on much more radical, critical understandings of mental health, its causes and recovery support mechanisms than currently exists or is able to exist in our mental health services.¹³

Challenges to supporting recovery for people who have experienced trauma

- 32 There are systemic challenges in supporting recovery for people who have experienced trauma, such as accessibility to trauma services.
- 33 There are also individual barriers such as people's readiness or knowledge of what they might get out of mental health support, i.e. their trust in the system. Based on qualitative data from the Beyond Bushfires study, at the community level people were reluctant to use services over and above others who might need it more than them. This is based on the hierarchy of affectedness, the social hierarchy of recovery, which I explain further below at paragraph 44.
- 34 Another individual barrier, particularly in relation to sexual trauma, is the fear of being believed and the concern about who you can trust, which ties into the issues in over-medicalising trauma. We need more collaborative ideas regarding trauma recovery, as well as more clinical services. For example, it might be useful to have more community-oriented wellbeing responses based on models similar to the Healing Foundation for the Stolen Generation.

Settings for the delivery of trauma-informed care, treatment and support beyond mental health services

- 35 The online space is something we need to explore. Marian Lok did a doctorate on how people engaged online, including in relation to the use of online trauma services post disaster, with survivors from primarily the Black Saturday fires and the Christchurch earthquakes. The study demonstrated that while the participants wanted information

¹² Fallot, R. & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol. Retrieved from <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>; Kezelman, C. & Stavropoulos, P. (2018). Talking about Trauma: Guide to Conversations and Screening for Health and Other Service Providers. Sydney: Blue Knot Foundation; Kezelman, C. & Stavropoulos, P. (2012). Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. Sydney: Adults Surviving Child Abuse; Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). SAMHSA's Concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

¹³ Sellick, K., Rose, D., & Harms, L. (2020). Hearing voices, sexual abuse and service system responses. *Psychosis*, 12(1), pp. 11-22.

about services to be available online, they still wanted their psychosocial support to be face to face.¹⁴

- 36 All community-based services would benefit from being trauma-informed, and being trauma-informed at its best will involve a whole of organisation and community approach. Currently, we are too focussed on only the clinical interface level. At this level, the risk with the current implementation of trauma-informed approaches is that they are often only focused on assessing for a past history of trauma experiences and a diagnosis of PTSD. This misses the opportunity of trauma-informed approaches outlined above at paragraph 31, which is about understanding the impacts of trauma on people's lives, and supporting their empowerment and recovery. If we are talking about a broader application of trauma understandings, ideally we need to have people who operate trams, police, libraries, gyms and shops, for example, to all be trauma-aware – it needs to be a whole of community approach.
- 37 We need the public to be informed about anger as an element of trauma.¹⁵ We are confused about how to respond to people who have experienced trauma because it elicits an anger response. We need people to understand the anger of trauma as an expected aftermath of the experience of trauma to ensure that people who have experienced trauma are not shut down by a response that is symptomatic of their trauma.

Implementing system wide application of trauma-informed care and recovery-oriented approaches in Victoria

- 38 Implementing an effective system wide application of trauma-informed care and recovery-oriented approaches in Victoria will require a multi-dimensional, whole of system approach. There are some fundamental points of entry into the change. For example, at the University of Melbourne our focus is on educating and training our graduating social workers and nurses on recovery-oriented approaches.
- 39 It will require strong leadership at the government level and at an organisational level – the messaging must be top down. A good example is Craig Lapsley's work following Black Saturday and his influence in changing the approach of emergency management – to focus on high community engagement and strong public messaging about both responding to trauma and then setting community resilience recovery priorities. We saw this translate into different approaches throughout the most recent bushfires over summer. This is reflective of the importance of leadership in whole of organisation

¹⁴ Lok, M. (2015). Taking matters into their own hands: An exploration of being online and disaster-affected. Unpublished doctoral thesis. Carlton: The University of Melbourne.

¹⁵ Forbes, D., Alkemade, N., Waters, E., Gibbs, L., Gallagher, C., Pattison, P., Block, K. (2015). The role of anger and ongoing stressors in mental health following a natural disaster. Australian and New Zealand Journal of Psychiatry, early online access 0004867414565478.

discussions and training sessions so that any points of difference about recovery-oriented practice are understood and addressed, and the cultural and practice shift can begin to occur.

- 40 We can also be bold with building a new evidence base, focused on research into different and complex areas of intervention, and use the learning to bring back into core business. In a similar vein to gender equity issues, we need to bring the champions on recovery-oriented practice with us first in any campaign. The system is so large and broken in so many ways. We need to start by identifying the pieces of 'low-hanging fruit' that might start to be transformative throughout the whole system.

Nature and impact of trauma following emergencies and disasters

Unique aspects of the trauma experience for people who have experienced emergencies or disasters

- 41 For people who experience trauma in the context of emergencies or disasters, the destruction is typically not only to individuals and their wellbeing and functioning but also the whole community and collective systems of support. In that sense there is a whole of system failure rather than a failure of a person's ability to regulate and make meaning at an individual level.
- 42 The second unique aspect is a systemic breakdown of recovery resources – the resources for emergencies and disasters are simply not there in the way they are for a road trauma victim, for example. The situation is compounding, involving multiple traumas simultaneously that are not necessarily the same, if even similar.

Immediate, medium-term and long-term mental health impacts of emergencies and disasters

- 43 The immediate impacts of trauma in emergencies and disasters are buffered by the collective experience. There is a heightened experience of collective survivorship and collective resourcing, as distinct from the often isolated experience from the outset of an individual interpersonal trauma. Over time the positive effect of the collective experience typically diminishes and becomes a unique stressor. The collective experience can compound the trauma and lead to communities becoming more chaotic, fractured and political.
- 44 A unique aspect of collective traumas that typically starts to occur after the initial weeks following the disaster or emergency is the concept of the hierarchy of affectedness, referring to the social hierarchy that forms around perceptions of impact and recovery. People who have experienced trauma in disaster contexts typically do a lot of cross-comparisons with others. Sometimes this can be beneficial as when people see that

others are not coping as well as them, it can be a protective factor in reinforcing that they are ok. By contrast, where individuals or families perceive inequities when comparing their recovery trajectories, it can have a multiplier effect of reinforcing the loss and trauma for that individual or family.

- 45 The social hierarchy often leads to people not prioritising their own mental health needs in their recovery trajectory. This can lead to conflict and blame when people start making judgments about who is deserving and undeserving of access to resources based on who is perceived to be coping.

Vicarious trauma and its impact on individual and community mental health in the context of disasters

- 46 It can be useful to think of a three-tiered impact of trauma:

- (a) survivor direct trauma;
- (b) volunteer/professional direct trauma; and
- (c) vicarious trauma.

- 47 These three types of affectedness refer to whether a person is directly exposed to the traumatic experience, in a personal and/or professional sense, or indirectly exposed, in terms of vicarious trauma.

- 48 The concept of vicarious trauma emerged from psychotherapy and 'listening to' material of trauma survivors. That is, it was experiencing the disruption of trauma through hearing about but not being directly exposed to it. It is now commonly used in the context of emergency service workers to refer to the trauma they experience during disasters and emergencies, when in fact they are experiencing direct, frontline trauma. We need to change this conceptual framing as it diminishes the experience of emergency service workers and first responders.

The impact of vicarious trauma on first responders and those working with disaster-affected individuals and communities

- 49 As mentioned above, labelling direct trauma as vicarious trauma can have the effect of diminishing the experience of first responders and emergency service workers. These workers essentially experience a 'double dose' of trauma by being exposed to direct and indirect trauma, which has a compounding effect.

Factors known to increase and reduce the likelihood that people will experience mental illness following a disaster

- 50 The actual or perceived threat to one's life, injury or sexual assault are the three areas of trauma exposure that are predictive of a diagnosis of PTSD according to the DSM-V. The other predictors are major life and secondary stressors that are part of that experience.
- 51 As mentioned above, the primary evidenced intervention for PTSD is trauma focussed CBT. It would be useful to see an intervention with major life stressors (e.g. finances, employment and housing), as these factors are consistently evidenced as compounding mental illness after disaster, yet we do not provide systemic intervention.
- 52 Our evidence supports a mental health approach *and* a major life stressors approach.¹⁶ It is important not to separate people from place in any approach.

Supporting recovery from trauma following emergencies and disasters

Tailoring Victoria's mental health support for emergencies and disasters of different types, scale, size and complexities

- 53 At the state level there is a much more integrated model of emergency management than there was previously. In terms of social recovery, the way that EMV, DHHS and other government departments work together has improved since Black Saturday. There is a degree of intersectionality that is working much better than previously.
- 54 There is more work to be done around seamless integration of the workforce and having a skilled and agile workforce that can be deployed flexibly in response to need. For example, during Black Saturday acute hospitals were treating people who were coming to terms with serious burns, however people responding from the community did not have experience in that area. They needed to be able to quickly deploy burns social workers who have that expertise.¹⁷ The mental health and acute health expertise that exists was not connected to the emergency management processes that were happening. These silos continue, yet could be optimised ready to form a surge workforce if and when needed.

¹⁶ Bryant, R., Waters, E., Gibbs, L., Gallagher, H., Pattison, P., Lusher, D., MacDougall, C., Harms, L., Block, K., Snowdon, E., Sinnott, V., Ireton, G., Richardson, J., & Forbes, D. (2014). Psychological outcomes following the Victorian Black Saturday bushfires, Australian & New Zealand Journal of Psychiatry, 48(7), 634-643; Bryant, R. A., Gibbs, L., Gallagher, H. C., Pattison, P., Lusher, D., MacDougall, C., Harms, L., Block, K., Snowdon, E., Sinnott, V., Ireton, G., Richardson, J., & Forbes, D. (2017). Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires. Australian and New Zealand Journal of Psychiatry, 54, 378–401, DOI: 10.1177/0004867417714337.

¹⁷ Du Plooy, L., Harms, L., Muir, K., Martin, B., & Ingliss, S. (2014). 'Black Saturday' and its aftermath: Reflecting on social work interventions in an Australian trauma hospital. Australian Social Work, 67(2), 274-284, DOI: 10.1080/0312407.2013.862558.

- 55 Many of the issues associated with mental health support for emergencies and disasters are very connected, yet the siloes between government departments inhibit cross-cultural practice and collaboration.

Defining community ‘resilience’

- 56 In the context of bouncing back in the aftermath of a disaster, there are elements of resilience before, during and after the disaster. We need to have a systems perspective when considering what it means for a community to be ‘resilient.’ We tend to think about communities as collections of individuals rather than the community as an entity in itself. This is a tension in conducting research that focuses on understanding the community’s level of resilience, as distinct from the resilience of the individuals within it.
- 57 There are some very useful frameworks for community resilience, particularly those developed by Norris et al. (2008)¹⁸, and emergent work in the ReCap project around a community capitals approach.¹⁹

Current assessment and evaluation of the effectiveness of community resilience building strategies

- 58 There is research being undertaken on the effectiveness of certain resilience measures but it is in early stages. There has been good mapping of many of the domains of resilience, however the interventions have not been tested against the mapping.
- 59 Daniel Aldrich (2012) in the US has done work on this and shown in his research that political leverage is one of the best recovery resources for community mental health outcomes.²⁰ Communities that have the capacity to navigate and negotiate at high political levels fared much better overall.

Maintaining good mental health in individuals and communities before, during and after emergencies and natural disasters to reduce the impact of poor mental health

- 60 For communities, the more that can be done preventatively the better. Communities can build community infrastructure through activities such as football clubs, book clubs and social groups. It helps when a community has a leadership hierarchy that can be established through non-disaster focused means and leveraged in times of disaster.

¹⁸ Norris, F., Stevens, S., Pfefferbaum, B., Wyche, K., & Pfefferbaum, R. (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *American Journal of Community Psychology*, 41, 127-150.

¹⁹ See <https://mbspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/jack-brockhoff-child-health-wellbeing-program/research/positive-mental-health-and-resilience/recap>.

²⁰ Aldrich, D. P. (2012). *Building Resilience: Social Capital in Post-disaster Recovery*. Chicago: The University of Chicago Press.

- 61 For individuals, it is about building trust relationships. Mark Granovetter's 'strength of weak ties' theory is the proposition that acquaintances or networks can be more influential than close friends in social networks.²¹ In the context of trauma following disasters, it is helpful for individuals to have lots of weak ties. For example, a person may know that their neighbour's son is a lawyer and, though the tie is weak, it has a buffering impact on the person's mental health because they know where they could go for legal advice if they needed to.
- 62 There is consistent evidence that immediately after trauma it is important that a person's experience is acknowledged and supported. This applies to emergencies and natural disasters as well as other types of traumas. For example, Holman and Silver's (1996) earlier work showed that the aftermath experience of incest survivors was more predictive of mental health outcomes than the trauma itself.²²
- 63 During and after an emergency or disaster, it is very important for trauma survivors that they are acknowledged as a human being who was in a state of being in absolute fear for their life. For example, when someone turns up to the emergency department with mental health concerns, whether they are dealt with by a security officer or by a health care worker makes a big difference to their sense of wellbeing and sometimes to health outcomes.²³
- 64 A key factor in service delivery in the long term after emergencies and disasters is consistency and accessibility. The length of services can be an issue for providing consistency of services. For example, expecting therapy to be effective within six sessions is ambitious.
- 65 The second aspect is the importance of the role of family and carers. Currently our adult systems of mental health support are highly individualised when arguably they should be family focussed. Principles from the paediatric model of health and mental health care could be used, particularly to provide buffering for people in times of extreme crisis.

Specialised capabilities required for staff or volunteers who support disaster-affected individuals and community

- 66 There are generic, specialised capabilities for staff or volunteers who support disaster-affected individuals and communities. These include psychosocial first aid, which includes a focus on (re)connection of people with their support networks so they are connected and grounded, boundary setting when working with people in acute trauma and responding to informational and basic systemic needs. The elements of mass

²¹ Granovetter, M. (1982). The strength of weak ties: A network theory revisited. In P. Marsden & N. Lin (Eds.), *Social structure and network analysis* (pp. 105-130). London: SAGE.

²² Holman, E., & Silver, R. (1996). Is it the abuse or the aftermath? A stress and coping approach to understanding responses to incest. *Journal of Social and Clinical Psychology*, 15(3), 318-339.

²³ Saks, E. (2007). *The center cannot hold: My journey through madness*. New York: Hyperion.

trauma intervention described above at paragraph 16 provide an evidence base for the skills and capabilities required.

- 67 It is important to think about the particular cohort that is experiencing the disaster when assessing what capabilities are required as the needs might be within the community (e.g. Black Saturday) or dispersed (e.g. the recent Bourke Street incidents). When a disaster is locality-based, such as a community affected by a bushfire, there is a community-level impact as well, which can be both positive and/or negative. When a traumatic incident occurs in a public place, and people return to their own locality, this safety net of understanding is not impacted in the same way and may lead to more or less understanding of disaster impact. This will affect how people need to be deployed to respond and different intervention considerations.²⁴

Workforce

Supporting the mental health workforce to deliver trauma-informed care

- 68 Delivery of trauma-informed care needs to be at an organisational level. While it is about mental health workers understanding the prevalence and impacts of trauma (not only in relation to PTSD but other typically more political aspects of trauma impacts related to disempowerment, loss of control, and injustice), and incorporating a recovery approach that privileges consumer voice, empowerment and strengths. It is also about organisations incorporating this into organisational structures, physical environments and ways of working. It is about organisational support for workers also in terms of appreciating the impacts of trauma-focused work.

Capabilities, roles and skills to strengthen mental health workforces to better respond to the needs of people who have experienced trauma

- 69 Enabling discipline specificity to be more fully supported in the mental health workforce, instead of generic roles, would enable the specific capabilities and skills to be more actively utilised in practice. Social workers' specific training in group and family work, and community development, for example, could be put to far greater use in mental health settings than is currently the case.

Supporting workforces to manage vicarious trauma and support people in times of personal and community crisis

- 70 As noted earlier, staff in the mental health workforce face both direct and vicarious trauma, which require different levels of support. Regular professional supervision that focuses not only on administrative or accountability matters, but educative and

²⁴ Brady, K., Randrianarisoa, A. & Richardson, J. (2018). Best practice guidelines: Supporting communities before, during and after collective trauma events, Australian Red Cross, Carlton, Vic.

emotional support is critical. At times of crisis, different levels of organisational support may be required, including external supervision and/or debriefing support.

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Louise Harms



print name Professor Louise Harms

date 23/5/2020



Royal Commission into
Victoria's Mental Health System



ATTACHMENT LH-1

This is the attachment marked 'LH-1' referred to in the witness statement of Professor Louise Harms dated 23 May 2020.

PROFESSOR LOUISE HARMS

Current position

2019- Chair and Head, Department of Social Work, The University of Melbourne

Current honorary appointments

2019 – Honorary Academic Advisor, Hong Kong Academy of Social Work

2018- Honorary Advisor, Centre for Holistic Health

ACADEMIC QUALIFICATIONS

2002 Doctor of Philosophy, The University of Melbourne (Australian Postgraduate Award)

1997 Master of Social Work (Research), The University of Melbourne

1995 Certificate in Trauma Counselling and Psychotherapy, Cairnmillar Institute

1991 Bachelor of Social Work, The University of Melbourne (conferred 1992)

1989 Bachelor of Arts, The University of Melbourne (conferred 1990)

PUBLICATIONS**A1 - Authored Research Books**

Harms, L. (in press). *Understanding human development* (3rd ed.). South Melbourne: Oxford University Press.

Harms, L. & Connolly, M. (2019). *Social work: From theory to practice* (3rd ed.). Port Melbourne: Cambridge University Press [60%, LC].

Harms, L. (2017). *Trauma und Resilienz: Symptome verstehen, heilung fördern*. Paderborn: Junfermann Verlag, 240 pp. ISBN: 9783955714925 [100%]

Connolly, M. & Harms, L. (2015). *Social work: From theory to practice* (2nd ed.). Port Melbourne: Cambridge University Press, xviii + 208 pp. ISBN: 9781107458635 [50%, LC]

Harms, L. (2015). *Understanding trauma and resilience: A multidimensional approach*. Basingstoke: Palgrave Macmillan, xii + 213 pp. ISBN: 9781137289285 [100%].

Connolly, M. & Harms, L. (2012). *Social work: From theory to practice*. Port Melbourne: Cambridge University Press, xv + 198 pp, ISBN: 9780521133623. [50%, LC]

Harms, L. (2010). *Understanding human development: A multidimensional approach* (2nd ed.). South Melbourne: Oxford University Press, xiv + 466 pp. ISBN: 9780195551556 [100%]

Harms, L. (2005). *Understanding human development: A multidimensional approach*. South Melbourne: Oxford University Press, xii + 259 pp. ISBN: 9780195517392 [100%]

A2 - Edited Books

Connolly, M., Harms, L. & Maidment, J. (eds.) (2018). *Social work: Contexts and practices* (4th ed.). South Melbourne: Oxford University Press. ISBN: 9780190308728 [33%, LC & IC].

Connolly, M. & Harms, L. (eds.) (2013). *Social work: Contexts and practices* (3rd ed.). South Melbourne: Oxford University Press, xxvi + 483 pp. ISBN: 9780195520187 [50%, LC]

Connolly, M. & Harms, L. (eds.) (2009). *Social work: Contexts and practices* (2nd ed.). South Melbourne: Oxford University Press, xxvi + 518 pp. ISBN: 9780195562873 [50%, IC]

A5 - Textbooks

Harms, L. & Pierce, J. (2020). *Working with People: Interviewing and Assessment Skills for Human Service and Social Work Practice* (Second Canadian Edition). Don Mills: Oxford

University Press, xviii + 300 pp. ISBN: 9780199029860 [90%, IC]

Harms, L. (2015). *Working with people: Communication skills for reflective practice* (2nd ed.). South Melbourne: Oxford University Press, xiv + 300 pp. ISBN: 9780195522280 [100%]

Harms, L. & Pierce, J. (2011). *Working with people: Communication skills for reflective practice* (Canadian ed.). Ontario: Oxford University Press, xiv + 300 pp. ISBN: 9780195433548 [90%, IC]

Harms, L. (2007). *Working with people: Communication skills for reflective practice*. South Melbourne: Oxford University Press, xvii + 278 pp. ISBN: 9780195558821 [100%]

B1 - Research Book Chapters

Harms, L. & Sellick, K. (2020). Mental health and service navigation. In J. Donovan, R. Hampson & M. Connolly (Eds.) *Service Navigation: Supporting self-determination and relational autonomy in health and human services*. Melbourne: Macmillan International Higher Education [60%, LC].

Gibbs, L., Gallagher, H.C., Block, K., Snowdon, E., Bryant, R., **Harms, L.**, Ireton, G., Kellett, C., Sinnott, V., Richardson, J., Lusher, D., Forbes, D., MacDougall, C., & Waters, E. (2017). Post-bushfire relocation decision-making and personal wellbeing: A case study from Victoria, Australia. In A. Awotona (Ed.), *Planning for community-based disaster resilience worldwide: Learning from case studies in six continents* (pp. 333-356). New York: Routledge. [5%, LC]

Lethborg, C. & **Harms, L.** (2015). Meaning-making approaches to Australian social work practice in oncology. In G. Christ, C. Messner & L. Behar (Eds.), *Handbook of oncology social work* (pp. 351-356). New York: Oxford University Press ISBN: 9780199941926. [50%, LC]

Whyte, J., **Harms, L.**, & Clarke, A. (2009). Social work education and Indigenous health. In P. Bywaters, E. McLeod, & L. Napier (Eds.), *Social work and global health inequalities: Policy and practice developments* (pp. 244-249). Bristol: Policy Press, ISBN: 9781847421951 [40%, LC]

Harms, L., Clarke, A. & Whyte, J. (2008). Preparing social work students to work with Indigenous Australian communities. In S. Ramon (Ed.), *Social work in the context of political conflict* (pp. 245-270). Birmingham: Venture Press, ISBN: 9781861780805 [40%, LC]

B2 - Book Chapters Other

Harms, L. (2018). Understanding trauma and resilience. In M. Alston, S. McCurdy & J. McKinnon (Eds.). *Social work: Fields of practice* (3rd ed.). (pp. 311-325). South Melbourne: Oxford University Press. [100%]

Harms, L. & Maidment, J. (2018). The art and science of social work. In M. Connolly, L. Harms & J. Maidment (Eds.). *Social work: Contexts and practice* (4th ed.) (pp. 3-10). South Melbourne: Oxford University Press. [80%, IC]

Harms, L., Connolly, M., & Maidment, J. (2018). Trans-Tasman reflections. In M. Connolly, L. Harms & J. Maidment (Eds.). *Social work: Contexts and practice* (4th ed.) (pp. 263-267). South Melbourne: Oxford University Press. [40%, LC & IC]

Alston, M. & **Harms, L.** (2018). Psychosocial responses to disaster. In M. Connolly, L. Harms & J. Maidment (Eds.). *Social work: Contexts and practice* (4th ed.) (pp. 250-262). South Melbourne: Oxford University Press. [50%, LC]

Harms, L. (2018). Narrative approaches. In N. Thompson & P. Stepney (Eds.). *Social work theory and methods: The essentials* (pp. 117-128). New York: Routledge. [100%]

Harms, L. & Connolly, M. (2013). The art and science of social work. In M. Connolly & L. Harms (Eds.). *Social work: Contexts and practices* (3rd ed.) (pp. 3-18). South Melbourne:

- Oxford University Press. ISBN: 9780195520187. [50%, LC]
- Harms, L.** (2013). Human development: People within their environments. In M. Connolly & L. Harms (Eds.). *Social work: Contexts and practices* (3rd ed.) (pp. 34-47). South Melbourne: Oxford University Press. ISBN: 9780195520187. [100%]
- Harms, L. & Connolly, M.** (2013). Trans-Tasman reflections, In M. Connolly & L. Harms (Eds.). *Social work: Contexts and practices* (3rd ed.) (pp. 408-412). South Melbourne: Oxford University Press. ISBN: 9780195520187. [50%, LC]
- Harms, L. & Whyte, J.** (2009). Cross-cultural spiritualities: Implications for teaching, learning and practice. In M. Nolan (Ed.). *Indigenous issues in Australian universities: Teaching, research, and support* (pp. 22-28). Darwin: Charles Darwin University Press. ISBN: 9871921576072. [50%; LC]
- Harms, L.** (2009). Human development and practice. In M. Connolly & L. Harms (Eds.). *Social work: Contexts and practices* (3rd ed.) (pp. 37-52). South Melbourne: Oxford University Press. ISBN: 9780 195562873. [100%]
- Harms, L. & Connolly, M.** (2009). The art and science of social work. In M. Connolly & L. Harms (Eds.). *Social work: Contexts and practices* (3rd ed.) (pp. 3-18). South Melbourne: Oxford University Press. ISBN: 9780 195562873. [50%, IC]
- Harms, L. & Connolly, M.** (2009). Trans-Tasman reflections. In M. Connolly & L. Harms (Eds.). *Social work: Contexts and practices* (3rd ed.) (pp. 451-455). South Melbourne: Oxford University Press. ISBN: 9780 195562873. [50%, IC]

CI - Refereed Journal Articles

- Thornton, R., Nicholson, P. & **Harms, L.** (2020). Creating evidence through memory-making: A grounded theory exploration of memory-making in neonatal bereavement care. *Journal of Pediatric Nursing*. 53(July-August), 29-35.
- **Harms, L.,** Boddy, J., Hickey, L., Hay, K., Hickey, L., Alexander, M., Briggs, L., Cooper, L., Alston, M., Fronek, P., Howard, A., Adamson, C., & Hazeleger, T. (2020). Post-disaster social work research: A scoping review of the evidence for practice. *International Social Work*. pp. 1-23, doi:10.1177/0020872820904135
- Molyneaux, R., Gibbs, L., Bryant, R., Humphreys, C., Hegarty, K., Kellett, C., Gallagher, C., Block, K., **Harms, L.**, Richardson, J., Alkemade, N., & Forbes, D. (2020). Interpersonal violence and mental health outcomes following disaster. *BJPsych Open*, 6(e1), 1-7. doi:10.1192/bjo.2019.82
- Styles, A., Loftus, V., Nicolson, S. & **Harms, L.** (2019). Yogabond: Trauma-informed prenatal yoga for young pregnant women – Exploring the acceptability and benefits. *BMC Pregnancy and Childbirth*. 19(449), 12 pages. DOI:10.1186/s12884-019-2564-4
- Vassos, S., **Harms, L.** & Rose, D. (2019). Exploring rotation placements for social work: A focus on student and supervisor experiences. *Journal of Social Work Education*, 55(2), 280-292. DOI:10.1080/10437797.2018.1520666. [PG]
- Sellick, K., Rose, D. & **Harms, L.** (2019). Hearing voices, sexual abuse and service system responses. *Psychosis*, doi: 10.1080/17522439.2019.1666910
- Knol, R., Kelly, E., Paul, E., Cleland, H., Wellington-Boyd, A., Lambert C., & **Harms L.** (2019). The psychosocial complexities of acute burn patients in an Australian trauma hospital. *Burns*. DOI: 10.1016/j.burns.2019.08.001
- Thornton, R., **Harms, L.** & Nicholson, P. (2019). A scoping review of memory-making in neonatal end-of-life care. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 48(3), 351-360. [PG]
- Gibbs, L., Block, K., MacDougall, C., Richardson, J., Pirrone, A., & **Harms L.** (2019). Creating a Place to Thrive after Surviving Disaster: A New Way to Think about Structuring Support Programs for Children & Youth. Children & Disasters Special Collection; Research Counts.

<https://hazards.colorado.edu/news/research-counts/special-collection/children-and-disasters>

- Vassos, S., **Harms, L.** & Rose, D. (2018) The value of mixing it up: Student experiences of a multi-modal approach to supervision on placement. *British Journal of Social Work*. DOI: 10.1093/social/bcy105
- Harms, L.** & Alston, M. (2018). Postdisaster social work. *Australian Social Work*, 71(4), 386-391. DOI: 10.1080/0312407X.2018.1495241
- Harms, L.**, Abotomey R., Rose, D., Woodward Kron, R., Bolt B. & Waycott, J. (2018). Post-disaster posttraumatic growth: Positive transformations following the Black Saturday bushfires. *Australian Social Work*, 71(4), 417-429. DOI: 10.1080/0312407X.2018.1488980
- Gibbs, L., Molyneaux, R., Whiteley, S., Block, K., **Harms, L.**, Bryant, R.A., Forbes, D., Gallagher, H. C., MacDougall, C., & Ireton, G. (2018). Distress and satisfaction with research participation: impact on retention in longitudinal disaster research. *International Journal of Disaster Risk Reduction*, 27, DOI: 10.1016/j.ijdrr.2017.09.038
- Gibbs, L., Block, K., MacDougall, C., **Harms, L.**, Baker, E., Richardson, J., Ireton, G., Gallagher, HC., Bryant, R., Lusher, D., Pattison, P., Watson, J., Gillett, J., Pirrone, A., Molyneaux, R., Sexton-Bruce, S., & Forbes, D. (2018). Ethical use and impact of participatory approaches to research in post-disaster environments: An Australian bushfire case study. *Biomed Research International* Article ID 5621609, 11 pages, DOI: 10.1155/2018/5621609
- Harms, L.**, Naish, K., Stanley, J., Hill, N., Raysmith, H., Thomas, J. & Butera, A. (2018). Bringing business, community and university into partnership: Innovation in field education opportunities. *Advances in Social Work Education and Research*, 19(1), 72-80.
- Vassos, S., **Harms, L.** & Rose, D. (2017). Supervision and social work students: Relationships in a team-based rotation placement model, *Social Work Education: The International Journal*, 37(3), 328-341. DOI: 10.1080/02615479.2017.1406466
- Bryant, R. A., Gibbs, L., Gallagher, H. C., Pattison, P., Lusher, D., MacDougall, C., **Harms, L.**, Block, K., Snowdon, E., Sinnott, V., Ireton, G., Richardson, J., & Forbes, D. (2017). Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires. *Australian and New Zealand Journal of Psychiatry*, 54, 378–401, DOI: 10.1177/0004867417714337.
- Delany, C., Doughney, L., Bandler, L., **Harms, L.**, Andrews, S., Nicholson, P., Remedios, L., Edmondson, W., Kosta, L. & Ewen, S. (2017). Exploring learning goals and assessment approaches for Indigenous health education: A qualitative study in Australia and New Zealand. *Higher Education*, 75(2), 255-270.
- Gallagher, H. C., Lusher, D., Gibbs, L., Pattison, P., Forbes, D., Block, K., **Harms, L.**, MacDougall, C., Kellett, C., & Bryant, R. A. (2017). Dyadic effects of attachment on mental health: Couples in a postdisaster context. *Journal of Family Psychology*, 31(2), 192-202.
- Bryant, R.A., Gallagher, H. C., Waters, E., Gibbs, L., Pattison, P., MacDougall, C., **Harms, L.**, Block, K., Baker, E., Sinnott, B.A., Ireton, G., Richardson, J., Forbes, D., & Lusher, D. (2017). Mental health and social networks following disaster. *American Journal of Psychiatry*, 174(3), 277-285. DOI: 10.1176/appi.ajp.2016.15111403.
- Gallagher, H. C., Richardson, J., Forbes, D., **Harms, L.**, Gibbs, L., Alkemade, N., MacDougall, C., Waters, E., Block, K., Lusher, D., Snowdon, E., & Bryant, R. (2016). Mental health following separation in a disaster: The role of attachment style. *Journal of Traumatic Stress*, 29(1), 56-64, DOI: 10.1002/jts.22071.
- Delany, C., Kosta, L., Ewen, S., Nicholson, P., Remedios, L. & **Harms, L.** (2016). Identifying pedagogy and teaching practices for achieving prescribed learning outcomes. *Higher Education Research and Development*, 35(5), 895-909, DOI: 10.1080/07294360.2016.1138450.
- Harms, L.**, Gibbs, L., Bryant, R., Lusher, D., Richardson, J., MacDougall, C., Block, K., Snowdon, E., Gallagher, C., Sinnott, V., Ireton, G., Forbes, D., & Waters, E. (2015). Conceptualising

- post-disaster recovery: Incorporating experiences of grief and loss. *British Journal of Social Work*, 45(Supplement 1), i170-i187, DOI: 10.1093/bjsw/bcv122.
- Gibbs, L., **Harms, L.**, Howell-Meurs, S., Block, K., Lusher, D., Richardson, J., MacDougall, C., & Waters, E. (2015). Measuring community wellbeing: applications for a disaster context. *Australian Journal of Emergency Management*, 30(3), 20-24.
- Forbes, D., Alkemade, N., Waters, E., Gibbs, L., Gallagher, C., Pattison, P., Lusher, D., MacDougall, C., **Harms, L.**, Block, K., Snowdon, E., Kellett, C., Richardson, J., Ireton, G., Sinnott, V., & Bryant, R. (2015). The role of anger and ongoing stressors in mental health following natural disaster. *Australian and New Zealand Journal of Psychiatry*, 49(8), 706-13, DOI: 10.1177/0004867414565478.
- Gibbs, L., Block, K., **Harms, L.**, MacDougall, C., Snowdon, E., Ireton, G., Forbes, D., Richardson, J., & Waters, E. (2015). Children and young people's wellbeing post-disaster: Safety and stability are critical. *International Journal of Disaster Risk Reduction*, 14(2), 195-201, DOI: 10.1016/j.ijdrr.2015.06.006.
- De Lourdes Melo Zurita, M., Cook, B., **Harms, L.** & March, A. (2015). Towards new disaster governance: Subsidiarity as a critical tool. *Environmental Policy and Governance*, 25(6), 1-13, DOI: 10.1002/eet.1681.
- Kosta, L., **Harms, L.**, Franich-Ray, C., Anderson, V., Northam, E., Cochrane, A., Menahem, S. & Jordan, B. (2015). Parental experiences of their infant's hospitalization for cardiac surgery, *Child: Care, Health and Development*, 41(6), 1057-65, DOI: 10.1111/cch.12230.
- Forbes, D., Alkemade, N., Waters, E., Gibbs, L., Gallagher, H., Pattison, P., Lusher, D., MacDougall, C., **Harms, L.**, Block, K., Snowdon, E., Kellett, C., Sinnott, V., Ireton, G., Richardson, J., & Bryant R. (2015). Anger and major life stressors as predictors of psychological outcomes following the Victorian Black Saturday bushfires. *Australian and New Zealand Journal of Psychiatry*, 49(8), 706-713, DOI: 10.1177/0004867414565478.
- Hatcher, I., **Harms, L.**, Walker, L., Stokes, S., Lowe, A., Foran, K., & Tarrant, J. (2014). Rural palliative care transitions from home to hospital: Carers' experiences. *Australian Journal of Rural Health*, 22, 160-164, DOI: 10.1111/ajr.12105.
- Bryant, R., Waters, E., Gibbs, L., Gallagher, H., Pattison, P., Lusher, D., MacDougall, C., **Harms, L.**, Block, K., Snowdon, E., Sinnott, V., Ireton, G., Richardson, J., & Forbes, D. (2014). Psychological outcomes following the Victorian Black Saturday bushfires, *Australian & New Zealand Journal of Psychiatry*, 48(7), 634-643.
- Du Plooy, L., **Harms, L.**, Muir, K., Martin, B., & Ingliss, S. (2014). 'Black Saturday' and its aftermath: Reflecting on social work interventions in an Australian trauma hospital. *Australian Social Work*, 67(2), 274-284, DOI: 10.1080/0312407.2013.862558.
- Gibbs, L., Snowdon, E., Block, K., Gallagher, C., MacDougall, C., Ireton, G., Pirrone, A., Forbes, D., Richardson, J., **Harms, L.**, & Waters, E. (2014). Where do we start? A proposed post-disaster intervention framework for children and young people. *Pastoral Care and Education: An International Journal of Personal, Social and Emotional Development*, 32(1), 68-87 DOI: 10.1080/026439944.2014.881908.
- Gibbs, L., Waters, E., Bryant, R., Pattison, P., Lusher, D., **Harms, L.**, Richardson, J., MacDougall, C., Block, K., Snowdon, E., Gallagher, H., Sinnott, V., Ireton, G., & Forbes, D. (2013). Beyond Bushfires: Community, resilience and recovery – A longitudinal mixed method study of the medium to long term impacts of bushfires on mental health and social connectedness. *BMC Public Health*, 13(1036), 1-10.
- Harms, L.**, Middleton, J., Whyte, J., Anderson, I. Clarke, A., Sloan, J., Smith, M. & Hagel, M. (2011). Social work with Aboriginal clients: Perspectives on educational preparation and practice. *Australian Social Work*, 64(2), 156-168.

- McLindon, E. & Harms, L. (2011). Listening to psychiatric crisis worker experiences: Their strengths and needs relative to women disclosing sexual assault. *International Journal of Mental Health Nursing*, 20, 2-11.
- Calder, A., Badcoe, A. & Harms, L. (2011). Broken bodies, healing spirits: Road trauma survivor's perceptions of pastoral care during inpatient orthopaedic rehabilitation. *Journal of Disability and Rehabilitation*, 33(15-16), 1358-1366.
- Allen, J., Harms, L., Espie, L. & Cantwell-Bartl, A. (2010). 'Power and prejudice': Thinking differently about grief. *Grief Matters: The Australian Journal of Grief and Bereavement*, 13(3), 72-75.
- Harms, L. & Keating, B. (2008). Traumatic loss and growth: The unique challenges of living with Acquired Brain Injury. *Grief Matters: The Australian Journal of Grief and Bereavement*, 11(2), 60-63.
- Harms, L. & Talbot, M. (2007). The aftermath of road trauma: Survivors' perceptions of trauma and growth. *Health & Social Work*, 32(2), 129-137.
- Harms, L. (2004). After the accident: Survivors' perceptions of recovery following road trauma. *Australian Social Work*, 57(2), 161-174.
- Harms, L. & McDermott, F. (2003). Trauma: A concept and a practice across borders. *Psychotherapy in Australia*, 10(1), 32-37.
- Harms, L. (1998). Degrees of stress: Stress and the university student. *Health Education Australia Autumn*, 8-9.
- Edwards, J. & Harms, L. (1997). Supporting students at risk. *Health Education Australia*, Summer, 17-19.
- Harms, L. (1994). Vanishing acts: Children of parents with disabilities. *The Australian and New Zealand Journal of Family Therapy*, 15(3), 166-167.

G4 - Major Reports and Working Papers

- Delany, C., Ewen, S., Harms, L., Remedios, L., Nicholson, P., Andrews, S., Kosta, L., McCullough, M., Edmondson, W., Bandler, L., Reid, P., & Doughney, L. (2016). *Guiding assessment for learning in Indigenous health at level 9 of the Australian Qualifications Framework: A capability approach to assessment for Indigenous health education*. Sydney: Department of Education and Training. ISBN 9781760511258.
- Harms, L., Clarke, A., Anderson, I., Whyte, J., Middleton, J. & Sloan, J. (2012). *From colonisation to conciliation: An exploration of social work practice with Aboriginal populations*. Melbourne: The University of Melbourne. ISBN: 978-0-9874411-0-2 and 978-0-9874411-1-9.
- Bolt, B., Fletcher, E., Ford, R., Gaze, B., Harms, L., Harvey, C. Kolb, G., Kuijper, M., Mcleod, J., Newton, C., O'Connell, A., Rathjen, J., Stevens, C., Whitzman, C., Wilson, S. (2009). *A framework for understanding and documenting Knowledge Transfer*. Melbourne, Australia: University of Melbourne Academic Women in Leadership website. ISBN: 978-0-646-51700-1.
- Harms, L. & Hudson, S. (2005). *Stress and resilience: An exploration of the experiences of metro fire brigade employees*. Melbourne, Australia: University of Melbourne, School of Social Work. ISBN: 073403586 1.

Theses

- Harms, L. (2001). *An analysis of subjective experiences of recovery from road trauma*, Doctoral thesis, University of Melbourne (Supervisor: Professor Alun Jackson)
- Harms, L. (1998). *Making connections: Expectations and experiences of orientation into an Australian university residential college*, MSW thesis, University of Melbourne (Supervisor: Associate Professor Elizabeth Ozanne)