

FACT SHEET: **OBTAINING A TRAUMA HISTORY**

Taking instructions about the impact of family violence, abuse or other trauma is a necessary part of acting for a client in a family law matter. Unfortunately, for most family lawyers, their university education or legal practice training, does not equip them with the skills necessary to work with traumatised clients who often have complex histories, needs and behaviours.

When taking instructions about adverse childhood experiences, it is important the solicitor does not ask questions like “Were you molested as a kid?” or “Did your father abuse you?”

People are unlikely to trust a stranger with such delicate information. Trauma survivors often show their “getting on with normal life part”¹ when in a stressful situation and their emotional part or wounded child part is hidden away. One must feel safe before making himself/herself vulnerable.

- Do not ask “Have you got a mental health problem due to your childhood?”

It may be your client has never been diagnosed previously or put their issues down to more recent relationships rather than appreciate the impact of childhood events.

Instead ask questions like:

- Who do you rely on in your daily life (e.g., when you’re sick who does the shopping or takes you to the doctor?)
- Who do you talk to when you are upset (i.e., who provides you with emotional and practical support?)
- In childhood who did you live with, how often did you move, who was your primary caretaker? (many trauma survivors report frequent relocations that required them to change schools in the middle of the year. Some may have caregivers that have gone to jail, been placed in a mental hospital or joined the military. Some may live in foster care or live with different relatives)
- Childhood relationships – who in your family was affectionate to you? Who treated you as a special person?

¹ A term used by van der Hart, Nijenhuis, Steele in their book “*The Haunted Self – Structural Dissociation and the Treatment of chronic Traumatization*”

- Was there anybody who you felt safe with growing up?
- Who made the rules at home and enforced the discipline?
- How were kids kept in line (e.g., by talking, scolding, spanking, hitting, lock you up)?
- How did your parents solve their disagreements?

For more information on how to take a trauma history read pp 138-141 "*The Body Keeps the Score: Mind, Brain and Body in the Transformation Trauma*" by Bessel van der Kolk.

It is important to understand that a client may not report past trauma for many reasons, including:

- Concern for safety (fear the trauma may be used against them rather than to assist them)
- Fear of being judged by service providers.
- Shame about victimization.
- Reticence about talking with others in response to trauma.
- Not recalling past trauma through dissociation, denial, or repression. "*The ordinary response to atrocities is to banish them from consciousness*"²
- Lack of trust in others, including behavioural health service providers.
- Not seeing a significant event or series of events as traumatic (Many clients who have experienced significant trauma in childhood have accepted violence or abuse as a "normal" part of their childhood)

A client may also be reluctant to attend upon a psychiatrist, psychologist, or social worker to discuss their trauma, for similar reasons. Not addressing traumatic stress symptoms, trauma-specific disorders, and other symptoms/disorders related to trauma, however, may not only impede preparation of a client's family law case, but it may also impede successful mental health and/or substance abuse treatment.

Practitioners should have general knowledge of the type of services that may be of assistance to clients and encourage their client to access such services. Practitioners should also be aware of government subsidies or other assistance that may be available to clients.

For example, your client may be eligible for a Mental Health Treatment Plan. This will entitle them to Medicare rebates for up to 20 individual psychological appointments per calendar year until 30 June 2022³. This gives them access — subsidised by Medicare — to certain psychologists, occupational therapists and social workers.

² Judith Herman "*Trauma and Recovery. The aftermath of Violence – From Domestic Abuse to Political Terror*" p1

³ Information correct as at 25 May 2021