**Presentation title**

Supporting resilience and recovery: understanding general practitioners’ perspectives on trauma-informed care

**Explain why your paper is relevant, important and of interest to GP22 participants**

Domestic and family violence (DFV) is a public health problem of epidemic proportions. General practitioners (GPs) are uniquely placed to support individuals with managing the consequences of trauma, including exposure to DFV. Understanding GPs’ perspectives on the concept of trauma-informed care and how it can be implemented in general practice is vital for improving the primary care response to DFV.

**Take home message**

* Trauma-informed care provides a framework for GPs to respond to the needs of survivors of trauma, including domestic and family violence, and promote resilience and recovery
* To date, little has been known about how trauma-informed care can be applied in the primary care setting
* Our study intends to shed light on GPs’ perspectives on how trauma-informed care can be implemented in general practice when working with survivors of domestic and family violence

**Background**

One of the most pervasive forms of trauma, exposure to domestic and family violence (DFV) is associated with a number of adverse health outcomes. Trauma-informed care provides a framework for healthcare providers to respond to the needs of survivors of trauma and promote resilience and recovery. General practitioners (GPs) are uniquely placed to support individuals with managing the consequences of trauma, including DFV. However, GPs’ perspectives on the implementation of trauma-informed primary care have not been explored in depth.

**Aim / Hypothesis**

This qualitative study aims to explore GPs’ perspectives on how trauma-informed care can be implemented in general practice for survivors of domestic and family violence.

**Method**

Purposive sampling will be used to recruit practising GPs in Australia who have completed training in trauma-informed care or have a particular interest or expertise in the field. Semi-structured interviews will be conducted and transcribed interviews analysed using thematic analysis.

**Results**

The project has been submitted for ethics review. Data collection is anticipated to begin in June and be completed by August. Data saturation is expected to be achieved after approximately 20 interviews. Findings are expected to shed light on GPs’ perspectives on the concept of trauma-informed care, its implementation in the primary care setting when working with survivors of domestic and family violence, and their experiences of barriers and facilitators to practising in a trauma-informed way.

**Discussion**

It is anticipated that findings will lead to a greater understanding of how trauma-informed care can be implemented in general practice, helping to inform future interventions to improve the delivery of primary care for survivors of DFV.

**Conclusion**

Understanding GPs’ perspectives on how trauma-informed care can be applied in general practice is vital for bridging the gap between theory and practice and improving the primary care response to DFV.