



# Director of Forensic Disability

## POLICY

**Title:** Trauma Informed Care

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### 1. Policy Statement

Clients of the Forensic Disability Service (FDS) are likely to have experienced a background of trauma and/or disrupted attachment. Some experts believe as many as 95% of people with intellectual disability have some level of traumatic stress (Gentile, 2013). Best practice care and support should include an ethos that assumes the presence of a traumatic history, and an integrated model of trauma informed care by all staff for all clients at FDS.

### 2. Purpose

The purpose of this policy is to:

- ensure that an overarching framework of trauma informed care is embedded into a culture and service model at the FDS, and provides the necessary information to enable, develop and improve all staff skills and knowledge, and care and support of clients;
- ensure clients are supported to maximise their sense of safety and control;
- reduce the likelihood of re-traumatising events and enhance clients' quality of life and ability to self-regulate; and
- reduce risk by understanding, planning for, preventing and reducing trauma responses.

### 3. Scope

This policy applies to all FDS staff and external practitioners who are involved in in-reach support of forensic disability clients. The Administrator, Senior Practitioner, Senior Service Manager and Clinical Team Leaders should lead an organisational culture of being trauma aware and responsive.

This policy should be implemented in a way that is consistent with the purpose and principles of the *Forensic Disability Act 2011* (the Act). Where appropriate, trauma informed care should be considered in all care, support, assessments and plans under the Act.

### 4. Authorising Legislation

Section 91 of the Act.

### 5. Definitions

#### 5.1 Trauma

Trauma is a response to an experience of violence and/or victimisation (either witnessed or actual) that overwhelms an individual's ability to cope, causing feelings of helplessness, and diminishes one's sense of self and ability to feel the full range of emotions and experiences. Examples of traumatic experiences or events include (but are not limited to) sexual abuse, physical abuse, severe neglect, domestic violence and/ or witnessing violence.

## 5.2 Trauma Informed Care

Trauma informed care is an approach based on knowledge and understanding of how trauma affects people's lives and their service needs. It involves supporting the person with a basic understanding and sensitivity that they may have past and present experiences of trauma; and having a system and strategies in place to support and enhance safety and coping, and to reduce triggers for dysregulation and behaviours of concern.

## 6. Policy

The trauma informed care approach should underpin the interactions and engagement of staff on a daily basis and inform suitability assessments, preparation for the client's arrival at FDS, the individual development plan and subsequent treatment programs, through to the client's transition to the community.

FDS staff should provide care and support to clients to achieve the goals of their individual development plan using a trauma informed care approach irrespective of a documented history of trauma. This is due to the evidence that indicates most forensic disability clients are likely to have a history of trauma. The trauma informed care approach should enhance client and staff wellbeing, and reduce emotional and psychological responses to re-traumatising events, including engagement with appropriate supports and services where there is complex trauma or cooccurring mental health needs.

In the event that staff are uncertain as to how to proceed in relation to a client, staff should consult the Senior Practitioner and/or Principal Clinician. The Senior Practitioner is responsible for the Individual Development Plan which outlines the provision of programs and services that best promote the care, support and rehabilitation of each individual client and should embed trauma informed care for each client.

### 6.1 Assumptions and principles of trauma informed care

Trauma informed care attempts to create a safe and empowering setting and care and support that values the subjective experience of clients at the FDS. Creating a safe therapeutic environment allows clients to experience compassionate and respectful relationships - the very characteristics that may have been missing from the client's life and may have impeded healthy attachment and bonding<sup>1</sup>. Trauma informed care is sensitive to the potential for trauma-related issues to manifest and involves the establishment of a culture that emphasises safety, trustworthiness, choice, collaboration, and empowerment among service providers and clients<sup>2</sup>.

As clients at the FDS are likely to have experienced traumatic stress in their life, it is important for staff to understand that regulated behaviour control (e.g., seclusion) or the use of physical intervention may have a profound re-traumatising effect on the client. As such it embedded within legislation and the Director of Forensic Disability policies that regulated behaviour control is only used in a planned way in limited circumstances, and as the last and least restrictive option (see the Director of Forensic Disability *Regulated Behaviour Control* policy and related procedures).

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<sup>1</sup> Grady, M.D., Levenson, J.S., & Bolder, T. (2016). *Linking adverse childhood effects and attachment: A theory of etiology for sexual offending*. *Trauma, Violence, & Abuse*. 18(4), pp 1-8.

<sup>2</sup> Keesler, J.M. (2014). *A call for the integration of trauma-informed care among intellectual and developmental disability organisations*. *Journal of Policy and Practice in Intellectual Disabilities*. 11(1), pp 34-42.

The Substance Abuse and Mental Health Services Administration<sup>3</sup> (SAMHSA, 2014) uses four assumptions and six key principles to conceptually describe the trauma informed approach.

The four basic assumptions of a trauma informed approach according to SAMHSA are:

- realising the widespread impact of trauma and understanding potential paths for recovery;
- recognising the signs and symptoms of trauma in clients;
- responding by fully integrating knowledge about trauma into policies, procedures, and practices; and
- seeking to actively resist or avoid re-traumatisation.

The six key SAMHSA principles that underpin the trauma informed care approach are:

1. **Safety:** Throughout the organisation, clients and staff feel physically and psychologically safe and welcomed, with trusted personal relationships and interactions;
2. **Trustworthiness and Transparency:** Decisions are made with transparency, and with the goal of building and maintaining trust;
3. **Peer Support:** Individuals with shared experiences are integrated into the organisation and viewed as integral to service delivery;
4. **Collaboration and Mutuality:** Power differences between staff and clients and among staff are levelled to support shared decision-making;
5. **Empowerment:** Client and staff strengths are recognised, built on, and validated; including a belief in resilience and the ability to heal from trauma; and
6. **Humility and Responsiveness:** Biases, stereotypes and historical trauma (e.g., racial, cultural, gender, age, religion) are recognised and addressed.

## 6.2 Trauma informed care in practice

It is important to consider the diverse population and cultural factors of FDS clients and the trauma informed care approach in providing care, support and rehabilitation. There are many ways in which staff can make a positive difference to clients' lives in a trauma informed way. These include but are not limited to:

- showing that you care and understand about how clients feel;
- ensuring trauma informed care thinking and discussions occur in client care, support and planning (e.g. individual development plan);
- self-awareness of your own attitude, biases and responses when supporting and collaborating with people with trauma experiences;
- identifying triggers for trauma reactions and developing strategies to reduce or eliminate them (e.g. sudden loud noises like a door slamming);
- providing fair and consistent boundaries in supporting clients – being aware of non-negotiable boundaries and limits as well as areas where there could be flexibility and negotiation and talking to clients about these;
- avoiding the strict approach – this will often cause anxiety and/or escalate behaviour;
- using activities and events to empower and reward choice-making;
- actively facilitating cultural connection and needs; and using opportunities (e.g., in activities, programs) to acknowledge and heal historical trauma through expressing and understanding cultural experiences.

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<sup>3</sup> SAMHSA's Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. United States of America's Department of Health and Human Services, Office of Policy, Planning and Innovation.

## **6.3 Organisational responses**

### **6.3.1 Policy and practice support**

This policy should guide knowledge and understanding of trauma informed care across the FDS. It is the Senior Practitioner and Administrator's responsibility to oversee that trauma informed care is embedded into the governance and operations at the FDS and is understood and applied by all staff. Trauma informed care is a core tenet of the FDS 'Model of Care' which describes the overall clinical and operational vision of the FDS.

### **6.3.2 Development of knowledge and skills across the whole team**

All staff must be trained in trauma informed care as applied to the FDS client group. The development, training, and implementation of trauma informed care across FDS should be led by the Senior Practitioner and/or Principal Clinician.

### **6.3.3 Trauma informed care and other models**

Trauma informed care is not exclusive of other models of care and support provided at the FDS. The trauma informed approach fits well and is easily integrated into evidence-based support models used such as person-centred planning, active support, positive behaviour support, and strengths-based programs such as the Good Lives Model and elements of the Risk, Need and Responsivity model. Similar to the other approaches used at FDS, trauma informed care:

- is strength-based and person-centred;
- promotes physical (e.g., environmental, health) and psychological safety (i.e., care-giving that aims for a sense of security and autonomy);
- removes or reduces triggers for behaviours of concern;
- provides opportunity for teaching and practicing new skills (e.g. coping, social); and
- considers a behaviour of concern as a potentially traumatic event.

## **6.4 Responses for individuals**

All staff should employ trauma informed care and apply the six principles in their day-to-day care and support of clients and participate in mentoring other staff when opportunities arise.

In reporting and planning supports for FDS clients, staff should identify triggers and develop strategies to reduce and address trauma responses; especially in functional assessment of behaviour and behaviour support plans (e.g. teaching new skills and alternative behaviours).

Effective communication is important to ensure all staff are aware of changes in dynamic client presentation and current strategies to reduce trauma responses (i.e. shift changeover or staff discussion prior to key client activity). Staff should also understand their role to communicate to external providers (e.g. medical practitioners, therapists or NGO support workers) important trauma informed information about the client (where appropriate) to assist in facilitating positive engagement and minimising the risk of triggering or trauma- inducing events.

## 6.5 Key message

*“It makes sense to **treat everyone as if trauma has possibly occurred.** Making sure someone feels **safe and in control** of their own lives will help someone with trauma, and will not hurt anyone who does not have a history of trauma”<sup>4</sup>(Gentile, 2013).*

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**Office:** Director of Forensic Disability

**Help Contact:** [directorforensicdisability@dssatsip.qld.gov.au](mailto:directorforensicdisability@dssatsip.qld.gov.au)

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Jenny Lynas  
Director of Forensic Disability

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<sup>4</sup> Gentile, J.P. (2013). Ohio’s ACE trauma study for intellectual disability. Wright State University. Presentation (n.d).