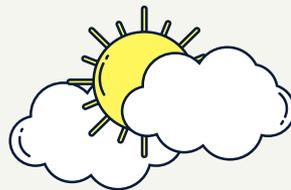




TRAUMA-
PROOF
YOUR
PRACTICE
FOR PEOPLE WITH
DISABILITY





WHAT IS TRAUMA-INFORMED CARE?

TiC is based on a robust understanding of the long term, global effects of trauma on an individual, including trauma arising from childhood adversity. It is informed by findings from neuropsychology on the connections between the brain and the body's regulatory functions, especially in relation to chronic stress. TiC is a strengths-based practice framework that emphasises physical, psychological, and emotional safety, and the importance of avoiding re-traumatisation. TiC has a central focus on supporting survivors to rebuild personal agency and control of their lives.

(See *Blue Knot*: <https://www.blueknot.org.au/Resources/Information/Trauma-Informed-Care-and-Practice>)

People with disability are often at increased risk of adverse childhood events and trauma because of the increased vulnerabilities that their social and interpersonal situations present them with (see Fact Sheet: Risks and Vulnerabilities).

WHAT DOES A TRAUMA-INFORMED SERVICE DO?

- Provides a safe, supportive environment to clients and staff that reflects available research about the prevalence and effects of trauma exposure, and the best methods for supporting clients exposed to trauma (Wall, Higgins, & Hunter, 2016. Trauma-informed care in child/family welfare services (AIFS).
- Provides an environment that is responsive to the needs of people with disability (see Applying Principles, below)
- Recognises the range of emotional, behavioural and physical indicators that demonstrate someone is overwhelmed and that are best understood as the person's attempt to survive.
- Is aware of the possibility of ongoing or re-traumatisation and of the direct and indirect impacts on its staff.
- Recognises the many potential pathways to recovery.

WHAT DO I NEED TO DO TO BECOME TRAUMA-PROOF?

1. Undertake trauma-informed training
2. Implement trauma-informed management practices
3. Understand the significance of childhood adversity and ACE scores for your clients
4. Undertake training in cultural safety and refugee health
5. Encourage others to do the same

WHERE DO I FIND TiC TRAINING?

Blue Knot: <https://www.blueknot.org.au/>

Phoenix: <https://training.phoenixaustralia.org/offerings/trauma-informed-care>

Centre for Mental Health Learning Victoria: <https://cmhl.org.au/learning-hub/trauma-informed-care>

There are also number of other Registered Training Organisations offering training on-line.



APPLYING PRINCIPLES OF TRAUMA INFORMED CARE



1. Safety

- provide **private** spaces that are physically accessible
- provide a low stimulus environment
- use inclusive language
- have communication supports available
- fight stigma
- embed culturally safe practices
- display welcoming and respectful behaviours
- maintain information security

2. Trust

- understand and employ a rights-based approach to disability
- take a person-centred approach with a needs-focus
- practice supported decision-making (see guide to Supported Decision-making)
- avoid over-promising
- demonstrate that confidentiality is protected
- demonstrate respect for diversity

3. Choice

- be open about all options and their alternatives and consequences
- welcome advocates into decision-making
- allow enough time to work through options
- readily provide referrals to social supports
- step back and put the client in control

4. Collaboration

- talk directly to your client, not 'over' them
- really listen
- do 'with', rather than 'to'; and communicate that intention to your clients
- ask permission for what you want to do
- recommend don't instruct
- manage your own assumptions and preferences

5. Restore personal agency

- understand and employ a rights-based approach to disability
- ensure that the client can place themself in the 'driver's seat'
- use language that assumes the client will make the decisions
- ask what matters to them
- always ask permission





ADVERSE CHILDHOOD EVENTS (ACE) SCORE

This is a ten-question assessment that was developed by the Centers for Disease Control and Prevention and Kaiser Permanente in California. It assessed the effects of abuse, neglect and household dysfunction.

The CDC's study uncovered a significant link between ACE scores and later chronic disease, as well as social and emotional problems such as disengagement from learning, depression, violence, being a victim of violence, and suicide. The higher the ACE score the more toxic the stress.

The following are the predicted outcomes per 100 American adults
(Source: <https://knowledgeworks.org/resources/ace-assessment-how-used/>)

ACE score 0

1 in 16 smokes
1 in 69 are alcoholic
1 in 48 uses IV drugs
1 in 14 has heart disease
1 in 96 attempts suicide

ACE score 1-3

1 in 9 smokes
1 in 9 are alcoholic
1 in 43 uses IV drugs
1 in 7 has heart disease
1 in 10 attempts suicide

ACE score 4 -10

1 in 6 smokes
1 in 6 are alcoholics
1 in 30 uses IV drugs
1 in 6 has heart disease
1 in 5 attempts suicide

Likelihood of health risks for Australian children with 4 or more ACE scores:

- 3.7x** Anxiety
- 5.6x** Substance abuse
- 7.5x** Victim of violence
- 4.2x** Teenage pregnancy
- 30x** Suicide attempt
- 1.3x** Obesity



<https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/dream-big/Dream-Big-Act-Big-for-Kids-Issue-1-ACEs-Toxic-Stress.pdf>





ADVERSE CHILDHOOD EVENTS (ACE) QUIZ

Score 1 point for each YES answer, 0 points for each NO answer

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?