



Institutionalised Trauma

People who previously lived in institutions have unfortunately had negative experiences which often include trauma. This is often dismissed as “behaviours” for people who have an intellectual disability and not identified as a consequence of experiencing trauma. People don’t always get the support or empathy that is needed to move forward. Plus, they are often re-traumatised which compounds the situation and impedes their recovery.

The system wasn’t and still is not equipped to support individuals with intellectual disability who present with Trauma. There needs to be a systemic approach when addressing trauma informed support/care for people living in or supported by disability services. As it is everyone’s responsibility to support recovery for individuals. It should be an holistic approach within a framework of empowerment e.g. person centred approaches, counselling, staff training etc, that needs to be adopted by all.

The sector needs to work together with people with intellectual disability to look at what successful trauma informed care looks like and have support from government to provide access to it for people with disability and their supporters.

Everyone has the right to live a good life and have access to appropriate support to work through their trauma and pursue the things they like and love.



Key things to recognise:

- People’s behaviour could stem from trauma experienced decades ago, not only a recently experienced trauma
- Support and recovery will look different for each person depending on many factors, type of trauma, amount, re-occurrence of trauma, age etc. There is no one size fits all!!
- Many people with disability have Post Traumatic Stress Disorder (PTSD) that is usually not diagnosed and/or it is labelled as ‘challenging behaviour’.
- We need to see residents firstly as ‘people’ who have normal reactions to traumatic events not as people with disability (therefore, behaviour is part of their disability, not a normal human response)
- The default setting is that people believe that because a person cannot communicate and/or cannot outline their trauma/feelings, they are not impacted as much, but this is not true.

Trauma Informed Care:

- Is a philosophy of care and promotes healing and empowerment and all workers and agencies should embed it into their everyday practice
- Should be supported by policies and procedures that empower
- Has been found to not only benefit clients, but reduces burn out in staff
- Should be implemented in conjunction with staff training and regular support
- Is best delivered with a person-centred framework e.g. person-centred plans, learning logs, supported decision-making, person-centred active support

Tips from services in the PS Project:

- Use 'sanctuary based' practice which is costly, so not as easy to get implemented
- Some have become a Child Safe organisation, and this is based on 'trauma informed care' and it has had a positive impact across all programs
- Funders have not really responded well to the needs of people with trauma, so supports to aid trauma recovery need to be assessed and submitted individually
- We need to keep advocating for more individualised accommodation options for young people under 18 years to reduce exposure to more trauma while in care and moving in to adult services. (To reduce future trauma)
- We need to be aware and manage the fact that the system is still traumatising people e.g. during COVID lockdowns not being able to see family and routines broken
- Using communication devices or Augmentative & Alternative Communication (AAC) to assist individuals express their feelings, choices and experiences is beneficial
- Supported Decision-Making (SDM) agreements (developed in a person-centred manner) have been found to promote positive communication and reduce anxiety e.g. instead of waiting to the last minute to tell someone a fact, the SDM agreement provides the opportunity for the facts and information to be provided in an agreed way.

Resources

VALID website for information to support conversation on grief to start conversation about trauma - <https://valid.org.au/ppalliative-carew-easy-read-resources-nbsp/>

Journal of Intellectual Disabilities Article -

Trauma is a subjective experience in which an individual experiences an overwhelming threat to their own or a loved one's physical or psychological safety that compromises their ability to cope (Pearlman and Saakvitne, 1995).

Trauma can be a reaction to discrete, adverse life events such as natural disasters, major surgeries, physical or sexual assault, or death of or separation from a loved one (Briere, 2004).

Trauma-informed care in the context of intellectual and developmental disability services:

Perceptions of service providers <https://journals.sagepub.com/doi/abs/10.1177/1744629520918086>