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Cc:
Subject: RE: Trauma informed approach - branch guide [SEC=OFFICIAL]
Date: Thursday, 15 May 2025 5:23:00 PM
Attachments: [image001.png](#)

OFFICIAL

Good afternoon Rachel,

I am very please to share with you for your consideration, in the link below, the Trauma- informed Approach a principles and practical guide.

As you will note from s22 email below, s22 lead on this project with the assistance of both s22 I am grateful to the team for the enthusiastic approach to the project and its outcome.

The establishment of this guide to a trauma-informed approach, will greatly assist the management of both our Comcover claims and the claims received by DPS. It reflects and supports the Governments understanding of the importance of integrating trauma-informed principles into the public service.

We now of course welcome your thoughts and comments.

Kind regards


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Subject: Trauma informed approach - branch guide [SEC=OFFICIAL]

OFFICIAL

Hi Meagan

With apologies for the protracted timeframe in finalising this document, please see link below to a copy of the Trauma-informed Approach.

 [Trauma informed approach in CDPCB.docx](#)

Extremely grateful to s22 for assisting in the preparation of this document (and s22 before she went on leave).

Happy to discuss anytime.

Kind regards

s22



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Australian Government
Department of Finance

Trauma-informed Approach

PRINCIPLES AND PRACTICAL GUIDES

Trauma-informed practices help to create supportive, safe and responsive environments for individuals engaging with government services.

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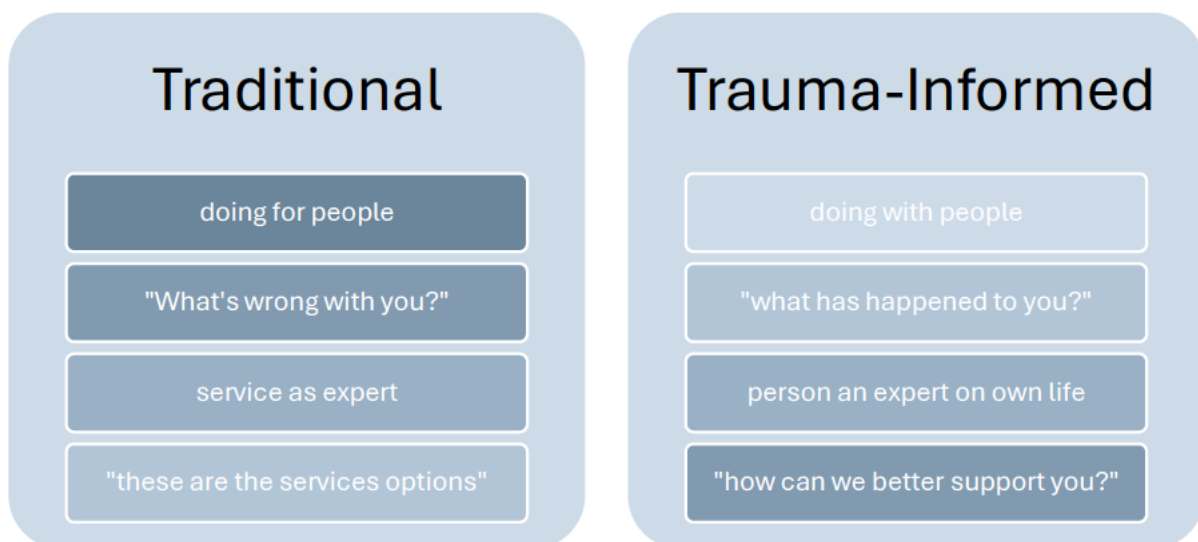
Purpose

Being trauma-informed means acknowledging the role of trauma in the life and behaviour of an individual and using this understanding to engage with them in a way that accommodates vulnerabilities.

Engaging with any avenue of redress or compensation requires people to provide evidence, detail their experiences, and 'make their case' regarding their entitlement to compensation. This process has the potential to re-traumatise individuals with complex trauma, mental health concerns, and social disadvantage who already struggle to gain equal access to compensation, justice, and other forms of assistance.

Trauma-informed practices help to create supportive, safe and responsive environments for individuals engaging with government services. The implementation of trauma informed policies and processes can improve outcomes for the organisation by:

- Improving client engagement – when services are designed with trauma awareness, individuals feel safer and more supported, leading to better engagement, cooperation and long-term success.
- Building public trust and reputation – demonstrating a commitment to trauma informed practices builds trust with individuals and the broader community.
- Reducing adversarial situations – being trauma informed helps prevent misunderstandings, aggressive responses and escalation of issues.
- Ensuring ethical compliance – recognising the importance of trauma informed care assists the organisation to align itself with policies and regulations that protect vulnerable populations, such as model litigant obligations.



Trauma-informed theory

What do we mean by trauma?

The US based Substance Abuse and Mental Health Services Administration (SAMHSA) published the *Concept of Trauma and Guidance for a Trauma-Informed Approach* in 2014. This document puts forward definitions and a working concept of trauma and a trauma-informed approach to develop a shared understanding of these concepts for service systems. SAMHSA provides a definition that encompasses trauma related to one-off events as well as ongoing adversity:

Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

Individual responses to trauma vary widely. However, research has found a strong relationship between the degree of risk of experiencing multiple and complex negative outcomes and factors such as the nature, severity and chronicity of the experience/s, as well as the age at which the experience/s occurred.

The impact of trauma depends on a complex interaction of the physical and psychological stages of development during which it occurs, the length and degree of the trauma, and the presence of vulnerabilities or past traumas. The impact of chronic trauma becomes woven into the structure of personality and is hidden behind other symptoms, making it difficult to identify, diagnose and treat.

What is trauma-informed care?

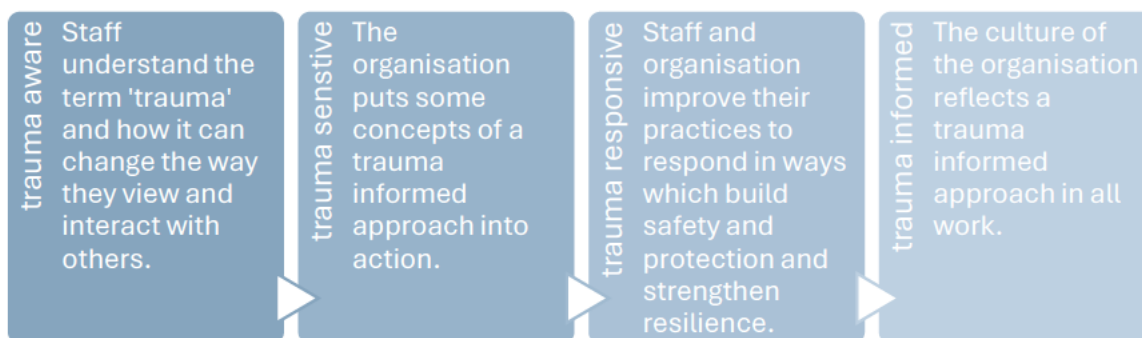
Trauma-informed care means that services have an awareness and sensitivity to the way in which clients' presentation and service needs can be understood in the context of their trauma history. It is a framework for service delivery based on knowledge of how trauma affects people's lives and their service needs.

Being trauma-informed means understanding the role of trauma in the life of the survivor and how it may affect behaviours, then using this understanding to design service

systems that accommodate the vulnerabilities of trauma survivors. SAMHSA's definition of a trauma-informed approach to service is:

A program, organisation or system that ... realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatisation.

The available literature suggests that there is a continuum from being trauma aware (seeking information out about trauma and its implications for organisations) to being trauma-informed (a cultural shift at the systemic level). The progression occurs in four stages:



What are the core principles?

At the very minimum, trauma-informed services aim to do no further harm through re-traumatising individuals by acknowledging that usual operations may be an inadvertent trigger for exacerbating trauma symptoms. A trauma-informed approach has four key objectives:

- **Realisation** - all levels of an organisation or system are cognisant of trauma and its impacts on individuals, families, and communities.
- **Recognition** - of the signs and effects of trauma on how people engage with the organisation.
- **Response** - the organisation is able to respond to vulnerable individuals by applying the principles of a trauma-informed approach.
- **Resist re-traumatisation** - of clients as well as staff.

In addition to these objectives, below are the widely agreed key principles of a trauma-informed approach:

Safety	<ul style="list-style-type: none">•Prioritise physical and emotional safety of staff and claimants, by acknowledging experiences, validating feelings and respecting strengths
Trust	<ul style="list-style-type: none">•Operations and decisions are conducted with transparency to build and maintain trust with claimants, among staff, and others involved with the Scheme.
Support	<ul style="list-style-type: none">•The organisation demonstrates an understanding of the harm caused to claimants and supports them to make informed decisions.
Collaboration	<ul style="list-style-type: none">•Collaborative engagement with claimants and all stakeholders, building respectful relationships and working together with a solutions-focused approach.
Empowerment	<ul style="list-style-type: none">•Understanding that trauma is a common element for stakeholders and fosters safety and empowerment for staff as well as claimants.
Diversity	<ul style="list-style-type: none">•A trauma-informed approach incorporates processes that move past demographic stereotypes and biases, and incorporates policies, protocols and processes that are responsive to the diverse needs of clients.

Trauma-informed practice

Comcover and Discretionary Payment Claims Branch

The Comcover and Discretionary Payment Claims Branch (CDPCB) manages claims and provides advice to Commonwealth agencies on relevant obligations and requirements under the Comcover self-insurance scheme; PGPA functions such as act of grace and debt waiver; and the scheme for Compensation for Detriment caused by Defective Administration. CDPCB also manages litigation on behalf of the Commonwealth which often involves vulnerable individuals and engages directly with the public as a mechanism of last resort for discretionary financial assistance and debt waiver.

The following expands on how CDPCB implements a trauma-informed approach in our workplace and provides some practical tools and guides for interacting with trauma-affected individuals. This framework is applicable to all staff and representatives of CDPCB, including not only Commonwealth officials, but also contractors, third-party service providers and any appointed agents.

Roles and responsibilities

Conduct

In addition to the APS Code of Conduct and expected Department of Finance behaviours, all CDPC staff are expected to use trauma informed principles for each interaction with claimants and with their approach to work activities, such as preparation of documents and briefs. All staff are committed to the following principles and behaviour standards:

- Always acting with honesty, integrity and transparency.
- Be responsible and act responsibly.
- Resolve problems effectively through identified policies, processes and delegations.
- Abide by all the principles, values and philosophy of trauma informed practice.
- Treat everyone equally, respect everyone's opinions and treat each person fairly.
- Zero tolerance to any form of discrimination or harassment.
- Use approved communication guides when interacting with vulnerable individuals.

Communications

Staff will make use of the guides for verbal and written communication that are provided below and ask peers to assist in reviewing written communications where possible, to ensure correct tone and messaging.

If in doubt of the correct tone and communication style to use, staff should always seek feedback or assistance from another team member to ensure they are conveying the correct message in the most appropriate way.

Evidence

When evidence or documentation is required to support a claim or application, consider (or take advice on) the following:

- Whether every ‘standard’ required document needs to be provided on a specific occasion.
- If there are alternative methods to obtain the documents (such as getting an applicant’s consent to request the information from another source).
- What documents will be required for the foreseeable future of the matter, and if they can all be requested in one instance, rather than contacting the applicant multiple times.
- Setting expectations for the applicant about what will be required for their application (i.e. “we will need to contact Department of Finance regarding your matter”).

Expectations of suppliers and providers

The above conduct and communication expectations are as important for Commonwealth officials as they are for external service providers who manage or engage with matters on behalf of CDPCB.

Other parties or suppliers such as legal service providers will:

- Draft communications with appropriate trauma informed tone and messaging.
- Assist instructors to understand documentary and evidentiary requirements as in the Evidence section above.
- Take initiative to investigate and suggest ways to minimise adversarial interactions on claims as appropriate.
- Suggest resolution pathways that are supportive of claimants (i.e. allowing choice of mediation format, remaining flexible around timings and ‘what usually happens’).
- Provide any other assistance to instructors as required that enables the organisation to behave in a trauma informed way.

Resources and Guides

Traditional vs. Trauma-Informed Perspectives

The following table expands on the perspectives of both frameworks. Use the table as a form of self-assessment to see how you are doing, or how you have approached your work previously.

Traditional	Trauma-Informed
Siloed:	Integrated:
Sees client challenges as separate and discrete (e.g., employment, health, mental health)	Sees challenges as inter-related and reactions to traumatic life events. Understands that addressing one issue may require attending to others as well.
Judgmental:	Curious:
Takes difficult behaviours at face value and understands them as resulting from individual deficits (what is wrong with you?). Providers may assume behaviours are purposeful and even personal. Negative labels are often applied (e.g., manipulative, lazy, resistant, noncompliant, attention-seeking).	Considers whether behaviours and reactions may be ways of coping with and adapting to traumatic life experiences. Providers shift to understanding behaviours based on their purpose and as ways of surviving (what happened to you and what do you need?). Negative labels are replaced (e.g., trying to get needs met, in survival mode, triggered).
Compliance/Obedience:	Empowerment/Collaboration:
Considers providers to be the experts who know what is best for clients. Goals are defined by providers/system and compliance is expected. Providers may be easily offended when clients do not follow set goals.	Considers clients to be the experts in their own experiences. Providers view themselves as partners and see force and coercion as antithetical to healing from trauma. Goals are defined by clients and strengths based.
Power over:	Power with:
Relationships between providers and clients are based on hierarchy and power sharing is limited – Rigid, rule-based, authority-drive. This includes a hierarchical structure and limited power sharing among staff at the agency as well.	Relationships are collaborative and power is shared – Flexible, offers choice, client-driven. This includes a value on sharing power among staff in different roles across the agency.
Reactive:	Proactive:
Operates in a reactive, crisis-driven manner. No intentional crisis-prevention planning.	Focused on noticing patterns, preventing crises, and avoiding re-traumatisation.
Operate from Dominant Culture:	Cultural Humility:
Adopts a “one size-fits all” approach with services designed based on the perspective of the dominant culture.	Seeks to understand and convey respect for the diverse cultural values, beliefs, and practices of the clients served and integrates culturally responsive services

Communication styles

As a service provider, the way in which we communicate has a profound impact the individuals we interact with. Communication styles are unique to every individual, but when interacting with individuals who may have experienced traumatic events, and we may need to adapt to the need of the individual.

The following are different communication styles present in trauma-informed approaches staff. Staff can use the following list as a point of reference, or reflection, when interacting with service users.

Openness	<ul style="list-style-type: none">Approaching communication with openness is another key aspect of building a trauma-informed style. It involves being receptive, non-judgmental, and willing to listen and learn from others. Here are some ways you can infuse openness into your communication style.
Practice active listening	<ul style="list-style-type: none">Give your full attention to the speaker.Avoid interrupting or formulating a response while they are talking.Use non-verbal cues like nodding or maintaining eye contact to show you are engagedStay present in the conversation and avoid distractions
Suspend judgment:	<ul style="list-style-type: none">Avoid making assumptions or forming opinions too early in a conversation.Recognise that everyone has their own perspective and experiences that shape their views.
Be non-defensive:	<ul style="list-style-type: none">If someone expresses a differing opinion or criticism, avoid becoming defensive. Instead, try to understand their viewpoint
Ask open-ended questions	<ul style="list-style-type: none">Encourage the other person to share more by asking questions that invite them to elaborate on their thoughts and feelings
Avoid assumptions	<ul style="list-style-type: none">Do not assume you know what someone is going to say or how they feel. Let them express themselves in their own words
Be mindful of body language	<ul style="list-style-type: none">Your non-verbal cues can convey openness or closedness. Maintain open body language (e.g., uncrossed arms, relaxed posture)

DO'S	DONT'S
<p>Use language that is respectful.</p> <ul style="list-style-type: none"> • Use statements like 'Thank you for sharing with me. I am here to listen.' 	<p>Use language that is negative or judgemental.</p> <ul style="list-style-type: none"> • Do not use statements like 'Why didn't you tell me sooner?'
<p>Use language that is respectful.</p> <ul style="list-style-type: none"> • Use statements like 'Thank you for sharing with me. I am here to listen.' 	<p>Minimise a person's experience of trauma.</p> <ul style="list-style-type: none"> • Do not use statements like 'It was just a joke, I'm sure they didn't mean anything by it.'
<p>Allow people the time to find the words and express what they want to say.</p>	<p>Tell someone that certain information is irrelevant.</p>
<p>Listen attentively and minimise interruptions during pauses and silences.</p>	<p>Do not suggest approaches like 'I don't think we need to include that person's details or how it happened?'</p>
<p>Ask whether the person feels they have been listened to.</p>	<p>Argue with a person's perception of events.</p>
<p>Summarise what has been said and ask the person if you have the correct understanding.</p>	<p>Do not question the person's experience with statements like 'Are you sure that happened? Maybe you're just overthinking it.'</p>

Verbal communication

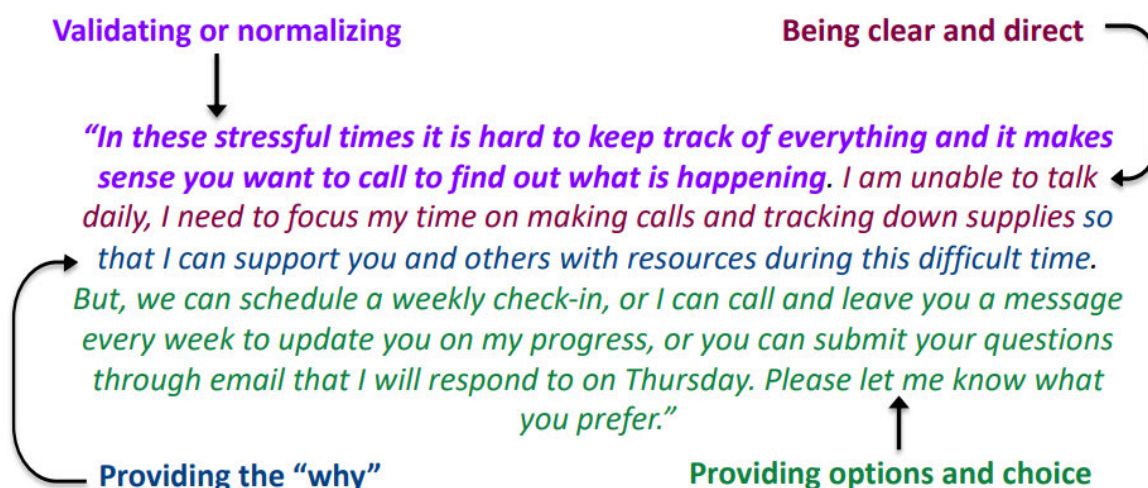
Purpose

Ensuring that your words are trauma informed doesn't necessarily mean the recipient of your messages will be happy with what is being said. However, if they respect you because of the way you've said something they are more likely to remain regulated and able to engage. This is true for you too. A trauma informed script will help you stay regulated when you are delivering difficult news or getting hard questions.

Components of a trauma informed script

- **Validating or normalising** conveys that you understand what else could be going on for someone.
- **Being clear and direct** is really important for a stressed brain.
- **Complete information** helps avoid misunderstanding and misinterpretation.
- **Providing the "why"** helps establish a sense of consistency and predictability.
- **Providing options and choice** helps empower and create hope.

Example:



'The anatomy of a trauma informed script' Trauma Informed Oregon (2020).

Aggressive or vexatious phone calls

- Thank you for your phone call. As you are aware, this department is satisfied that we have dealt with your application appropriately.
- I appreciate that this issue is very important to you but we will not be taking any further action on it unless there is new evidence or facts that you have not previously advised.
- I am not aware of any other avenues of redress that may be available to you.
- You can send any new information that is relevant to your application to:
 - Act of grace and waiver of debt: sfc@finance.gov.au
 - Comcover: comcover@comcover.com.au
- I am unable to assist you further. I am now going to end this phone call [HANG UP].

In any event, if someone starts swearing at you over the phone, you can use the following wording:

- Please do not use profanity in this conversation.
- If you continue to use this type of language I will hang up.
[if the swearing continues, hang up – do not engage with the caller further].

Written communication

When communicating through written materials with a trauma-affected claimant, it is important to prioritise their wellbeing by responding sensitively and respectfully to their needs. Some key principles of trauma-informed writing include¹:

Create trust and safety

- Make your reason for communication clear.
- Match the information to the demographic/audience.
- Do what you promise to do.
- Be transparent about where their information goes and to whom.
- Clarify your role, especially its limits.
- Aim to remove unnecessary detail from documents that is potentially distressing or triggering for the claimant to read.
- Provide claimants with a single point of contact (case by case).

Provide choice and control

- Provide options for how claimants communicate with the Department and how they receive information.
- Be clear and goal-focussed in any requests. For example, “When we receive your form, we will be able to process your claim”.
- Allow claimants to nominate an intermediary or support person to communicate on their behalf and to receive requests and correspondence from the Department.

Be clear and direct

- Use clear and direct sentence structures and formats, including the use of headings and dot points.
- Avoid jargon and complicated and bureaucratic language, including references to internal processes or legislation (where possible).
- Use respectful language.
- Write in the active voice, as opposed to a passive voice, for example “I am writing to tell you”, rather than, “This letter is to advise you”.

Use trauma-informed language

- Don't use labels, judgement or jargon.
- Consider the emotional impact of words or points that may lead to unnecessary distress or cause offence.
- Use people-first language when referring to conditions, for example, “a person living with depression”, rather than “a depressed person”.

¹ ‘Practitioners Written Communication’, Phoenix Australia, 2020

Common Terms

<i>Adverse childhood experience</i>	Potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, abuse, or neglect such as witnessing violence in the home or community or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use, mental health problems or instability due to parental separation or household members being in jail or prison.
<i>Collective trauma</i>	Psychological reactions of a group of people to one or more traumatic events impacting on that group. The size of the group may differ but could include an entire society.
<i>Complex trauma health</i>	Trauma arising from repeated exposure to traumatic incidents over a period, including experiencing and witnessing traumatic incidents. Complex trauma is most often associated with histories of multiple traumatic stress exposures and experiences, along with several disturbances in primary relationships. Complex trauma is often severe and pervasive.
<i>Diversity</i>	Refers to the inclusion and acceptance of difference and variation among people inclusive of but not limited to their culture, religion, spirituality, ability, power, status, gender and sexual identity and socioeconomic status.
<i>Health</i>	Health encompasses not only the physical and mental wellbeing of an individual, but also the social, emotional, and cultural wellbeing of the whole community within which everyone is able to achieve their full potential as a human being.
<i>Integrated care</i>	Integrated care is the provision of seamless, effective, and efficient care that responds to all a person's health needs in partnership with the individual, their careers and family.
<i>Integrated trauma-informed care</i>	Integrated trauma-informed care brings together elements of trauma-informed care and integrated care to improve the experiences of applicants and claimants who engage with CDPCB.
<i>Intergenerational trauma</i>	Intergenerational trauma is a form of trauma transmitted across generations. In Australia, intergenerational trauma is often experienced by the children, grandchildren and future generations of Aboriginal people harmed by government policy, such as the Stolen Generations. For Aboriginal people in particular, the pain and distress of dispossession, past government policies and practices that fractured Aboriginal families and communities, and continuing social and economic marginalisation, continue to affect further generation.

<i>Priority populations</i>	Groups of people who experience multiple challenges that heighten the likelihood, impact, or severity of trauma, as well as experiencing additional barriers to seeking support.
<i>Secondary trauma or re-traumatisation</i>	Refers to experiences that occur after initial trauma as a result of that event or the subsequent actions or inactions of others. This could be brought on by painful medical treatment, adversarial legal action, a child being removed from their family, people's lack of understanding, disbelief, denial, blame, or even poor professional practice. Secondary trauma can have the same impact on a person as the initial exposure to the experience
<i>Staff</i>	Refers to all individuals that work at the Department of Finance, related or subsidiary organisations, and service providers including those providing services on a voluntary basis
<i>Trauma</i>	Trauma is the response to an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or life threatening and overwhelms an individual. Adaptive responses to trauma may impact a person's ability to access and engage with services and may impact on overall physical and psychological health.
<i>Trauma-informed care</i>	Trauma-informed care is a systems-level initiative where organisations are oriented towards understanding, recognising, and responding to trauma. It is a framework for human services delivery based on knowledge and understanding of how trauma affects people's lives and their service needs. Sometimes trauma-informed care is referred to as a model of care; however, for the purposes of the current document, a systems-level definition is appropriate
<i>Trauma specific response</i>	A trauma-specific response is the response of a clinician to disclosures of trauma, violence, abuse, or neglect. It can also occur where there is a high degree of suspicion that these may be present. It includes both the immediate response as well as referrals to specialised services where required.
<i>Universal precautions</i>	Universal precautions assume that every individual who comes into contact with the health system has experienced trauma. At every interaction of the healthcare experience, precautions are taken to minimise the risk of re-traumatisation to the individual. The term universal precautions are generally used in medicine in relation to infection control measures but has been adapted for use in relation to trauma-informed care
<i>Vicarious trauma</i>	Vicarious trauma is the transformation or change in a worker's inner experience as a result of responsibility for and empathic engagement with traumatised children or adults. This can result in feelings of

	compassion, but also responsibility, coupled with varying degrees of helplessness and control.
<i>Vicarious resilience</i>	Vicarious resilience is the idea that while workers are affected by the traumatic stories they hear, they are also bolstered and strengthened by the abilities and recovery shown by the people they work with, finding inspiration and perspective.
<i>Violence, abuse, neglect</i>	An umbrella term used to describe three primary types of interpersonal violence that are widespread in the Australian community. It refers to domestic and family violence, sexual assault and all forms of child abuse and neglect. It also refers to children and young people displaying problematic sexual behaviour or engaging in harmful sexual behaviour, who often have their own experiences as victims of abuse and neglect.
<i>Warm referral</i>	Refers to using methods of helping a client connect more easily with another service provider. Contacting the new service provider using a speaker phone while the client is with you, introducing the client to the service and helping them make an appointment is one example of a warm referral.

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