

Trauma-Informed Care

Trauma-informed care (TIC) is an approach to supporting people that recognizes how common trauma is and how it can affect someone's health, behaviour, and well-being. TIC shifts the narrative from asking "what is wrong with you?" to "what might have happened to you?" This shift helps professionals and staff respond with empathy and understanding and promotes environments where people feel safe, respected, and empowered in their care.

The 4 Rs

Realize

Recognize

Respond

Resist

Four key ideas guide trauma-informed care:

Realize that many people have experienced difficult or traumatic events in their lives.

These experiences can impact how someone feels, behaves, and responds to stress.

Recognize the signs and symptoms of trauma. These might show up in a person's emotional responses, behaviours, and physical health.

Respond with compassion, patience, and respect. This means creating a safe and supportive environment where individuals feel heard, respected, and empowered to seek help if they want it.

Resist re-traumatization by proactively taking steps to avoid situations, experiences, or triggers that can worsen someone's trauma or cause additional stress. This includes adopting policies and practices that prioritize patient safety, autonomy, and dignity.

When people or organizations understand how adverse childhood experiences (ACEs) can impact a person's well-being, behaviour, and relationships, we call this being "trauma-informed".

The Substance Abuse and Mental Health Services Administration (SAMSHA) identified six guiding principles for TIC:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment and choice
- Cultural, historical, and gender issues

Becoming trauma-informed is a process. Organizations often start by training staff about trauma and how to respond supportively. In time, all levels of the organization shift their policies and procedures to align with trauma-informed best practices.



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Trauma-Informed Care for ACEs

Because difficult childhood experiences are so common, TIC is often recommended as a “universal precaution”. This means approaching interactions with all patients with the awareness that someone may have experienced trauma; it does not mean assuming that everyone has experienced trauma.

Research shows that when healthcare providers talk to patients about trauma in a trauma-informed way, both patients and practitioners generally feel more comfortable and supported. However, TIC training is vital so that practitioners have the skills and confidence to have these sensitive conversations.

It is also essential that patients have access to support services if they want help addressing past trauma. People should always have control over whether and how they share their experiences.

If tools such as the [ACE Questionnaire](#) are used to ask about trauma experiences, they should always be used in a trauma-informed way. Patients should feel safe, respected, and free to decline answering questions if they choose.

Trauma-Informed Care Policy and Practice Guidelines (Canada)

- [Government of Canada](#)
- [Government of British Columbia](#)
- [Alberta Health Services](#)
- [Saskatchewan Health Training](#)
- [Manitoba Trauma Information and Education Centre](#)
- [Canadian Centre on Substance Use and Addiction](#)
- [Society of Obstetricians and Gynecologists of Canada](#)
- [Registered Nurses Association of Ontario](#)
- [Trauma-Informed Care Collective](#)
- [Centre of Excellence for Women’s Health](#)

Further Reading

Goddard, A., Janicek, E., & Etcher, L. (2022). Trauma-informed care for the pediatric nurse. *Journal of Pediatric Nursing*, 62, 1-9. <https://doi.org/10.1016/j.pedn.2021.11.003>

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Racine, N., Killam, T., Madigan, S. (2019). Trauma-informed care as a universal precaution: Beyond the Adverse Childhood Experiences Questionnaire. *JAMA Pediatrics*, 174(1), 5-6. <https://doi.org/10.1001/jamapediatrics.2019.3866>

Steen, M., Raynor, J., Baldwin, C. D., & Jee, S. H. (2021). Child adversity and trauma-informed teaching interventions: A systematic review. *Pediatrics*, 149(3), e2021051174. <https://doi.org/10.1542/peds.2021-051174>



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