Journal of the Academy of Forensic Nursing

Best Practices

What is Trauma-Informed Care?

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Received: December 26, 2022 Accepted: Feb 26, 2023

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Abstract

Trauma-informed care is a popular term used today, yet its application and how it is applied varies. This article will address: what is trauma? what is trauma-informed care (TIC) ? and examples of how to apply the guiding principles of TIC into practice.

Keywords: trauma-informed care

What is Trauma-Informed Care?

Trauma-informed care has become a popular term that is commonly referenced today in a myriad of systems, such as schools, substance use treatment, health care and behavioral health. Yet its application into practice has much variability. This article will address:

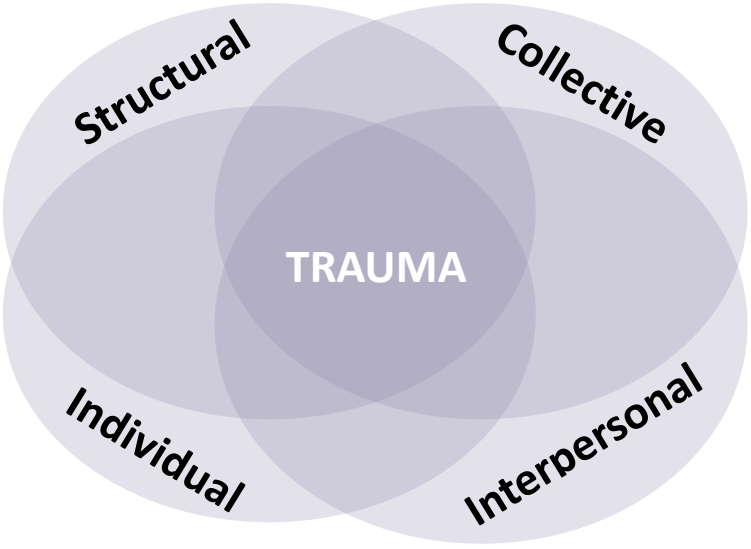
1. What is trauma?
2. What is trauma-informed care?
3. How can you apply the principles of trauma-informed care into broad-range practices?

What is Trauma?

Understanding what defines *trauma* varies from person to person and is dependent on an individual's life experiences, as well as their professional exposures. According to Substance Abuse Mental Health Service Administration (SAMHSA) (2014), "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

Lewis-O'Connor and colleagues (2019) define trauma as individual, interpersonal, collective, and structural. *Individual trauma* may include a poor diagnosis, loss of loved one, fall, or motor vehicle accident for example. *Interpersonal trauma* may occur across the life span, for example child maltreatment, Adverse Childhood Experiences (ACES), domestic and sexual violence, human trafficking, and elder abuse. We have all been through what is viewed as *Collective trauma*- that which occurs from natural disasters, pandemic (COVID), community violence, mass shootings and the like. Lastly*, Structural trauma*- refers to the cultural, historical, and/or socio-political traumas that impacts individuals and communities across generations. This may Include: institutional barriers, social determinant of health (inequities, 'isms', poverty, food and housing insecurity and violence and abuse, and policies and procedures that advantage some while disadvantaging others. Dr. Camara Jones (Jones, 2003), former President of the American Public Health Association defines racism as a 'system of structuring opportunity and assigning value based on the social interpretation of how one looks (race) that unfairly and structurally disadvantages some individuals and communities while advantaging other individuals and communities which saps the strength of the whole society. As depicted in Figure 1, these types of traumas are not mutually exclusive- rather there is often an intersection between the various forms.

Figure 1.
Trauma Intersections



Our challenge and opportunity in health care settings is to develop a pedagogy that advances Health Equity and Social Justice with mindful intention and attention to traumas that are rooted in structural racism, oppression, explicit bias, and stigma. We care for patients that have been impacted by all forms of trauma and these patients are likely the ones with the most complex health needs.

Lastly, it is important to be cognizant that not everyone who is impacted by trauma is negatively impacted—in fact most that experience trauma will experience post-traumatic growth; but for those whose wellbeing is impacted, we must seek to understand and promote models of care, such as Trauma-Informed approaches that may help individuals heal.

Impact of Trauma

Whether you work with people through legal, health, or community services, understanding how trauma has impacted an individual helps to inform the way in which you interact with them. How we engage, the language we use, how we show up in an encounter can foster healing or unintentionally may re-traumatize an individual. Prevalence of trauma is well documented.

Benjet et al (2016) conducted general population surveys in 24 countries (n=68,894 adults) across six continents. Researchers assessed for exposures to some 29 traumatic life-event types. Findings indicated that more than 70% of respondents reported a traumatic event and 30.5% were exposed to four or more traumatic events. Over half of the traumatic events reported in the study included witnessing death or serious injury, the unexpected death of a loved one, being mugged, being in a life-threatening automobile accident, or experiencing a life-threatening illness or injury. Exposures to trauma varied by country and socio-demographic; history of prior traumatic events and further analysis into race and ethnicity would further help to inform root causes. Exposure to interpersonal violence had the strongest association with subsequent traumatic events (Jones, 2003). Similar large survey studies in the U.S. reveal a high prevalence of traumatic life experiences, with 90% reporting a serious adverse lifetime event. The National Intimate and Sexual Violence, the most comprehensive large-scaled survey in the United States, gathers national data on interpersonal and individual trauma (Benjet et al, 2016; Black et al, 2011; Breiding et al, 2014). In future population surveys, we are likely to see a dramatic increase in the prevalence of trauma related health consequences post COVID.

What is Trauma-Informed Care?

In 1994, SAMHSA (2014) convened the Dare to Vision conference, an event that was intentionally designed to bring trauma to the foreground. It was the first national conference in which women who had survived trauma talked about their experiences and ways in which standard practices in hospitals re-traumatized and, often, triggered memories of previous abuse.

Today, trauma-informed care is represented with six guiding principles. These principles are grounded in evidence and that evidence offers us an opportunity that should inform our policies and procedures organizationally, in relationships with patients, their families and our colleagues. As we consider the challenges and opportunities to embed trauma-informed approaches systemically, we must be proactive in employing policies and procedures that use a social-justice lens. Trauma-informed guiding principles offer a framework from which to develop and implement policies and practice guidelines. Figure 2 illustrates the six guiding principles of TIC from SAMHSA (2014).

Figure 2
Trauma Informed Care Principles

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As you look at these guiding principles, let's consider translating these through the eyes of a victim or survivor. This person might be thinking:

- 'What are they going to ask me? Do I have to tell them everything?
- Will I react to the questions, and will they think I am crazy because I still get triggered and have body memories? Are they going to do something that hurts? I really have terrible pain tolerance.
- I wonder if they will give me choices, will they hear me? Will they repeat things when I don't understand, or will that annoy them? Will they help me to connect with other professionals that they want me to see, or will I need to figure this out on my own?
- Will they understand what I bring with me from my culture, my historical background—my race? Will they understand that English is my second language?
- Gosh I hope they don't ask: *Why did you…* Or *Why didn't you…*
- I wonder, what are they typing into the computer? Who is going to see this and are they capturing what I am saying?
- I hope I will feel safe, that I can share, that I can get help and support, that I can find and use my voice, and that I can be acknowledged for who I am—not what happened to me. I hope they will not judge me or have bias towards me.'

Principle 1: Safety—Physical & Psychological

When considering the principle of *safety*, you want to consider *physical and psychological* safety. How does the individual best cope with stress? What triggers them, and what is helpful? For example, a patient who suffered a non-fatal strangulation might share that she plays a musical instrument, that she does not like her neck or mouth examined, and that she copes best when receiving small amounts of information at a time. Consider asking an individual about their strengths, what they are proud of? And how they cope best.

Principle 2: Transparency & Trustworthiness

Transparency and *trustworthiness* are key principles for people who have experienced trauma, violence, or abuse. Many victims and survivors trusted someone who hurt them, and sometimes the systems that were intended to help re-traumatized them. State with clarity what you can and can't do. Build trust through listening and acknowledging a patient's wishes. It's important to respect the autonomy (adult) of patients even when you might not agree with the choices they are making. Trust needs to be built and can't be assumed.

Principle 3: Cultural, Historical, & Gender Acknowledgement

Acknowledge how structural barriers and bias have marginalized people of color, those whose gender identity is non-binary, people of size, those struggling with mental health and or substance use disorder. *Cultural, historical, and gender acknowledgment* requires everyone to receive training on unconscious bias and stigma, pro-actively self-reflect on those biases, and a commitment to change systems for the betterment of all. We need to hold ourselves accountable and those in leadership should lead by example.

Principle 4: Peer Support

Peer support is not only the support we put in place for patients and clients, but also the support we build into our structure to support each other. Do you hold optional debriefs? Do you have trained peer supporters? Do you assess staff for compassion fatigue or burnout? Do you promote opportunities for team building? As a leader do you foster work-life balance? For patients and clients, do you assess their available resources? Do you assess for social determinants of health and connect the patient or staff to additional services needed? Are you inclusive of staff including non-clinical and support staff?

Principle 5: Empowerment, Voice, and Choice

While this principle is likely one to which we might all personally relate, it is often the principle that we might fall short on. Do you do things '*for'* or '*to'* a patient, or do you do things '*with'* them? For leaders, do you promote shared governance and proactively include diverse members on your staff? Do you lift their strengths, or do you focus only on deficits? Do you accept an individual's decision even when you don't agree?

Principle 6: Collaboration & Mutuality

Finally, *collaboration and mutuality* begs a few questions: 1) How is information shared among team members, and are there ways to improve? and 2) What are the barriers to collaboration, and how are they being addressed? Improved? Addressing this principle will require due diligence and commitment to address barriers, access, and engagement to allow for seamless collaboration and mutuality. Exploring ways that optimize communication and collaboration is essential to quality care and outcomes.

How Can You Apply the Principles of TIC into an Organization?

The literature reveals how widespread and prevalent trauma is worldwide (Benjet et al, 2016; Kilpatrick et al, 2013). There are currently a number of challenges and gaps to consider when applying TIC care into practice. First, there is wide variability in what connotes TIC; secondly, recommendation for specific action around implementation are slowly emerging (Yatchmenoff, Sundborg & Davis, 2017), thirdly, trauma-informed practices are best realized when integration occurs throughout the organization (Cholz & Wagner, nd; Institute on Trauma and Trauma Informed care, 2023).

When these principles are applied across an integrated system, process and outcomes may have a notable impact on patients and staff. Identifying metrics by which to measure the impact will be crucial to understand challenges and opportunities. For example, when TIC models are used- did ED visits decrease? Was there an increase engagement with primary care? Was the length of stay shorter? Did the patient report increase satisfaction with care delivery, coordination of care, or other indicators of service? For the staff- did they feel more satisfied in caring for their patients? Did they feel more compassion, empathy? Do they feel they have a more meaningful relationship with patient and with their peers?

There are some actions steps to consider: forming a task force across your organization and service lines and identify a senior sponsor. Further suggest co-chairs (or tri-chairs) of diverse colleagues. Invite anyone with interest in trauma-informed care to join. Eventually, a group forms and you will get some traction! Set meeting dates for the year, include agenda items, and after the meeting, send out a short summary with actionable items. Set a few short term and long-term goals. Let the principles of trauma-informed care guide your work in this committee: be inclusive, listen, learn, and share together by creating a safe and welcoming space for all. Consider holding an annual symposium where you share your accomplishments and set goals for the upcoming year. Overall, you will find that trauma-informed care is a theoretical framework that offers organizations and practices, staff, and patients approaches that promote healing and wellness and more meaningful relationships.

Trauma-Informed Care & Forensic Nursing Practice

Considering that forensic nurses care for patients across the lifespan including adverse childhood experiences (ACEs), elder abuse, interpersonal violence, strangulation, labor, and sex trafficking, we have a responsibility to be informed of the acute and long-term neurobiological impact and health consequences of traumatic experiences. In addition, forensic nurses should be prepared to recognize the varied manifestations of trauma, while utilizing trauma-informed approaches and interventions that can prevent secondary victimization and foster wellness. While there is some TIC education included in nursing curriculum, there is much variation in content and application. There are, however, curricula developing in medical schools that is showing much promise (Brown, Berman et al, 2021; Brown, Mehta et al, 2021).

The Academy of Forensic Nursing, from its inception, recognized that while supporting forensic healthcare, they have a unique and collective obligation to promote evidence-based forensic nursing education and advance contemporary health policy. The organization's *Trauma, Violence & Resilience Informed Care* position statement was published in 2021 and supports the adoption of a trauma-informed framework into nursing practice, education, research and policy (Academy of Forensic Nursing, 2021). It is anticipated that this position statement can

serve as a reference for healthcare policies, practice standards, and as an informative framework for collaboration with interprofessional partners.

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