

EXPLORATION OF TRAUMA-INFORMED NURSING INTERVENTIONS FOR ADULTS WHO
ARE SURVIVORS OF ADVERSE CHILDHOOD EXPERIENCES: A SCOPING REVIEW

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Abstract

The sentinel 1998 ACEs study found a strong connection between childhood trauma and negative long-term health outcomes in adulthood. Nurses should implement a trauma-informed care approach which recognizes the need to understand trauma that a patient has endured in their life in order to care for them effectively. The aim of this study was to explore nursing interventions that can be used by nurses to support adults who have experienced ACEs, specifically physical, emotional, and/or sexual abuse. A scoping review of the literature was conducted. Out of the 14 articles found, five ($n=5$) were selected for inclusion. The review showed three models that can be used in clinical practice to guide trauma-informed interventions. Three ($n=3$) articles discussed the Six Principles of Trauma-Informed Care which include Safety, Trust and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice, and Choice, and Culture, History, and Gender. One article ($n=1$) discussed the 4 E's Model of Trauma-Informed Care which are Educate, Empathize, Explain, and Empower. One ($n=1$) article suggests use of the 4 R's of Trauma-Informed Care which include Realize, Recognize, Respond, and Resist. The models revolve around understanding the effect that trauma has on a person, ensuring patient safety in the clinical setting, and gaining trust with the patient. They also placed a focus on collaborating with the interdisciplinary team to achieve patient outcomes and resisting re-traumatization.

Exploration of Trauma-Informed Nursing Interventions for Adults who are Survivors of Adverse Childhood Experiences

In 1998, the initial Adverse Childhood Experiences (ACEs) Study was published to present the strong dose-dependent relationship between traumatic childhood events and physical and mental health outcomes in adulthood (Felitti et al., 1998). It was found that out of 9,367 women surveyed, 13.1% had experienced emotional abuse and 27% had experienced physical abuse. One in four women (24.7%) reported a history of sexual abuse during their childhood (Esden, 2018). With additional research being conducted over the course of a few decades, researchers have suggested an association between childhood trauma and long-lasting negative impacts on adult women. Numerous mental pathologies have been found including unstable mood, anxiety, post-traumatic stress, disruptiveness, difficulties with impulse control, misconduct, dissociation, and schizophrenia (Esden, 2018). In regard to physical health, fibromyalgia in a patient's adult years has been connected to physical, emotional, and sexual abuse in their childhood (Baca & Salsbury, 2023). Additionally, ACEs from the original 1998 study are the most commonly reported traumas and are significantly associated with lifetime suicide attempts even when mental and substance use disorders are controlled (Choi et al., 2017; Goddard, 2020). In light of this, it is important for healthcare professionals to utilize a trauma-informed approach when taking care of adults with a history of physical, emotional, and/or sexual trauma. Trauma-informed care (TIC) acknowledges the need to understand a patient's life experiences to deliver effective care (Menschner & Maul, 2016). Given nurses' position of prominence in healthcare, it is important that history of trauma be recognized as a barrier to be addressed in promoting positive health outcomes.

Background

The original ACEs study was conducted by the Centers of Disease Control and Kaiser Permanente to connect traumatic childhood events with negative health outcomes in adulthood. The questionnaire included seven categories of adverse childhood experiences: psychological,

physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or imprisoned (Felitti et al., 1998). The 17,000 participants responded to this questionnaire, and the results were analyzed to evaluate the relationship between the number of ACEs a person had and the physical and mental health conditions that they were suffering with in their adulthood. Researchers found a strong relationship between the number of exposures to ACEs and disease conditions including ischemic heart disease, cancer, chronic bronchitis, history of hepatitis, and skeletal fractures (Felitti et al., 1998). This study also found that it was probable that participants who were exposed to any single category of exposure were also exposed to another category. For example, among 874 participants who endured physical abuse, 54% were psychologically abused and 44% were sexually abused as well.

Nurses can create positive change in their daily practice by using a trauma-informed care approach when interacting with patients who have survived abuse. To be trauma-informed means that nurses must have a complete picture of a patient's situation, past and present, in order to provide care that promotes healing and empowerment. Using this approach to care also includes changing the focus of "What's wrong with you" to "What happened to you?" By changing the narrative, nurses are able to dive deeper into a patient's past to better understand how their childhood has affected their adulthood (Trauma-Informed Care Implementation Resource Center, 2021). Trauma-informed care has been used in the acute care setting, clinics, and even women's prisons (Mollard & Hudson, 2015; Purkey et al., 2018). Using this style of patient care will allow more survivors to get the help they need sooner rather than later.

Aim

The purpose of this scoping review article was to explore trauma-informed interventions that nurses can employ in their practice to help adults who are survivors of childhood physical, emotional, and/or sexual abuse. These interventions may guide nurses in their everyday practice by fostering the use of TIC to help adults overcome and heal from the trauma

experienced during childhood. Another aim was to identify gaps in the literature to help guide further research.

Research Question

What trauma-informed nursing interventions can be utilized to help support adults who have experienced ACEs, specifically physical, emotional, and/or sexual abuse?

Method

A scoping review of the literature was conducted. A systematic search was performed on major databases: Google Scholar, PubMed, Science Direct, ResearchGate, and ProQuest. Search terms, including “ACEs”, “trauma-informed interventions”, “nursing”, and “women”, were used in the initial search. Later in the search process, the search was expanded to include “adults” and “trauma-informed care” in hopes of identifying more articles that were pertinent to the research question.

Inclusion/ Exclusion Criteria

Inclusion criteria were articles from 1998 to 2024, and focused on trauma-informed care and ACEs. Since the landmark ACEs study was conducted in 1998, the date range for the search should have encompassed all the articles. Initial inclusion criteria also focused on articles about women. Due to the limited results found, the search was expanded to include articles that described interventions that could be employed for both women and men who have sustained trauma. Exclusion criteria were articles that focused on trauma and not specific to ACEs and articles that focused on trauma in the pediatric population.

Selection of Studies

A total of 14 articles were retrieved. Two researchers (KG and MP) conducted a full-text review independently and jointly to identify articles that met the inclusion criteria. Nine articles were excluded because they were not focused on ACEs, which left five articles to be included in the scoping review.

Results

Articles were published in Canada ($n=1$) and the United States ($n=4$). The study design included descriptive reports ($n=4$) and qualitative ($n=1$). Three of the descriptive report articles were published in peer-reviewed journals, including the American Journal of Nursing, The Nurse Practitioner, and Chiropractice and Manual Therapies. One of the journal articles was an issue brief that was published by the Center for Health Care Strategies, Inc. The qualitative study was conducted in Canada and data from participant interviews ($n=26$) provided insight into the primary care experiences of women who had a history of childhood trauma and chronic disease. The sample was comprised of women, and demographics of participants included place of birth, religion, marital status, number of children, education level, employment, annual income, health insurance, living situation, and ACE score.

Each article utilized a model for implementation of trauma-informed care in patient care scenarios. Articles discussed the Six Principles of Trauma-Informed Care ($n=3$), the 4 E's Model of Trauma-Informed Care ($n=1$), and the 4 R's of Trauma-Informed Care ($n=1$).

6 Principles of Trauma-Informed Care

Nurses can use interventions that abide by the Six Principles of Trauma-Informed Care, which are Safety, Trust and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice, and Choice, and Culture, History, and Gender, to care for patients that have sustained physical, emotional, and/or sexual abuse in their childhood (SAMHSA's Trauma and Justice Strategic Initiative, 2014).

Safety

In a study by Purkey et al. (2018), participants noted that the clinical atmosphere was welcoming and they were greeted by respectful front-desk staff and nurses. Some participants described the small, enclosed exam rooms, and others disliked the closeness of the chairs in the waiting room: "I don't like the fact that the chairs touch each other; it's almost like you have

no body space (p. 209)” and “I know it’s a small waiting area, if there was more space between the chairs I think it would be a little bit more comfortable (p. 209).” Interventions for safety that can be used in all patient care interactions, but especially in the acute care setting, include removing overwhelming stimuli, putting a sign on the patient’s door to alert others not to go in unless communicating with the assigned nurse first, and doing bedside shift report to ease the patient’s anxiety of feeling judged due to their situation and past trauma (Dowdell & Speck, 2022). Safety also includes giving patients time to rest, clustering care to minimize disturbances, and offering relaxation techniques. These interventions focus on keeping the patient relaxed in their environment and help prevent any potential occurrence of re-traumatization.

Trust and Transparency

Purkey et al. (2018) found that participants believed that physicians who knew them as individuals felt more comfortable with their care and more trusting that their care would be adequate. Participants also stated the importance of feeling understood as a whole person and a doctor who was invested in a long-term relationship. To foster trust and transparency in the nurse-patient relationship, nurses should use anticipatory guidance to prepare the patient for procedures, exams, and screenings that may be done. A participant in the Purkey et al. (2018) study stated that “anything to do with touching” could be triggering, so explaining the process of a Pap Smear test or some physical exam maneuvers can help prevent unpredictable surprises. It’s also important to mention sounds and sensations they may experience during the examination. Nurses should also listen to the patient’s past traumatic experiences without judgment or advising on the steps the patient “should have” taken. Instead, they can change their perspective and consider that the patient was in the best position to know the options available to them during their traumatic time(s), so the choices they made felt right for them (Dowdell & Speck, 2022).

Screening for ACEs is another aspect of building trust and transparency because it allows the patient to share their vulnerable experiences with trauma and how it has affected

them to this day. It was found that ACEs screening and physician acknowledgment of the findings was associated with decreased visits to the office and emergency department in the following year (Purkey et al., 2018). A participant described her abuse as “baggage” that makes her who she is today, and another participant articulated that her providers should know that she has had a hard childhood (Purkey et al., 2018). By screening for ACEs early on, the healthcare team can implement effective interventions to promote patient healing and empowerment. With this being said, though, it is important that individuals conducting the screening have training on how to respond to patients in a trauma-informed way once they have disclosed their trauma. Re-screening should also be limited to minimize the risk of re-traumatization due to patients having to relive their abuse when answering the questionnaire.

Peer Support

Nurses can facilitate peer support by referring their patients to health professionals in the community that can connect them to peer support groups. Another intervention includes connecting the patient to a peer support worker who has specialized training to be a part of the care team and shares similar childhood trauma experiences as the patient (Menschner & Maul, 2016). Patients may develop trust with their peer support worker and be more willing to engage in treatment because of their similar experiences and shared understanding with each other. This will help overcome feelings of isolation that are common among individuals who have experienced trauma (Menschner & Maul, 2016).

Collaboration and Mutuality

Nurses can collaborate with their patients to identify their needs and offer support. In the acute care setting, nurses can ask, “What is important to you as we think about your discharge plan?” to allow the patient to voice their priority needs so that services and resources can be offered that cater to the patient’s recovery (Dowdell & Speck, 2022, p. 36). Nurses can also build bridges with community response teams so that once their patient leaves the hospital or

clinic, they will have support and resources from their community that help address their specific needs. The nurse case manager can check in with the patient once they leave the healthcare setting to ensure they are thriving on their own. HIPAA-compliant group texts allow the healthcare members and their patients to connect easily to get updates (Dowdell & Speck, 2022). Purkey et al. (2018) found that participants felt it was rewarding for both them and their provider when they were treated as an equal and when their physicians were willing to have harder discussions with them about their trauma. It was also found that women believed physicians were lacking in time and attentiveness because they spent a lot of their time staring at the computer and appeared “closed off” during patient interactions (Purkey et al., 2018).

Empowerment, Voice, and Choice

Participants in the Purkey et al. (2018) study felt that they could not speak up and voice their opinion or disagree with their physician. When asked if she had the choice to follow or not follow recommendations from her physician, one participant indicated, “Yes. But I don’t think I would have [voiced my opinion] until recently (p. 209).” Another participant was asked if she felt she could disagree with her physician without it affecting the relationship, with which she responded, “Depends on the subject because I don’t know that it would be well received, to be honest (p. 209).” It is important to allow the patient to have a voice in their own treatment planning and an active role in the decision-making process (Menschner & Maul, 2016). By empowering the patient, helping them overcome their trauma, and allowing them to voice their experiences and choices in their care, they can flourish in their quest for a higher level of wellness (Dowdell & Speck, 2022).

Culture, History, and Gender

Nurses should be aware of how an individual’s culture affects how they perceive trauma, safety, and privacy (Menschner & Maul, 2016). Understanding their cultural beliefs and values, as well as their personal experiences, traumas, and historical narratives of trauma, can create a

trusting patient-nurse relationship. At the end of the patient's visit, the nurse can ask, "Is there anything else going on in your life you feel needs to be addressed today?" (Dowdell & Speck, 2022). This will give the patient the opportunity to voice the other challenges they may be dealing with that add additional strain to their life. The nurse can then offer resources and support to help them so that they are not only healing from their trauma, but also thriving in the other areas of their life.

4 E's and 4 R's

Intervention models can be helpful for nurses to integrate into their practice to care for patients who have suffered abuse in their childhood. For example, the 4 E's Model of Trauma-Informed Care include Educate, Empathize, Explain, and Empower, and can be used in the primary care setting to frame interventions. Similar to this, Baca and Salsbury (2023) suggest use of the 4 R's Model, which are Realize, Recognize, Respond, and Resist, for implementation of trauma-informed care into chiropractic practice. The 4 R's may also be beneficial in primary care settings and outpatient clinical visits, as well.

4 E's of Trauma-Informed Care

Educate

Educate requires providers, nurses, and other healthcare members to receive education on the prevalence of ACEs, how they affect the body, and the role they play in chronic illnesses and health-risk behaviors later in life. There should also be education on the importance of screening for ACEs and how to respond when patients disclose the abuse they've endured (Esden, 2018). It was found that a one-hour trauma-informed care education program directed at perinatal providers and staff resulted in significant improvements in the knowledge, skills, and attitudes regarding the care of patients with trauma (Choi & Seng, 2015). Additionally, Palfrey et al. (2019) reported increased awareness and confidence in mental health providers after a one-day workshop on trauma-informed care.

Empathize

Empathize suggests that providers and staff should consider how trauma has affected patients and their current behaviors and health (Esden, 2018). Nurses should pay close attention to their patient's body language and facial expression when they are disclosing their abuse and use supporting and validating statements so the patient feels heard and understood. Nurses should refrain from labeling patients as being nonadherent and instead recognize the patient's potential barriers to following the recommended plan of care (Esden, 2018).

Explain

Explain provides nurses with an opportunity to build trust with their patient by discussing the impact that trauma has had on their health and how the healthcare team can assist them in improving their health by advocating for them and connecting them to care (Esden, 2018). Nurses can also describe exams in detail so the patient knows what to expect. For example, the nurse can explain sounds and sensations the patient may hear during a pelvic exam and allow her to enter the speculum herself (Esden, 2018). The nurse should also be willing to alter their usual routine to fit the needs of the patient.

Empower

The Empower aspect of the 4 E's involves nurses educating their patients on the options available to them rather than advising them on what they need. For example, a nurse can educate a patient on the importance of cervical cancer screening, but also acknowledge that it could be a triggering event for a woman with a history of childhood sexual abuse (Esden, 2018). Shared decision-making, motivational interviewing strategies, connecting them to resources, and removing the potential power differential between the nurse and the patient can all help empower the patient, as well (Esden, 2018).

4 R's of Trauma-Informed Care***Realize***

Realize helps nurses take a step back and understand that many people have endured traumatic experiences and are struggling with long-lasting health impacts because of these experiences. Despite the negative affects ACEs may have caused, it is important to remember that recovery is possible (Baca & Salsbury, 2023).

Recognize

Nurses who understand ACEs and other traumatic experiences may enhance their ability to recognize affected patients and as a result, adopt trauma-informed practices to better care for them (Baca & Salsbury, 2023). Nurses should also be able to clue themselves into the body language of the patient to identify potential triggers during interactions. For example, physical touch, certain sights, smells, and sounds, and past memories can trigger the patient and resurface traumatic memories. In response, they may exhibit a fight, flight, or freeze response where they could involuntarily recoil, show a drastic change in affect, or use guarding posture (if triggered by physical touch) (Baca & Salsbury, 2023). Nurses should respond to this by stopping what they are doing and asking the patient what caused their triggered reaction. If unable to describe what caused it, nurses should explore therapeutic interventions to get their patient back to their baseline.

Respond

Nurses can respond to trauma by creating a safe environment, implementing ACE screening as part of intake procedures, and referring patients to healthcare professionals that specialize in the specific abuse that the patient has identified (sexual, emotional, or physical). Nurses can also provide pamphlets on ACEs, hotlines to call, and business cards of local professionals for support (Baca & Salsbury, 2023).

Resist

Resist is based on the goal of resisting re-traumatization by avoiding potential triggers and victimizing language, asking consent before physical contact, and explaining a procedure in

detail to prepare the patient. As mentioned earlier, nurses may have to modify their exam and treatment positions so that the patient is more comfortable (Baca & Salsbury, 2023). Another intervention can include creating a code word for patients to use when they wish to stop the exam due to them feeling triggered or overwhelmed.

Discussion

Nurses are at the forefront of patient care and use evidence-based interventions every day to care for their patients so that they can achieve better physical and mental health. As many as 57.8% of individuals have experienced at least one ACE in their lifetime, so nurses have a high likelihood of caring for at least a few of these traumatized patients. This requires nurses to understand the effect that trauma can have on a person and know how to take the correct steps to ensure that quality care is given to all of their patients. Women, especially, are at a higher risk of abuse (Baca & Salsbury, 2023), so it's imperative that interventions be utilized in clinical practice that cater to the healing of these patients.

To support these patients and help them overcome their trauma, nurses can implement interventions into their practice that align with the Six Principles of Trauma-Informed Care. It's imperative to create an atmosphere of safety from the time patients walk through the door to the moment they leave, so beginning their visit feeling safe and secure will help facilitate a successful visit. Clinicians can implement the Safety principle by incorporating welcoming language on signs and putting space between chairs in the waiting room to allow the patient to have room without being forced to make physical contact with another patient. Once the patient is in the exam room, the nurse should ensure that the patient has clear access to the door and can easily exit if desired (Menschner & Maul, 2016). Patients who have experienced trauma may feel like they can't get out of situations and environments that interfere with their safety, so providing a clear exit will make them feel more at ease during the exam process. Nurses can ask the patient "What do you need to feel safe here right now?" to allow the patient to verbalize their concerns so that changes can be made to make them more comfortable (Dowdell & Speck,

2022, p. 33). Using trauma-informed care interventions will help build trust with patients and allow them to break down the walls that they have built up to protect themselves over time. It's also important that healthcare professionals show attentive listening skills and engage with the patient. Since nurses spend the most time with them, it's imperative that they represent themselves as professional and respectful so that patients know that they are truly invested in their care and are listening to what they have to say. Once patients start to trust the healthcare team, they can gain support from peers who have sustained similar past traumatic experiences. Being able to speak to people that empathize and understand your situation helps foster relationships that establish new ways of understanding experiences of or reactions to trauma. The end goal is for the patient to feel empowered to take control of their care and gain the resources they need for the betterment of their physical and mental health. Nurses can facilitate this process by helping the patient feel like they can truly overcome their trauma and take the next steps into recovery.

Nurses can also use the 4 E's and 4 R's of Trauma-Informed Care to make a difference in the lives of their patients. There is an overlap between these models which gives nurses the opportunity to use interventions from both when interacting with patients. The Realize and Empathize principles coincide with each other and give the nurse the ability to realize the long-lasting impact of traumatic experiences and empathize with their patient's situation. Additionally, nurses can respond to patients in a trauma-informed way by explaining procedures so that they are prepared. Lastly, nurses should do everything in their power to resist re-traumatization, and by doing this, patients will only grow more empowered and will be able to heal from the trauma they have endured.

With both physical and mental health being negatively affected by ACEs, there's no better time than now to start implementing trauma-informed nursing interventions into practice so that patients can empower themselves to heal from what they have experienced and break through to the other side of better health and wellness.

Implications

When researching interventions for nurses to use for patients with trauma, the majority of articles found were descriptive reports. There appears to be a lack of qualitative and quantitative research surrounding trauma-informed care interventions. Quantitative research studies would provide data on outcomes from the use of trauma-informed care interventions and which ones would create the biggest impact for patients. Qualitative research studies would provide insight on patients' perceptions and attitudes about their care when providers use a trauma-informed approach. Additionally, mixed methods research studies would provide data on whether and how trauma-informed care interventions influence long-term outcomes. Studies included in this review discuss what interventions can be employed in patient care, but not on the actual impact of their use in clinical practice. There is also a lack of studies that discuss trauma-informed interventions that apply strictly to women who have experienced ACEs. Almost all articles found include interventions for both males and females, but in some aspects, women have different responses to trauma than men, so articles focusing on gender-specific interventions are needed.

Limitations

There were several limitations in conducting the scoping review. Articles selected only included those published in the United States and Canada. Therefore, articles from other countries discussing additional interventions using trauma-informed care may have been missed. Articles were also narrowed down based on the certain types of ACEs an individual has sustained. There was a focus placed on interventions for adults who have sustained physical, emotional, and/ or sexual abuse, so additional interventions that can be used for both abuse and other forms of ACEs may have been missed. Specific keywords were used which may have limited search results. Articles were limited to 1998 or later, so articles discussing care for

patients with trauma prior to 1998 would have been missed. Lastly, even though the literature review was exhaustive, some relevant articles may have been omitted.

Conclusion

This scoping review was conducted to explore trauma-informed nursing interventions for adults who have sustained physical, emotional, and/or sexual abuse in their childhood. The included articles suggest that there are many interventions that can be used during patient interactions that align with the Six Principles of Trauma-Informed Care. Valuable insights were found regarding how each principle of care can be implemented when working with patients of abuse. From the moment the patient walks into the door until the time they leave, safety can be provided to patients so that they are comfortable in their environment. Actively listening to patients and thoroughly preparing them for procedures helps build trust in the nurse-patient relationship. Peer support provides patients with individuals who can relate to their unique trauma experiences, and this will build patient empowerment by helping them realize that they can overcome their childhood challenges. Collaboration between the treatment team, as well as outside community resources, can be beneficial in getting patients the support while they are in the hospital and when they leave. While providing care to patients, their cultural identity, gender identity, and personal history should be considered so that care can be provided in a way that meets the patient's unique needs and cultural beliefs. The 4 E's of Trauma-Informed Care help nurses care for their patients by allowing them to better understand the effects of childhood trauma and providing ways to empower them to overcome what they have endured. The 4 R's of Trauma-Informed Care equip nurses with the ability to realize the impact that trauma can have on a person and respond in a compassionate, trauma-informed manner.

References

- Baca, K.J., & Salsbury, S.A. (2023). Adverse childhood experiences and trauma informed care for chiropractors: A call to awareness and action. *Chiropractic & Manual Therapies*, 31(30), 1–16. <https://doi.org/10.1186/s12998-023-00503-2>
- Choi, K. R., & Seng, J. S. (2015). Pilot for nurse-led, interprofessional in-service training on trauma-informed perinatal care. *The Journal of Continuing Education in Nursing*, 46(11), 515–521. <https://doi.org/10.3928/00220124-20151020-04>
- Choi, N. G., DiNitto, D. M., Marti, C. N., & Segal, S. P. (2017). Adverse childhood experiences and suicide attempts among those with mental and substance use disorders. *Child Abuse & Neglect*, 69, 252–262. <https://doi.org/10.1016/j.chiabu.2017.04.024>
- Dowdell, E. B., & Speck, P. M. (2022). CE: Trauma-informed care in nursing practice. *American Journal of Nursing*, 122(4), 30–38. <https://doi.org/10.1097/01.naj.0000827328.25341.1f>
- Esden, J. L. (2018). Adverse childhood experiences and implementing trauma-informed primary care. *The Nurse Practitioner*, 43(12), 10–21.
https://journals.lww.com/tnpj/fulltext/2018/12000/adverse_childhood_experiences_and_implementing.3.aspx
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Goddard, A. (2021). Adverse childhood experiences and trauma-informed care. *Journal of Pediatric Health Care*, 35(2), 145–155. <https://doi.org/10.1016/j.pedhc.2020.09.001>
- Menschner, C., & Maul, A. (2016). *Key ingredients for successful trauma-informed care implementation*. [Issue Brief]. Center for Health Care Strategies, Robert Wood Johnson

Foundation.

https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

Mollard, E., & Hudson, D. B. (2015). Nurse-led trauma-informed correctional care for women. *Perspectives in Psychiatric Care*, 52(3), 224–230.

<https://doi.org/10.1111/ppc.12122>

Palfrey, N., Reay, R. E., Aplin, V., Cubis, J. C., McAndrew, V., Riordan, D. M., & Raphael, B. (2019). Achieving service change through the implementation of a trauma-informed care training program within a mental health service. *Community Mental Health Journal*, 55(3), 467–475. <https://doi.org/10.1007/s10597-018-0272-6>

Purkey, E., Patel, R., Beckett, T., & Mathieu, F. (2018). Primary care experiences of women with a history of childhood trauma and chronic disease: Trauma-informed care approach. *Canadian Family Physician Medecin de Famille Canadien*, 64(3), 204–211. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851399/>

Substance Abuse and Mental Health Services Administration Trauma and Justice Strategic Initiative. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. SAMHSA, U.S. Department of Health and Human Services. [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

Trauma-Informed Care Implementation Resource Center. (2021). *What is Trauma-Informed Care?* <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>