

CONFLITOS DE INTERESSE

O autor declara não ter conflitos de interesse relacionados com o presente trabalho.

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Transforming Healthcare: Prioritizing Psychological Trauma through Trauma-Informed Care

Transformar os Cuidados de Saúde: Priorizar o Trauma Psicológico através de Cuidados Informados sobre o Trauma

Keywords: Adult Survivors of Child Abuse; Adverse Childhood Experiences; Mental Disorders

Palavras-chave: Experiências Adversas da Infância; Perturbações Mentais; Sobreviventes Adultos de Maus-Tratos Infantis

Psychological trauma is a significant public health concern with long-lasting effects on physical and mental well-being. According to the Substance Abuse and Mental Health Administration, a public agency within the U.S. Department of Health, trauma refers to the impact of harmful or life-threatening events on an individual's overall health and functioning. This concept includes personal, interpersonal (such as childhood abuse, neglect, and household dysfunction), and collective trauma (such as racism, stigma, oppression, and genocide).¹

Trauma-informed care (TIC) is an approach to healthcare that acknowledges the prevalence and impact of trauma in society. Research shows a strong correlation between adverse childhood experiences and various health risks in adulthood, including alcoholism, drug abuse, depression, and chronic diseases.² Trauma-informed care seeks to understand how past trauma and social contexts influence patients' health and behavior. It acknowledges that extreme behaviors often stem from coping adaptations to traumatic experiences, and it aims to actively prevent re-traumatiza-

tion by anticipating and avoiding practices that could cause distress or resemble traumatic experiences.³

Healthcare providers should recognize not only personal trauma but also the interpersonal, cultural, historical, social, political, and structural trauma affecting individuals and communities across generations. This recognition is particularly important in social and health services to prevent re-traumatization, especially among minority and vulnerable communities, such as the elderly. Examples of potential re-traumatization in healthcare settings include lack of empathy and sensitivity during medical encounters, inadequate communication and privacy during physical examination, invasive procedures without proper informed consent or sensitivity to the patient's needs, disregard for the patient's boundaries and preferences, and substandard hospital facilities, such as lack of quiet rooms or access to natural light. Trauma-uninformed practices also increase staff distress and can lead to vicarious trauma, which includes compassion fatigue, countertransference, and burn-out.^{4,5}

Trauma-informed care involves six key principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural considerations. Safety implies the need for a consistent, predictable, and supportive environment in the delivery of healthcare while trustworthiness emphasizes open communication and transparency between staff and patients. Peer support and collaboration involve creating opportunities for deeper mutual connections among staff and seeing patients as partners in developing treatment plans. Empowerment emphasizes patient's autonomy and choices, while cultural considerations recognize diverse

backgrounds and identities.¹

These principles guide healthcare providers in creating an environment that fosters healing, safety, and empowerment. Implementing trauma-informed care requires training and ongoing commitment from healthcare organizations and professionals to ensure that these principles are consistently applied in practice.

PROTECTION OF HUMANS AND ANIMALS

The author declare that the procedures were followed according to the regulations established by the Clinical Re-

search and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

COMPETING INTERESTS

The author has declared that no competing interests exist.

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