

Trauma-Informed Care in Social Work

Trauma-Informed Care (TIC) in Social Work

Key concepts, principles, assessment tools, interventions, and ethical considerations

1. What Is Trauma-Informed Care?

Aspect	Definition
Core Idea	An organizational and clinical approach that recognizes the widespread impact of trauma, understands its signs and symptoms, and integrates this knowledge into policies, procedures, and practices.
Goal	Create safe, supportive environments that promote healing, resilience, and empowerment while avoiding re-traumatization.
Scope	Applies to all client interactions, service delivery systems, and staff well-being.

2. Prevalence & Impact of Trauma

Population	Typical Trauma Types	Potential Effects
Children & adolescents	Abuse, neglect, household dysfunction, community violence	Developmental delays, attachment disruptions, academic difficulties
Adults	Physical/sexual assault, domestic violence, combat, accidents, systemic oppression	PTSD, depression, substance use, chronic health conditions
Marginalized groups (e.g., LGBTQ+, refugees, people of color)	Historical and ongoing discrimination, forced migration, racism	Complex trauma, mistrust of institutions, heightened stress responses

Key statistic: Up to 70% of adults report at least one traumatic event in their lifetime; many experience multiple or chronic exposures.

3. The Six (or Seven) Core Principles of TIC

Principle	What It Looks Like in Practice
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1. Safety	Physical spaces are secure; confidentiality is protected; predictable routines.
2. Trustworthiness & Transparency	Clear communication about policies, decisions, and limits of confidentiality; consistent boundaries.
3. Peer Support	Opportunities for mutual aid groups, survivor-led initiatives, and staff debriefings.
4. Collaboration & Mutuality	Power is shared; clients co-create goals; staff involve clients in decision-making.
5. Empowerment, Voice & Choice	Offer options, honor client preferences, build on strengths, avoid paternalism.
6. Cultural, Historical, & Gender Sensitivity	Respect cultural norms, acknowledge historical oppression, tailor interventions to gender identity and cultural context.
(Optional) 7. Resilience & Strengths Focus	Highlight coping skills, community resources, and protective factors.

4. Assessment & Screening Tools

Tool	Target Population	Main Use
Adverse Childhood Experiences (ACE) Questionnaire	Children, adolescents, adults	Identify cumulative childhood trauma.
Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)	General adult population	Quick PTSD symptom screen.
Trauma History Questionnaire (THQ)	Adults	Detailed trauma exposure inventory.
Crisis Intervention Team (CIT) Screening	Clients in crisis or emergency settings	Detect immediate safety concerns.
Culturally Adapted Trauma Assessment (e.g., HARK for intimate partner violence)	Specific cultural groups	Sensitive detection of gender-based violence.

Best practice: Use screening as a **conversation starter**, not a diagnostic verdict. Always obtain informed consent and explain why the information is needed.

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5. Intervention Strategies

5.1. Clinical Approaches

Approach	Key Features	Typical Settings
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Psychoeducation, exposure, cognitive restructuring, skill building	Outpatient mental health clinics
**Eye Movement Desensitization		