

# Trauma-Informed Nutrition

## Recognizing the relationship between adversity, chronic disease, and nutritional health

### UNDERSTANDING TRAUMA

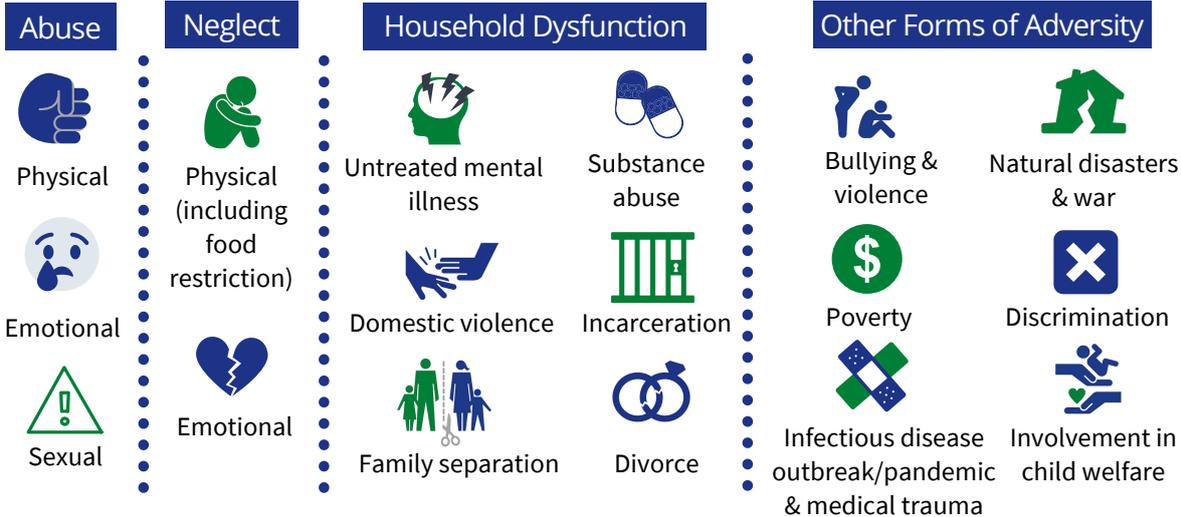
Physically or emotionally harmful or life-threatening event that can have lasting adverse effects on an individual's health and well-being, including the individual's relationship with food and their risk of developing chronic disease.<sup>9,10,11</sup>

**Historical trauma** results from multi-generational trauma experienced by specific cultural or racial/ethnic groups. It is related to major oppressive events such as slavery, the Holocaust, forced migration, and the violent colonization of indigenous people.<sup>3</sup>

**Systemic trauma** refers to the contextual features of environments and institutions that give rise to trauma, maintain it, and impact post-traumatic responses.<sup>3</sup>

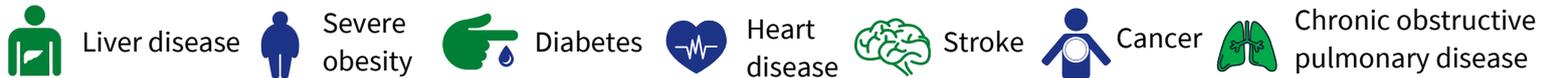
#### Adverse Childhood Experiences (ACEs)

ACEs are potentially traumatic childhood events that can result in toxic stress. Prolonged exposure to ACEs can create a toxic stress response, which can damage the developing brain and body of children, affect overall health, and cause long-term health problems.<sup>4,9,11</sup>



### THE IMPACT OF TRAUMA

Exposure to ACEs can drastically increase the risk of:<sup>2,8,9,12</sup>



#### ACEs are common



6 in 10 people have experienced **at least one** ACE<sup>9,11</sup>



1 in 6 people have experienced **four or more** ACEs<sup>9,11</sup>

#### Some populations are at a greater risk than others

Women and several racial/ethnic minority groups are at a greater risk for having experienced 4 or more ACEs.<sup>7</sup>

Food-insecure families are at a greater risk of experiencing multiple ACEs or other forms of trauma.<sup>4</sup>

### WHY TRAUMA-INFORMED NUTRITION?

Trauma and adversity of any kind can disrupt biology and exacerbate an unhealthy relationship with food, leading to poor nutritional health. The relationship between food, individuals, families, and communities must be treated with compassion and a holistic perspective that acknowledges individual, historical, and systemic trauma.<sup>1</sup>

#### Adverse Food-Related Experiences<sup>5</sup>

- Unreliable and/or unpredictable meals
- Restriction and control over food
- Body shaming
- Loss of food traditions
- Manipulation, punishment, or rewarding with food
- Shame, bias, or stigma when utilizing food assistance
- Untrustworthy or inadequate nutritional supports

#### Dietary Behaviors That May Result From Adversity<sup>5,6,8,10,11,12</sup>

- Hoarding food, binge eating, or compulsive overeating
- High fat, sugar, and/or salt diets
- Reliance on convenience foods
- Eating disorders or food addiction
- Decision making to meet short-term, rather than long-term needs
- Deprioritization of planning and budgeting

# WHAT IS TRAUMA-INFORMED NUTRITION?

Trauma-informed nutrition acknowledges the role ACEs and other forms of adversity play in a person's life, recognizes symptoms of trauma, and promotes resilience. A trauma-informed approach is characterized by an understanding that unhealthy dietary habits, chronic disease, and poor health outcomes may be a result of adverse experiences and not individuals choices, and therefore aims to avoid shaming, stigma, and blame.<sup>9</sup>

**Trauma-informed nutrition supports an integrated approach to nutritional health that highlights**

**Six Components of Care.**<sup>4,7</sup>

Nurturing Caregiving

Balanced Nutrition

Mindfulness

Supportive Relationships & Concrete Support

Quality Sleep

Physical Activity



## HOW TO APPLY A TRAUMA-INFORMED APPROACH TO NUTRITION PROGRAMS

**Registered Dietitians Can:**<sup>5,9</sup>

- Acknowledge historical and systemic trauma
- Focus on holistic well-being rather than obesity and BMI
- Refrain from overemphasizing personal behavior change
- Recognize some nutrition interventions may be triggering
- Identify the willingness or ability of clients to adopt new behaviors
- Acknowledge the strengths and skills of clients
- Inspire healing and a healthy relationship with food
- Reduce shame, anxiety, confusion, and tension
- Practice cultural humility
- Address conscious and/or unconscious bias

**On a Trauma-Informed Nutrition Program Clients Experience:**<sup>5,9</sup>

- |          |   |  |
|----------|---|--|
| <b>1</b> | <b>Safety &amp; Security</b><br>Environments that consistently support stress de-escalation, healthy choices, and wellness practices. | <b>Your Role</b><br>Consider space setup, communications, logistics, and timing.   |
| <b>2</b> | <b>Trustworthiness &amp; Transparency</b><br>Staff that are well-trained to deliver trauma-informed services.                         | <b>Your Role</b><br>Provide/receive training and professional development. Develop systems for staff and agency accountability to deliver trauma-informed services.  |
| <b>3</b> | <b>Cultural, Historical, &amp; Gender Issues</b><br>Culturally-responsive interactions and experiences.                               | <b>Your Role</b><br>Bring consciousness to personal and systemic biases around different community experiences with food. Offer content and resources that acknowledge the multiple dimensions of nourishment in people's lives. |
| <b>4</b> | <b>Empowerment, Voice, &amp; Choice</b><br>Opportunities to practice and grow tangible skills for self-efficacy.                      | <b>Your Role</b><br>Incorporate activities such as cooking, decision-making, shopping and planning, and food resource management.  |
| <b>5</b> | <b>Collaboration &amp; Mutuality</b><br>Opportunities to exercise voice, choice, & self-determination.                                | <b>Your Role</b><br>Allow clients to opt in or out of services. Support clients to consider, express, and adapt according to their preferences, wants, or needs.   |
| <b>6</b> | <b>Peer Support</b><br>Recognition of themselves and their community as wise and resourceful.   | <b>Your Role</b><br>Support clients to help each other, teach each other, and share relevant skills and resources.   |

### References

1. SAMHSA's Trauma and Justice Strategic Initiative. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. <https://store.samhsa.gov/system/files/sma14-4884.pdf>
2. Silliman Cohen, R., Moore, J. L., & Barron, C. E. (n.d.). Food Insecurity and Child Maltreatment: A Quality Improvement Project. Rhode Island Medical Journal. <http://www.rimed.org/rimedicaljournal/2018/09/2018-09-31-cont-cohen.pdf>
3. Goldsmith, R. E., Martin, C. G., & Smith, C.P. (2014). Systemic Trauma. Journal of Trauma & Dissociation, 15(2), 117–132. doi: 10.1080/15248399.2014.900017-8
4. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., 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. doi: 10.1016/s0749-3797(98)00017-8
5. How ACEs Affect Health. (2017). Center for Youth Wellness. Retrieved from <https://centerforyouthwellness.org/health-impacts/>
6. Rayworth, B. B., Wise, L. A., & Harlow, B.L. (2004). Childhood Abuse and Risk of Eating Disorders in Women. Epidemiology, 15(3), 271–278. doi: 10.1097/01.ede.0000120047.07140.9d
7. Vaughn, M., Salas-Wright, C., Naeger, S., Huang, J., & Piquero, A. (2016). Childhood Reports of Food Neglect and Impulse Control Problems and Violence in Adulthood. International Journal of Environmental Research and Public Health, 13(4), 389. doi: 10.3390/ijerph13040389
8. Wonderlich, S. A., Crosby, R. D., Mitchell, J. E., Thompson, K. M., Redlin, J., Demuth, G., Haseltine, B. (2001). Eating disturbance and sexual trauma in childhood and adulthood. International Journal of Eating Disorders, 30(4), 401–412. doi: 10.1002/eat.1101
9. Preventing Adverse Childhood Experiences. (2019, December 31). Center for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>
10. Markworth, A. (2019). Trauma-Informed Nutrition Security [Unpublished manuscript]. Leah's Pantry.
11. Mason, S. M., Flint A. J., Field A. E., Austin S. B., Rich-Edwards J. W. (2013). Abuse victimization in childhood or adolescence and risk of food addiction in adult women. Obesity, 21(12), 775-781. doi: 10.1002/oby.20500
12. Leah's Pantry. (2018, December 12). Q&A with Monica Bhagwan About Our Trauma-Informed Work. Leah's Pantry. <https://www.leahspantry.org/leahs-pantry-team/qa-with-monica-bhagwan-about-our-trauma-informed-work/>