

Trauma-informed care

My Preferences for Trauma Informed Care

Adults and teens 13+ | 10 to 15 minutes

Trauma-informed care aims to support safety, trust, collaboration, choice, and attention to cultural and historical context. You do not need to disclose trauma to request respectful care. This page helps turn broad principles into specific preferences a provider can discuss with you.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Make choices explicit

Consider permission before touch, explanations before questions, seating, written information, support-person involvement, and a pause signal. Some service limits may remain; ask staff to explain them and explore alternatives rather than assume your agreement.

Include access and identity

Language, disability access, privacy, racism, gender, and previous care experiences can shape what participation requires. Name what the service can change and how you would like concerns or misunderstandings addressed.

1. What should a provider explain or ask permission for before proceeding?**2. What pause signal or choice would help you retain control during care?****3. What access, cultural, identity, or privacy need should the service address?****4. How would you like a concern or misunderstanding to be acknowledged and repaired?****Clinical use and adaptation**

Use preferences collaboratively and state actual confidentiality, reporting, and service limits. Trauma-informed practice is not a substitute for trauma-specific treatment or safeguarding. Do not require disclosure, label all reactions as trauma, or promise a setting is universally safe.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S05. Full sources are in the online preview and collection appendix.

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