# **Trauma-Informed Nutrition**

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

#### UNDERSTANDING TRAUMA

Physically or emotionally harmful or lifethreatening 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. 9,10,11 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 posttraumatic responses.3

# 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. 4,9,11

#### Abuse



**Physical** 



**Emotional** 



Neglect



**Physical** (including food restriction)

**Emotional** 

#### Household Dysfunction



Untreated mental illness



Domestic violence



Family separation



abuse





#### Other Forms of Adversity



Bullying & violence





Discrimination





Infectious disease Involvement in outbreak/pandemic child welfare & medical trauma

# THE IMPACT OF TRAUMA

# Exposure to ACEs can drastically increase the risk of: 2,8,9,12



Liver disease





Diabetes









Chronic obstructive

**ACEs are common** 



6 in 10 people have experienced <u>at least one</u> ACE  $^{9,11}$ 



1 in 6 people have experienced **four or more** ACEs<sup>2</sup>

# Some populations are at a greater risk than others



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



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

Dietary Behaviors That May Result From Adversity  $^{5,6,8,10,11,12}$ 

· Hoarding food, binge eating, or compulsive overeating

• Decision making to meet short-term, rather than long-

# 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.1

# Adverse Food-Related Experiences 5

- 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

- term needs
- Deprioritization of planning and budgeting

• High fat, sugar, and/or salt diets

• Reliance on convenience foods

Eating disorders or food addiction

# 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.9

Trauma-informed nutrition supports an integrated approach to nutritional health that highlights Six Components of Care.4,7



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

# **Registered Dietitians Can:** 5,9

- 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 Address conscious and/or unconscious bias
- Acknowledge the strengths and skills of clients
- Inspire healing and a healthy relationship with food Reduce shame, anxiety, confusion, and tension
- Practice cultural humility

## On a Trauma-Informed Nutrition Program Clients Experience: 5,9

#### **Safety & Security**

Environments that consistently support stress de-escalation, healthy choices, and wellness practices.

#### **Your Role**

Consider space setup, communications, logistics, and timing.

# **Trustworthiness & Transparency**

Staff that are well-trained to deliver trauma-informed services.

#### **Your Role**

Provide/receive training and professional development. Develop systems for staff and agency accountability to deliver trauma-informed services.

### **Cultural, Historical, & Gender Issues**

Culturally-responsive interactions and experiences.

#### **Your Role**

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.



#### **Empowerment, Voice, & Choice**

Opportunities to practice and grow tangible skills for self-efficacy.

#### **Your Role**

Incorporate activities such as cooking, decision-making, shopping and planning, and food resource management.



## **Collaboration & Mutuality**

Opportunities to exercise voice, choice, & self-determination.

### **Your Role**

Allow clients to opt in or out of services. Support clients to consider, express, and adapt according to their preferences, wants, or needs.



# **Peer Support**

Recognition of themselves and their community as wise and resourceful.

#### **Your Role**

Support clients to help each other, teach each other, and share relevant skills and resources.

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