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.  

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.  

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. Systemic trauma refers to the contextual features of environments and institutions that give rise to trauma, maintain it, and impact post-traumatic responses.  

THE IMPACT OF TRAUMA
Exposure to ACEs can drastically increase the risk of:  

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ACEs are common
6 in 10 people have experienced at least one ACE  
1 in 6 people have experienced four or more ACEs  

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

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.  

Adverse Food-Related Experiences  
- 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  
- 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.³

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

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.

References

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
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