

# TRAUMA-INFORMED HEALTHCARE LANGUAGE

## INSTEAD OF...

"Can I get you anything?"

"They are dangerous/not safe." or "Did he/she hurt you?"

"Tell me the truth/that isn't what happened"

"I am going to put in an IV."

## TRY...

"Would you like a ...?"

"I want you to be safe."  
"What caused this injury?"

"Can you tell me again what happened?"

"This IV is to... Would you prefer I try your left or right arm?"

## BECAUSE...

Giving options allows the patient to advocate for themselves and remain autonomous without feeling as if they are being too needy or inconveniencing you. Giving them options tells them that you are willing to get that specific item for them.

Placing blame on the trafficker can cause a victim to become defensive. While the blame is on the trafficker, the levels of trauma bonding usually present between a victim and their trafficker often makes it difficult for the victim to see their trafficker as the one to blame.

Accusatory comments can cause a victim to become defensive or shut down. While it is important to have the correct information to properly treat your patient, causing your patient to shut down could be more harmful than inaccurate information. Asking the patient to reiterate the method of injury or presenting illness gives them a chance to open up about what happened. It is also acceptable to point out in a professional, factual manner, when the injury does not match the story. For instance, a fall will not cause a spiral fracture, so if a patient reports that as the method of injury, you could say, "A spiral fracture like this is usually caused by a twisting motion. We don't usually see this kind of break in a fall. Can you tell me again what happened?"

Giving the patient autonomy while explaining why a procedure is necessary can help the patient feel more comfortable and in control, which encourages rapport building.



If you are a victim, or know someone who is,  
Call 1-888-373-7888 or Text "Help" or "Info" to BeFree  
Learn more at [www.safehouseproject.org/healthcare](http://www.safehouseproject.org/healthcare)

# TRAUMA-INFORMED HEALTHCARE LANGUAGE

## INSTEAD OF...

Shutting the door without an explanation.

## TRY...

**"I need to shut this door for your privacy and other patients'. If you need anything, feel free to hit your call light."**

or

**"We typically shut the door when there are patients in the room. Is that okay, or would you prefer I leave it open/leave it cracked?"**

## BECAUSE...

This is an excellent example of abiding by organization policies while offering trauma-informed care. There are facilities that require doors to be shut when rooms are occupied. Explaining that and offering additional support can be helpful in ensuring your patient feels comfortable.

"You need to calm down."

**"Is there anything I can do to help you feel more comfortable?"**

or

**"Would you like me to stop/step out for a moment?"**

or

**"Do you need to take a break?"**

Offering patients the opportunity to advocate for themselves, take breaks, and reach out for additional support puts them in control of their care. Deescalation is important when working with a combative patient, for the safety of both the patient and staff. Be sure to use trauma-informed techniques whenever deescalation is needed.



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