



Trauma-Informed Care (TIC) definitions background paper 2025

1. Introduction

The Australian and New Zealand College of Anaesthetists' purpose is to serve our communities by leading high quality care in anaesthesia, perioperative and pain medicine, optimising health and reducing the burden of pain. Underpinning this purpose are the principles that:

(a) Health is a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity.

(b) The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition¹.

While trauma is often thought of as a physical harm or injury, trauma is now recognised to include significant psychological or emotional injury². The college seeks to define "trauma", "trauma-informed care" and the qualities of a "trauma-informed organisation". Common definitions relevant to anaesthetists, specialist pain medicine physicians, and specialist doctors who provide perioperative medicine services, form the first phase in our development of underlying principles around trauma-informed care which will be promoted and embedded into college wide activities and functions.

Trauma is a widespread, harmful and costly public health problem. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation. The need to address trauma is increasingly viewed as an important component of effective health care and health service delivery². Anaesthetists and specialist pain medicine physicians care for many patients who consciously or subconsciously bring their lived experience of trauma or traumatic events into healthcare interactions. These include consultations, procedures and periprocedural processes. An awareness of trauma-informed care practice and principles can potentially improve patient engagement, treatment adherence, and health outcomes, as well as improve patient, and clinician, health and wellbeing.

Many patients with trauma have difficulty maintaining trusting open relationships with a clinician. For patients, a trauma-informed care approach offers the opportunity to engage more fully in their health care, by developing a trusting relationship with their clinician, and improve long-term health outcomes.

Beyond the clinical relationship, trauma-informed principles stand to help our college, its fellows, trainees and specialist international medical graduates (SIMGs) navigate employment legislation governing the workplace. In 2024, the Commonwealth government introduced changes to Work Health and Safety (WHS) laws in order to minimise harm at work. These changes included managing psychosocial hazards at work⁴. The Work Health and Safety Code of Practice (2024)⁵ identifies 17 psychosocial hazards. Among them is 'Traumatic events or materials' – witnessing, investigating or being exposed to traumatic events or material is considered a workplace psychosocial hazard. State jurisdictions across Australia and New Zealand have adopted these

legislative changes slightly differently, although with the same intent, to prevent trauma arising from work.

Trauma-informed care is particularly relevant when considering the delivery of culturally safe care. Cultural safety training is a requirement for all anaesthetists and specialist pain medicine physicians as directed by the Australian Medical Board and the Australian Health Practitioner Regulation Agency (Ahpra). ANZCA has an important role to play in advocating for culturally safe and responsive healthcare.

2. Background

Delivering trauma-informed care (TIC) looks different to clinicians, organisations and in various jurisdictions. A common language and definition are required to bring these perspectives together. We seek to become a trauma-informed organisation – for patients, fellows, trainees, staff and SIMGs. We recognise that lived experience of trauma and expression of trauma are not limited to the healthcare setting. The lived experience of Aboriginal and Torres Strait Islander and Māori peoples, racism and discrimination experienced by individuals based upon race, gender and sexual identity, cultural diversity, neurodevelopmental diversity, disability and other characteristics, may manifest as trauma in-the-moment or at the point of care, and inter-generationally. Vicarious or secondary trauma may be experienced by fellows, trainees, SIMGs and staff of the college.

TIC is practised at a personal, individual level, although organisational policies and processes are required to capture, record and support the right information reaching the right individual to:

- Prevent avoidable traumatic events
- Recognise and respond to trauma in the moment
- Mitigate additional harm after the fact, and
- Acknowledge and respond to intergenerational trauma.

The role of the ANZCA trainee, anaesthetist, specialist pain medicine physician, and specialist doctors who provide perioperative medicine services, in relation to trauma-informed care is to be aware of individual experiences of trauma, and the view the individual brings to a situation. Evidence suggests that up to two-thirds of children have been exposed to or experienced at least one traumatic event by the time they are 16 years of age; 80 per cent of all injured or ill children and their families experience traumatic stress reactions associated with medical interventions; and across their lifetime, an estimated 74 per cent of Australian adults have experienced trauma or traumatic events⁶. It is therefore reasonable to assume that in the community, experience of trauma is common. While the experience is common, it manifests differently in different people, and it is important to recognise that a practitioner's own responses to a patient or a situation may be influenced by their past experiences.

3. What is a trauma-informed organisation?

The principles of TIC as delivered by an anaesthetist or specialist pain physician have significant overlap with those of a trauma-informed organisation, but with important distinctions.

Rather than delivering TIC directly to patients, a trauma-informed organisation integrates principles and practices that recognise the widespread impact of trauma and promotes an environment of safety, trust, choice, collaboration and empowerment at an organisational level. Its programs respond empathically to survivor needs, supporting their physical, psychological and emotional safety, minimising re-traumatisation². The college as a trauma-informed organisation can use the principles of TIC to inform its policies, processes and culture. In these ways, by embedding TIC as 'business as usual' the organisation supports psychological safety for its own workers and supports its fellows and trainees who experience trauma directly or vicariously as part of their work.

The scope of being a trauma-informed organisation is not limited to best practice within the college but also includes the influence the organisation can have across hospitals, health services or networks, clinics and services where individuals work. It is a lens by which to view the pervasive nature of trauma and promote environments of trust, growth and recovery rather than practices and services that may inadvertently re-traumatise. Examples of this within the context of ANZCA may include embedding TIC within the curriculum review, or recognition of training and education in TIC within the ANZCA and FPM CPD Program.

4. Benefits

Benefits of promoting the principles of trauma-informed care to anaesthetists, specialist perioperative and pain medicine physicians and trainees of the College include:

Improved patient trust and engagement

- Fosters safety: TIC prioritises creating safe and supportive environments for individuals, which helps in building trust between the clinician and the patient. This is particularly relevant when considering the delivery of culturally safe care.
- Encourages participation: Individuals are more likely to engage in treatment or services when they feel understood and respected. TIC ensures that patients feel validated and heard, reducing feelings of shame or fear.

Reduces re-traumatisation or new iatrogenic trauma

- Recognises trauma triggers: By understanding the impact of trauma, clinicians can avoid practices that might unintentionally trigger past traumatic experiences. Similarly, supervisors of training and others in positions of authority can modify practices that may be triggering or harmful to trainees or fellows in the workplace. This may help prevent individuals from experiencing distressing emotional or psychological re-traumatisation or new iatrogenic trauma.

Improved mental health and well-being

- Promotes healing: Recognising the effects of trauma on mental health can help individuals process trauma and develop coping strategies, foster recovery and mental well-being.
- Can promote staff well-being by acknowledging the pervasive influence of trauma, for those who bring their lived and living experiences of trauma with them to the workplace³.

Increased satisfaction with care

- Patient-centred approach: TIC emphasises collaboration and respect. This can lead to higher satisfaction among patients who feel that their experiences have been validated, and needs can be addressed.

Becoming a trauma- informed organisation may enhance the effectiveness, resilience, and reputation of the organisation itself. By prioritising safety, empowerment, and trust, the college may create more positive outcomes for staff and fellows, trainees and SIMGs, leading to better long-term success and sustainability.

5. Principles

The US Substance Abuse and Mental Health Services Administration uses the following principles as the basis of Trauma Informed Care and Trauma Informed Organisations². These principles are recognised by a number of similar organisations and are acknowledged as appropriate to underpin ANZCA's efforts to be a trauma- informed care organisation.

Safety: Throughout the organisation, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

Trustworthiness and transparency: Organisational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organisation.

Peer support: Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilising their stories and lived experience to promote recovery and healing. The term *peers* refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

Collaboration and mutuality: Importance is placed on partnering and the leveling of power differences between staff and members and among organisational staff, professional staff and administrators, demonstrating meaningful sharing of power and decision-making. The organisation recognises that everyone has a role to play in a trauma-informed approach.

Empowerment, voice and choice: Throughout the organisation and among the clients served, individuals' strengths and experiences are recognised and built upon.

Cultural, historical, race, and gender issues: The organisation actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognises trauma may arise from these origins.

The accompanying proposed *Trauma-informed care definitions 2025* form the basis for the understanding of trauma-informed care as it is defined and is relevant to ANZCA trainees, anaesthetists and pain medicine specialists, and specialist doctors who provide perioperative medicine services.

References

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2. United States Substance Abuse and Mental Health Services Administration Office of Policy, Planning and Innovation. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach [Internet]. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Policy, Planning and Innovation; 2014 [cited 2025 Jul 1]. Available from: https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
3. Olweny C, Elliot K, Giborski AM, Thiraviarajah A, Goldfeld S. Why we need trauma-informed preventive care in paediatric hospital settings. Insight plus [Internet]. 2024 Nov 11; (44) [cited 2025 Jul 1]. Available from: <https://insightplus.mja.com.au/2024/44/why-we-need-trauma-informed-preventative-care-in-paediatric-hospital-settings/>
4. Comcare. WHS laws are changing. [Internet]. Canberra: Australian Government; 2025 [cited 2025 Jul 1]. Available from: <https://www.comcare.gov.au/safe-healthy-work/prevent-harm/changes-to-whs-laws>
5. Work Health and Safety (Managing Psychological hazards at Work) Code of Practice 2024 (Cth).
6. Matta G, Woodward-Kron RE, Petty S, Salzberg MR. Eliciting and responding to patient histories of abuse and trauma: challenges for medical education. Med J Aust. 2016 Sep 19;205(6):248-9. doi: 10.5694/mja16.00216.

Further reading

1. ANZCA [Strategic plan](#)
2. [Royal Australian and New Zealand College of Psychiatrists \(RANZCP\)](#)
3. [Royal Australian College of General Practitioners \(RACGP\)](#)
4. [American Academy of Pediatrics \(AAP\)](#)
5. [American College of Obstetricians and Gynecologists \(ACOG\)](#)
6. [Integrative Pain Medicine Institute \(located in the United States\)](#)
7. [Te Pou o te Whakaaro Nui](#)
8. [The Healing Foundation](#)
9. [The ANZCA Library Resource Guide: Cultural Safety](#)

September 2025