

Trauma Informed Practice Project of the Safeguarding Board for Northern Ireland.
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Raja et al. (2015a) have conceptualised this distinction between Trauma informed and trauma-specific care. Exposure to childhood adversity is therefore unsurprisingly related to increased health care utilisation over the long term (Ko et al., 2008). However, adults with a history of trauma can find health examinations particularly challenging and may be reluctant or hesitant to engage with preventative health care, routine screening or non-urgent services. Many traumatic events involve some physical violation and the necessity for close inter-personal proximity and physical contact in many health examinations or routine screening can prevent trauma survivors from seeking preventative health care (Raja et al, 2015).

Patient-centred communication and care, intended to reduce anxiety, increase patient choice and control and help establish rapport for all patients. This does not require screening patients for a trauma history or knowledge of an individual's trauma history, but rather, involves small changes both to provider behaviour and to the health system practice, that can be employed with all patients but may be particularly helpful for those with a trauma history who may be more anxious during medical appointments. For example, in the case of physical examinations, this may involve the medical practitioner clearly outlining what parts of the body will be involved, allowing the patient to ask questions and offering choices that will not hinder the examination but can also increase patients' sense of control.

What do we mean by Trauma informed Health Care?

Educating practitioners to understand the health effects of trauma, to promote more insightful and empathic engagement so that when, discussing life style choices that impact on health such as smoking or substance misuse, they are aware that this might be related to coping behaviours and traumatic histories. For example, this can entail educating dental students about how some patients may present in dental settings, both in the immediate aftermath of violence with acute orofacial injuries, oral manifestations of sexually transmitted infections or paediatric dental neglect, and over the long term through manifestations of dental anxiety, reluctance to engage in preventive care, and using overeating and smoking as ways to cope with traumatic memories (Raja et al., 2015b).

Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma informed Care in Medicine. *Family & community health*, 38(3), 216-226.

Raja, S., Rajagopalan, C. F., Kruthoff, M., Kuperschmidt, A., Chang, P., & Hoersch, M. (2015). Teaching dental students to interact with survivors of traumatic events: development of a two-day module. *Journal of dental education*, 79(1), 47-55.