

# Trauma-Informed Care in Nutrition- Topic of the Month

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Participants arrive at WIC with a variety of backgrounds and needs. WIC staff have the unique opportunity to get a glimpse into participants' lives during their appointments. When a participant struggles with the effects of trauma, it is important to recognize the role it plays in their eating behaviors and how we can help support them. In this memo, we will take a look at trauma, how it can affect eating behaviors, and how we can best support participants whose nutrient intake has been affected by real-world experience.

## Trauma

Trauma refers to a negative experience that produces an emotional or physical response. Trauma can be acute (as with a single event) or chronic (as with repeated or prolonged events). These instances may have occurred individually, historically, systematically, or may have even been secondary.

Trauma can disrupt the way an individual thinks about themselves and their circumstances. Experiencing the effects of trauma can also impact the way an individual cares for themselves and their family. These experiences can often overwhelm one's coping resources and ultimately affect one's ability to deal with the stressors of day-to-day life. When someone is feeling stressed, it can make small events or changes seem insurmountable.

Regardless of how it occurred, the effects of one's trauma are individual and must be addressed as such; there is no one-size-fits-all solution! These trauma effects can have long-lasting implications for one's behavioral, mental, and physical health, including their relationship with food.

## Trauma's impact on eating habits

Trauma may manifest in the body in a variety of ways for each person. For some, controlling their intake of food is a way to manage the effects of trauma; this may lead to either over- or under-eating. For others, simply gaining access to and knowing how to use healthy foods may be a struggle. When poor nutrition is a concern, it is important to use a trauma-informed lens to assess what is behind eating and feeding behavior.

## Trauma-informed care

Trauma-informed care recognizes that each person's experience is significant and acknowledges the importance that the adverse effect has had (or continues to have) on the individual's quality of life. Trauma-informed care in nutrition goes a step further to address the relationship that trauma has on the food and nutrient intake of the participant and their family.

According to the Substance Abuse and Mental Health Services Administration, there are six key principles to a trauma-informed approach to care ([SAMHSA's Six Principles of Trauma-Informed Care](#)). Below, we can see how these principles apply to nutrition-related care.

## Six key principles of trauma-informed care

1. **Build Safety:** Help the participant feel safe sharing about meals and mealtimes.
2. **Be trustworthy and transparent:** Be open with the participants and let them know their private information will be kept confidential. Be open about how WIC can help.
3. **Offer Support:** Offer referral resources as applicable to the individual circumstance.
4. **Ensure collaboration and mutuality:** Ensure that all staff treat each participant with respect and offer consistent services.
5. **Support empowerment, voice, and choice:** Use person-centered engagement, lift the participant with affirmations, encourage open dialogue, and support decisions made.
6. **Recognize cultural, historical, and gender issues:** Leave all biases at the door and treat all participants as individuals by honoring their individual story.

## WIC's role

Recognizing when a participant is struggling and acknowledging their concern is only the start of trauma-informed care. During the nutrition assessment, we use conversational skills and techniques to encourage open communication. We also try to create an environment where participants feel safe discussing their concerns and setting manageable goals for themselves.

Listening with the intent of offering appropriate guidance and support for each situation is the best way to support families. It is also important to refrain from judgment. Instead of focusing on what happened to change their eating habits, we want to focus on how we can support them to eat healthier in the future. We identify the participant's risks and concerns and then provide targeted nutrition education and referrals that are most appropriate.

## Scope of practice

Often, nutritionists and therapists use similar skills to get participants talking and gain their trust. WIC uses participant centered ([PCS Counseling Skills](#)) to assess and improve nutrition and lifestyle-related behaviors. Many therapists use motivational interviewing, which is similar to the participant centered approach. It is important to remember that WIC CPAs are not therapists, and we must stay within our scope of practice when counseling participants.

It is appropriate to discuss a topic when it is related to food, health, or activity; however, if the topic starts to shift away from nutrition, it may be time to redirect the participant and bring them back to focus. This may be more difficult for some participants, especially when they are dealing with the effects of trauma.

## When the focus shifts away from nutrition

When the focus of the conversation begins to shift away from nutrition, it is our role as nutrition professionals to bring the focus back. While we listen and validate the participant's feelings and concerns, it is important to keep our focus on nutrition and lifestyle behaviors.

It may seem easy to get the conversation going with a simple question like, "How are you eating?" or "How is your appetite these days?" These are closed-ended questions that may lead to a short answer like "fine" or "great". However, this question is also open to interpretation. You may get a response like "I can't eat. I am so depressed right now; I feel like my life is falling apart."

To keep the conversation focused, it is best to start with an open-ended question that narrows in on the topic you want specific information about. One example is "Tell me what your evening mealtime typically looks like." Here you ask for details about a specific event, in this case, the evening mealtimes. Most questions can be tailored by starting with an open-ended question, using words like "Tell me more about" or "What does it look like when".

Next, we will see what it may look like when a participant is dealing with the effects of a recent trauma and explore some phrases that can be used to keep the conversation flowing.

### Example scenario

A pregnant participant arrives for a nutrition education visit. She initially appears calm while you follow up with her notes from her last visit. Once you start by asking a question about her mealtimes at home, she pauses, and you notice she starts to get visibly upset.

**Staff:** "Tell me a bit about how mealtimes are going at home."

**Participant:** "I am really struggling to eat right now. My partner and I had a really bad argument. Things had gotten a little out of hand, and now my son and I are staying in a shelter."

This participant moved directly into the struggles she is experiencing as a result of a partner and having to leave the home after an abusive interaction. She is describing a significant trauma. This is an opportunity to explore how the participant is coping and how it may have affected her eating habits.

**Staff:** "I am sorry to hear this. I can hear that you are having a hard time right now. I am glad you are in a safe space."

**Participant:** "I didn't want to go to the shelter, but it seemed like the best thing to do."

**Staff:** "Leaving your home is not easy. What do they offer for meals in the shelter?"

**Participant:** "They provide breakfast and an evening meal. We are on our own for lunch and snacks. Right now, it is exhausting just trying to breathe. I can't even think about food."

**Staff:** "You are feeling overwhelmed by this experience."

**Participant:** “Exactly, I just never thought I would be this person. I don’t know how I am going to raise this baby and our son all alone.”

**Staff:** “Thank you for sharing this with me today. I can hear your frustration. If you are open to it, before you leave today, we can explore some resources that you may find helpful. For now, tell me more about your appetite. How often are you eating?”

**Participant:** “Honestly, I can’t even think about that. This whole situation has really knocked me for a loop. I mean, we are having a baby. Why would my spouse do this to us?”

When the question posed is out of your scope, it is important to set boundaries. If what you are discussing is not related to nutrition, it is time to refer to the appropriate professional.

**Staff:** “I can see how upsetting this is for you. I really am not the right person to speak to this situation. Would you be open to me giving you a resource number where there may be someone who can better support you with this?”

**Participant:** “Honestly, it is hard enough that I have to talk to the staff in the shelter and come here to get more food on my WIC card. I don’t need another person to talk to.”

When the participant has trouble moving on and refuses a referral, it may be best to offer another solution.

**Staff:** “I understand it may be hard for you to talk about your eating when you have so much on your mind. I could offer to reload your WIC benefits for another month, and we could reschedule this appointment for another day?”

**Participant:** “I guess. I don’t really know where I will be next month, though.”

**Staff:** “I understand it may be hard for you to plan. You could just call us, maybe a week or two before, and we will figure out the best way to help you at that time.”

**Participant:** “That sounds good, thank you for helping me today.”

Using a trauma-informed lens, this staff member was able to build trust, validate the participant’s feelings, and show support for her difficult situation. Recognizing that discussing her eating is too hard for her at this time, the staff sent her away with access to healthy foods and the knowledge that WIC is here to help!

**NOTE:** It is important to document what happened at the appointment to ensure proper follow-up and continuity of care when the participant returns.

## Things to consider:

- Have you had a situation where discussing eating habits seemed too hard for a participant? How did you handle it?
- How may using a trauma-informed lens help you support a participant living with the effects of trauma?

- How may you handle the situation when a participant is having trouble moving on to discuss WIC-related topics?
- What are some of the agency-specific resources you may share with participants experiencing trauma?

**Remember:** As with all WIC staff counseling skills, ongoing assessment and subsequent development activities are essential to ensure education is accurate, sustainable, and engaging.

## Resources

[Trauma Informed Care and Nutrition](#) (Nutrition and Foodservice. Jan.-Feb. 2020)

[Behavioral Health Brief: Trauma-Informed Primary Care](#) (Social Work Today. Vol. 18, No. 3, P.30)

[NOURISH: Empowerment. Dignity. Autonomy. Justice. \(PDF\)](#) (Pinnacle Prevention. Aug. 2019)

## References- complete listing of hyperlinks

[SAMHSA's Six Principles of Trauma-Informed Care](#)

([https://opentextbc.ca/peersupport/chapter/samhsas-six-principles-of-trauma-informed-care/#:~:text=Substance%20Abuse%20Mental%20Health%20Services%20Administration%20of,people%20\\*%20Just%20focused%20on%20the%20individual](https://opentextbc.ca/peersupport/chapter/samhsas-six-principles-of-trauma-informed-care/#:~:text=Substance%20Abuse%20Mental%20Health%20Services%20Administration%20of,people%20*%20Just%20focused%20on%20the%20individual))

[PCS Counseling Skills](#)

(<https://www.health.state.mn.us/people/wic/localagency/training/pcs/skills/counseling.html>)

[Trauma Informed Care and Nutrition](#) (<https://www.anfponline.org/docs/default-source/legacy-docs/docs/ce-articles/nc012020.pdf>)

[Behavioral Health Brief: Trauma-Informed Primary Care](#)

(<https://www.socialworktoday.com/archive/MJ18p30.shtml>)

[NOURISH: Empowerment. Dignity. Autonomy. Justice.](#)

(<https://extension.arizona.edu/sites/extension.arizona.edu/files/drodriguez1/Nourish-Trauma-Informed-Approach.pdf>)

Minnesota Department of Health - WIC Program, 625 Robert St. N, PO BOX 64975, ST PAUL, MN 55164-0975; 1-800-657-3942, [health.wic@state.mn.us](mailto:health.wic@state.mn.us), [www.health.state.mn.us](http://www.health.state.mn.us); to obtain this information in a different format, call: 1-800-657-3942.

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