



Trauma-Informed Care — Six Principles, One Card

For every staff member who meets a person who may have survived war, violence or a dangerous journey. What to do, what never to do

Principle	In practice	Never
Safety	Private room; door explained ("you may leave at any time"); no uniforms that resemble authorities if avoidable; explain every step before touching	Sudden movements; standing between the person and the door; examining without explaining
Trust	Introduce yourself and your role; say what happens to the information; keep every promise, however small	Asking about the journey or the trauma unless needed for care
Choice	Offer options: who is in the room, a chaperone, the order of the examination, whether to continue	Insisting on undressing or procedures without an alternative offered
Collaboration	Ask what the person thinks would help; agree the plan together	Deciding for the person "for their own good"
Empowerment	Name strengths ("you got your children here"); give information the person can act on	Pity; treating the person as only a victim
Cultural awareness	Ask about practices that matter (fasting, gender of clinician, family involvement); adapt where safe	Assuming from nationality; asking the interpreter to explain the culture instead of the person

Signs of acute distress

Shaking, sweating, freezing, dissociation (blank, absent), agitation, flashbacks triggered by sounds or uniforms, refusal without explanation, a child who is silent and watchful.

Psychological first aid — four steps

- 1. Look:** is the person safe? Who is with them? What do they need now — water, a seat, a moment?
- 2. Listen:** be present, calm, unhurried; do not press for the story; reflect what you hear.
- 3. Link:** basic needs, information, family, services — one concrete next step.
- 4. Refer:** to mental-health services when distress persists beyond the day, when there is talk of self-harm, or when function is impaired — with consent, and with an interpreter.

Adapted from WHO Psychological First Aid: guide for field workers (2011) and the WHO refugee and migrant health competency curriculum.

ASF standards: Refugee & Migrant Health endorsement — trauma-informed care; Standard 4 — dignity; mental-health referral pathway