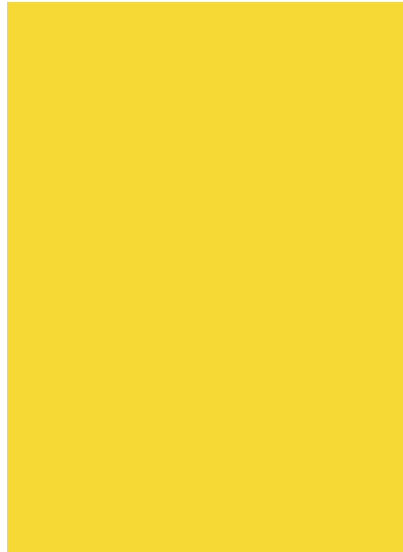




Youth perspectives on trauma-informed health care

Report on a national consultation



cāmpass lab



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Contact information

Canadian Paediatric Society
100-2305 St. Laurent Blvd.
Ottawa, ON
Canada K1G 4J8
Tel: 1 613 526 9397

Email: info@cps.ca
Web: www.cps.ca

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Executive summary

Youth Perspectives on Trauma-Informed Health Care (2023-2025) is a collaborative project co-designed with youth from across Canada in partnership with the Canadian Paediatric Society (CPS), B.C. Children's Hospital Research Institute, and the Compass Lab, with support from the Public Health Agency of Canada. A Youth Advisory Council guided the project from start to finish, and additional youth voices contributed to every stage of the process.

Research defines trauma broadly, encompassing individual-level events such as adverse childhood experiences (ACEs) as well as collective and environmental phenomena such as armed conflict and climate-related disasters. Trauma can also arise from systemic forms of violence such as racism and xenophobia, settler colonialism, and poverty. Despite these shared sources, the experience of trauma is deeply personal and can vary greatly.

Adolescence is a critical developmental period during which the effects of trauma can have unique effects on the developing brain. Certain groups of youth are at particularly high risk of exposure to trauma, including those who identify as racialized, Indigenous, or 2SLGBTQIA+, or who have migrated to Canada, among many other intersecting identities. These same young people also experience some of the highest barriers to accessing health care services. At the same time, many service providers feel underprepared to deliver trauma-informed care that meets the unique needs of adolescents.

As our understanding of the profound effects of trauma on youth deepens, it is ever more important to recognize the strengths and capacities of young people, their families, and their communities. A growing body of literature highlights positive youth development frameworks and the impact of nurturing, supportive relationships with adults (positive childhood experiences). Despite such findings, youth voices remain under-represented in the trauma-informed care literature. Our project attempted to address the gap by engaging with youth across Canada to explore how to turn trauma-informed best practices into trusting, therapeutic relationships between adolescents and their health care providers (HCPs).

Youth Perspectives on Trauma-Informed Health Care has three components:

- 1) **Scoping review:** To synthesize current research and inform our national youth consultation process
- 2) **National youth consultation:** To address the absence of youth voices in the trauma-informed care literature
- 3) **Canadian Paediatric Society practice point:** To inform clinical guidance on trauma-informed care for HCPs

This report summarizes both the scoping review (2023) and processes and findings from the national youth consultation (2024-2025). The national consultation was grounded in principles of community-based participatory

research and co-led by the Youth Advisory Council (YAC). Working collaboratively with project team members and community partners across Canada, the YAC co-designed and implemented a youth consultation process that explored four key topics in health care: 1) creating safe spaces, 2) fostering safe interactions with HCPs, 3) discussing sensitive health issues, and 4) safely involving health professional trainees. Youth participants also discussed what comprises a “good” health visit at four key stages of a clinical encounter: 1) before, 2) starting, 3) during, and 4) closing.

Youth participants identified six key messages and nineteen specific recommendations for delivering safe, trauma-informed care for youth. Key messages reflect overarching principles, while the recommendations offer specific guidance for HCPs. Both are supported by direct quotations from youth participants.

This report is intended for clinicians, researchers, policymakers, and youth program developers who are engaged or interested in applying trauma-informed care to enhance the health, well-being, and development of youth in Canada. By sharing our processes, this report shows how community-engaged research can involve youth in developing interventions, guidance, and best practices.



Authorship and acknowledgements

Youth perspectives on trauma-informed health care was developed and run collaboratively from 2023 to 2025 by the Canadian Paediatric Society (CPS), B.C. Children’s Hospital Research Institute, and Compass Lab, Toronto, with support from the Public Health Agency of Canada.

The project was co-designed with a Youth Advisory Council, comprising:

Abdul Ganiy Alli-Balogun

Isra Amsdr

Isaiah Cameron

Maya Grealis

And a fifth YAC member, who chose to remain anonymous

This project was made possible through the involvement and commitment of youth consultants, including (but not limited to) those who have chosen to be named. We extend our gratitude to the youth participants who also contributed but did not wish to be named.

Youth consultants

Ayat Alali	Max Fairman	Farima Nabavi
Nassima Alem	Mackenzie Gallant	Zahra Nabavi
Evin Ali	Zoe Garzouzi	Alycia Pierrelus-Lafleur
Leylan Ali	Amine Harfouche	Farhat Popalzai
Serin Ali	Natalie Kavtaradze	Nethulya Ranaweera
Aafiya Basar	Morgan Kramers	Adriana Riascos
Jessica Chan	Julianne Lechero	Janis Taily-Dion
Micaela D-M	Verona M.K	Tessa Troch
Aparna Dash	Zeena Maqsoodi	Bryson W
Audrey Debogorski	Parisa Nabavi	Gabriella Wanga

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- B.C. Centre on Substance Use, Youth Health Advisory Council, Vancouver, B.C.
- Comité consultatif des jeunes du CIUSSS Centre-Sud-de-l'Île-de-Montréal, Montreal, Que.
- Drive Youth Employment Services, Vancouver, B.C.
- École St. Patrick High School, Yellowknife, NWT
- Holland Bloorview Kids Rehabilitation Hospital Youth Advisory Council, Toronto, Ont.
- Saint John High School, Saint John, N.B.

The project principal investigators were:

- Dr. Matthew Carwana (Investigator, B.C. Children's Hospital Research Institute, University of British Columbia, Clinical Assistant Professor of

Paediatrics, University of British Columbia, and past president, Social Paediatrics Section, Canadian Paediatric Society)

- Dr. Shazeen Suleman (Clinical Associate Professor, Stanford University; Affiliate Scientist, MAP Centre for Urban Health Solutions, Unity Health Toronto; and past president, Social Paediatrics Section, Canadian Paediatric Society)
- Damilola Mabadeje (Lead Youth Researcher, Carwana Lab, University of British Columbia)

The project's team members were:

- Dr. Sara Jassemi (Investigator, B.C. Children's Hospital Research Institute, Clinical Associate Professor, University of British Columbia, president of the Social Paediatrics Section, Canadian Pediatric Society, and member of the CPS Adolescent Health Committee)
- Dr. Yasmine Ratnani (Assistant Clinical Professor, Department of Pediatrics, Université de Montréal)
- Lama Abdullah (Summer Research Student, Compass Lab [Suleman])
- Chioma Nwebube (Summer Research Student, Compass Lab [Suleman])
- Ahrrabie Thirunavukkarasu (Research Coordinator, Compass Lab [Suleman])
- Sanya Grover (UBC Medical Student, Scoping Review Lead)
- Britt Udall (Research Manager, Carwana Lab)
- Elizabeth Moreau (Associate Executive Director, Strategic Priorities and Communications, CPS)
- Lindsay Thistle (Manager of Knowledge Translation, CPS)
- Jennie Strickland (Senior Editor, CPS)

CPS Social Paediatrics Section Executive reviewers:

- Dr. Bonnioca Islam
- Dr. Alyson Holland
- Dr. Allison Gallant



Trauma-informed care promotes health by ensuring safe relational care with trusted providers who understand how personal histories can affect physical and mental health and family life.

A message from the Canadian Paediatric Society

The Canadian Paediatric Society (CPS) is a national voluntary association of nearly 4000 member paediatricians, paediatric subspecialists, residents, and allies working with and caring for children, youth, and families. By collaborating with like-minded organizations, government, public health, not-for-profits, and other partners, the CPS works to improve health care and public policy affecting children and youth.

In 2024, the CPS adopted three strategic priorities—including mental health—to inspire, inform, and focus activities until 2027. Underpinning these priorities are three guiding principles—antiracism, equity, and responsiveness—which echo and align with core principles of trauma-informed care such as safety, trustworthiness and transparency, empowerment, humility, and collaboration.

Trauma-informed best practices are increasingly recognized as supporting quality health care for any population, and especially those who are underserved. Trauma-informed care promotes health by ensuring safe relational care with trusted providers who understand how personal histories can affect physical and mental health and family life.

The ultimate goal of this project is to help health care providers forge trustful, effective therapeutic relationships with the children, youth, and families they serve.

Introduction and background

Every day, thousands of children, youth, and families across Canada receive high quality health care from a diverse community of health care providers (HCPs) across a variety of settings, from community-based primary care to quaternary specialized health services. Each young person and family brings their unique set of life experiences to each visit, and every health care encounter is an opportunity to promote resilience and relational health in children and youth.

It is well recognized that many children, youth, and families experience trauma that can have lasting impacts on their health and behaviour across the lifespan. Trauma may result from an isolated incident, a series of events, or a constellation of circumstances experienced by an individual or group as physically or emotionally harmful or life-threatening. The experience of trauma is subjective, multifaceted, and difficult to generalize [1,2]. Children and youth are particularly susceptible to trauma in multiple, overlapping forms, including developmental and intergenerational trauma [3,4].

Trauma can exert enduring effects on mental, physical, social, emotional, or spiritual well-being both individually and collectively. A 1998 landmark study on adverse childhood experiences (ACEs) demonstrated the strong association between exposure to ten common negative experiences in childhood and poorer health outcomes in adulthood, including mortality, mental health

With trauma-informed care, fundamental questions in health care are reframed, from “*What is wrong with you?*” to “*What has happened to you?*”, and finally to “*What is strong with you?*”

disorders, chronic disease, and substance use [5]. Subsequent research examining this association has characterized the concept of toxic stress as a collection of biological mechanisms and pathways that link early life adversity to long-term health outcomes [6]. Finally, there is a growing body of literature highlighting the promotive and protective impact of nurturing, supportive relationships with adults through positive childhood experiences [7,8]. As a result, our biomedical understanding of trauma is expanding and includes biopsychosocial models and positive youth development frameworks.

It is important to recognize that some children and youth are disproportionately exposed to trauma compared with their peers due to structural violence, marginalization, and oppression [9]. These exposures often occur through compounding and intersecting systems of inequality such as racism, settler colonialism, classism, ableism, sexism, heteronormativity, cisgenderism, among many others [10]. Systems of oppression affect community-based stress and resilience through social determinants of health such as housing, education, justice processes, and health care access. As a result, there is an increased likelihood and intensity of adverse childhood experiences (ACEs) in certain communities. In the Canadian context, it is particularly important to acknowledge the enduring impacts of colonial violence as a form of historical trauma for First Nations, Inuit, and Métis peoples [11]. Moreover, young people, especially those who have experienced trauma, face some of the highest barriers to accessing health care, which further amplifies existing health disparities [12-14]. It is important to recognize the inherent resourcefulness and resilience of youth facing such challenges [15,16]. As HCPs, addressing these structural disparities requires strategies that improve access to equitable, trauma-informed care for all youth.

Trauma informed practices promote patient- and family-centered care, cultural safety, and relational health [17]. Within a trauma-informed framework, fundamental questions in health care are reframed from “*What is wrong with you?*” to “*What has happened to you?*”, and finally to “*What is strong with you?*” [18,19]. Trauma-informed care requires a non-judgmental approach and asks HCPs and health care systems to recognize the relationships, supports, and

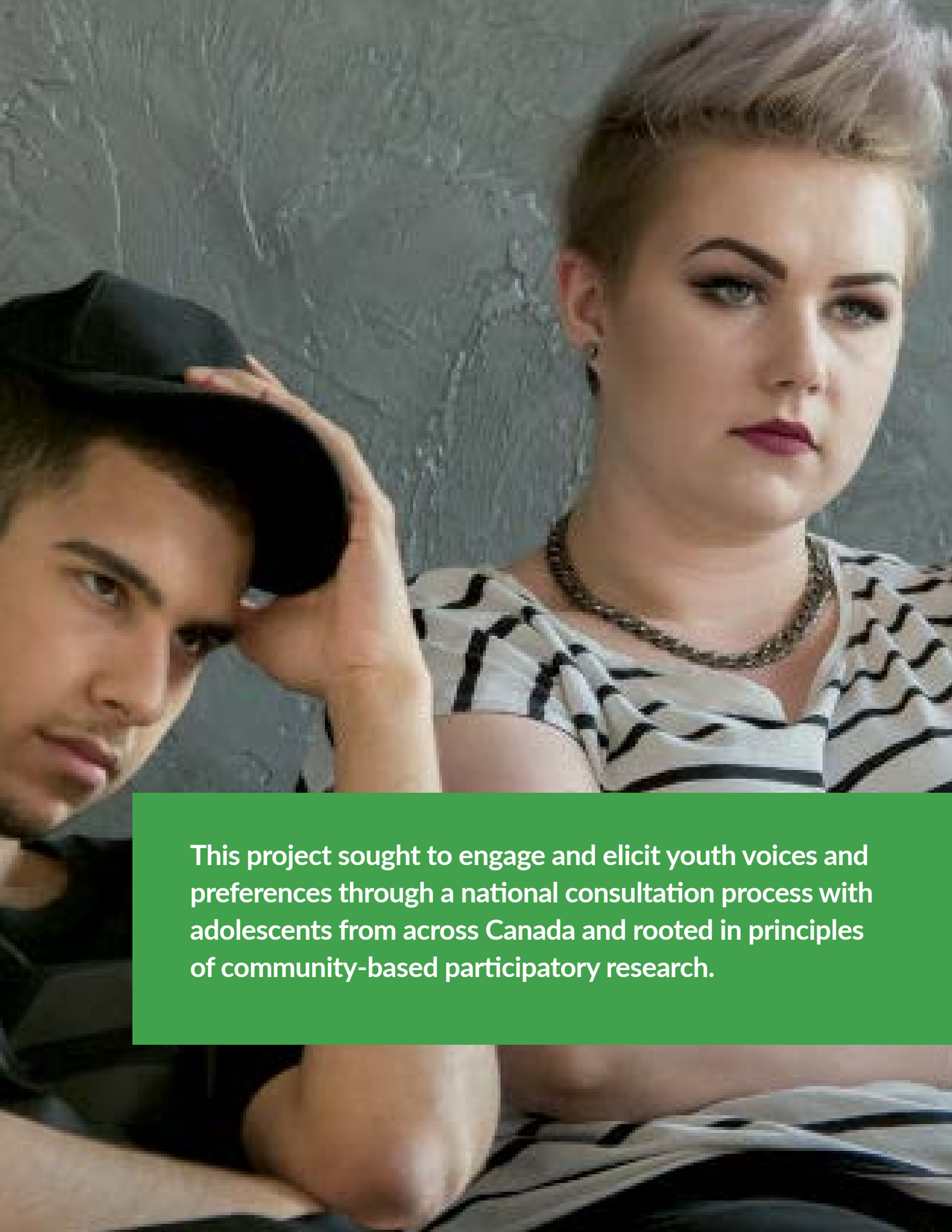
strengths of youth and caregivers as much as the risks of early life adversity and social and structural determinants of health. It is important to shift our focus from a deficit-based model to an asset-driven model that sees youth as agents in their own well-being [20]. Despite the prevalence of trauma in children and youth, many providers working in a variety of health care practices feel ill-equipped to provide trauma-informed care [21-26]. Paediatric HCPs are also at risk of experiencing trauma responses such as secondary traumatic stress, compassion fatigue, and burnout [27]. Therefore, a trauma-informed model of health care recognizes, responds to, and mitigates the trauma experienced by both patients and their HCPs [18].

A key limitation within existing current trauma-informed care frameworks is that practice guidance has not been sufficiently informed by the needs and perspectives of patients and families. In particular, youth perspectives on TIC have been critically under-represented in the literature, even as health systems increasingly recognize the importance of youth engagement in service design and delivery [28]. To address this gap, this project brought a strengths-based, trauma-informed approach through a national consultation process co-designed with youth advisors. Engaging youth is essential not only for improving the quality and relevance of health care interventions but also for building therapeutic environments grounded in trust, mutuality, and shared understanding [14,18].

Project overview

The purpose of this project was to co-create, alongside youth, key trauma-informed care-related messaging and guidance for health providers in Canada. The co-creation process was conducted in parallel with a rigorous scoping review focused on current trauma-informed care research. The review, titled “Patient and caregiver perspectives on trauma-informed theory, best practice, and implementation”, looked for studies involving input from children, youth, families, and health care providers. Along with project findings described below, the review helped the Canadian Paediatric Society shape guidance for physicians and other health care providers.

Because youth perspectives have been largely absent from trauma-informed care practice, this project sought to engage and elicit youth voices and preferences through a national consultation process with adolescents from across Canada and rooted in principles of community-based participatory research (CBPR). A national Youth Advisory Council (YAC) guided how youth input was solicited and integrated to help ensure that concepts shared in the consultation process and recommendations reflected their lived experience. The process also sought to identify barriers and facilitators to implementing trauma-informed care in practice. Our aim is to improve trauma-informed care practice and health outcomes by intentionally valuing and integrating



This project sought to engage and elicit youth voices and preferences through a national consultation process with adolescents from across Canada and rooted in principles of community-based participatory research.

adolescent perspectives and lived experience into guidance development, with specific focus on youth from diverse and marginalized backgrounds. To do this, we:

1. Conducted a scoping review synthesizing trauma-informed care theory, best practices, and implementation for children, youth, and families.
2. Developed a national youth advisory council (YAC) to guide the engagement project from design to dissemination.
3. Identified youth-directed strategies for trauma-informed care through a national consultation process with youth from across Canada.
4. Co-created trauma-informed practice guidance informed by the youth consultation process.

This report is intended for clinicians, researchers, health policymakers, and youth program creators engaged with or interested in using trauma-informed care to improve the health, well-being, and future opportunities of youth in Canada. We also hope this report is helpful for youth seeking to self-advocate through our health care system.

Project pathway

Youth perspectives on trauma-informed care



STEP 1: Examine the evidence
Scope the literature: 2023-2024



STEP 2: Establish youth advisory council (YAC) to co-lead project
Five-member YAC formed and met three times in summer 2024 to develop consultation process and materials



STEP 3: Consult with youth
Received real-life, experiential feedback from 46 diverse youth in meetings between September 2024 and April 2025



STEP 4: Develop guidance based on evidence gathered from steps 1-3
Four meetings arranged with YAC members (September 2024-May 2025) to co-design messaging for report



The experience of trauma is nearly universal and important to consider in all interactions.

The scoping review: Purpose, methods, and findings

Purpose

The aim of the scoping review was twofold: 1) to synthesize best trauma-informed care practices for children and youth through patient, caregiver, and HCP perspectives; and 2) to identify barriers to their implementation. A preliminary search of MEDLINE, the Cochrane Database of Systematic Reviews, and *JB I Evidence Synthesis* was conducted, and no current systematic or scoping reviews on this topic were identified. As the purpose of this knowledge synthesis was to summarize current evidence for researchers, clinicians, and policy-makers, a scoping review was chosen as the primary methodology.

Methods

The review was conducted in accordance with the JBI methodology for scoping reviews and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) [29,30]. The protocol was registered in the Open Science Framework (OSF).

Included studies

The scoping review included studies that sought to understand the perspectives of children, youth, parents, and HCPS on best practices in trauma-informed care. Studies that looked at facilitators and barriers to successful trauma-informed care implementation were included, as were unpublished studies and grey literature. Articles related to trauma-informed care in inpatient and outpatient health care settings of any geographical location and cultural context, written in English or French, were included.

Articles that related only to the evaluation of education interventions for trauma-informed care were excluded. Additionally, articles that were commentaries or perspectives, and not original research, did not discuss trauma-informed care of paediatric patients, or were published in languages other than English or French, and published after February 2025 (final search date) were excluded.

The databases searched were MEDLINE (Ovid), Embase (Ovid), APA's PsycInfo (EBSCOhost), Scopus, CINAHL (EBSCOhost), Social Work Abstracts (EBSCOhost), Academic Search Complete (EBSCOhost), Google Scholar, Papers First, Proceedings, Web of Science conference abstracts, ProQuest Dissertations & Theses Global, and Networked Digital Library of Theses and Dissertations (NDLTD). Screening and data extraction occurred independently in duplicate. Titles and abstracts were screened by two independent reviewers to identify studies for full-text review. Full-texts were similarly reviewed by two independent reviewers to determine the studies that were included in the final dataset.

The scoping review considered quantitative, qualitative, and mixed methods study designs for inclusion as well as experimental study designs, observational studies, and systematic reviews. All studies were critically appraised for quality, and content analysis was conducted on the major findings to develop key themes.

Findings

Full findings of the scoping review have been submitted for publication in a peer-reviewed journal, and a high-level summary is below.

Of the nineteen studies, thirteen focused on perspectives of health care providers, two focused on the perspectives of caregivers, and four on both caregiver and provider perspectives. Two articles including caregiver perspectives were set in the neonatal intensive care units (NICUs). In general, limited information was provided on demographic characteristics of participating parents. None of the studies shared perspectives from children or youth. The role of health care providers varied and included physicians, nurses, social workers, psychologists, music therapists, speech-language pathologists, audiologists, occupational therapists, physiotherapists, and medical trainees (residents).

A total of thirteen out of nineteen articles were based in a hospital/inpatient setting, one was based in an outpatient primary care clinic, and the remaining five did not specify the setting. Study locations included Australia (n=2), United States (n=14), Canada (n=2), and Turkey (n=1). Study designs were predominantly qualitative research (n=9), followed by cross-sectional studies (n=8), mixed-methods (n=1), quality improvement (n=1). Fifteen studies were published in peer-reviewed journals, and the remainder (n=4) were found in the grey literature. All of the studies were published between 2015-2024, with the majority being 2022 and onwards (n=13 studies).

Five major themes were identified:

1. Recognizing trauma

HCPs recognize that the experience of trauma is nearly universal and important to consider in all interactions. While various screening tools to identify trauma exist, warm, empathic conversation is highly valued and requesting patients to re-tell traumatizing experiences is better avoided.

2. *Empathic and warm communication*

Communication is essential to providing trauma-informed care because it builds trust and mitigates bias [31] but must be adjusted for every patient and family to optimize understanding [32]. Being open and honest helps build patient trust and reinforces a shared sense of safety [33-35]. Facilitating conversation by sitting with patients, allowing space for breaks, checking in often, and speaking separately with young people as well as with the family can also help [33,36].

3. *Building a strong therapeutic relationship*

Building open, trustful therapeutic relationships with patients is a core best practice of trauma-informed care. Acknowledging that a patient or family has experienced trauma, including negative medical encounters resulting from systemic racism, is a first step [37]. Suspending judgement and focusing on people rather than their problems [23] reorients the goals of care from risk-based assessment toward a more holistic, strengths-based approach, while creating a safe space for relationship-building and relational health care.

4. *Tailoring care to the individual*

Individualizing care on trauma-informed principles means that HCPs should:

- **Recognize patient identity and culture:** Acknowledge, respond to and, whenever possible, integrate culture, gender, religious background, sexual orientation, and ability [33] into regular care, while providing appropriate language and cultural supports [23,37].
- **Offer autonomy through choice:** Share medical decision-making, care planning, and treatment timing, and invite feedback [31,33].
- **Empower patients:** Recognize, acknowledge, and build on patient strengths and assets (e.g., positive childhood experiences). For some individuals, simply explaining why certain intense emotions or reactive behaviours exist is empowering, and opens the way to mental health or social support [38].

- **Support positive social connections:** Whenever possible, providers should encourage and support connections with family, friends, and cultural community, and for shared activities [24,39].

5. *Caring for the care provider*

Most of the articles in this review focused their perspectives of trauma-informed care on care for patients. However, multiple articles identified that HCPs experience vicarious trauma through their patient interactions. For providers to practice trauma-informed care, there must be a similar focus on care for HCPs themselves. Two approaches identified in the scoping review are by setting compassionate boundaries and by practicing personal self-care to foster resilience [31,40]. It is notable that there is a gap in the peer-reviewed literature regarding organizational and systemic responsibilities in fostering trauma-informed environments, policies, and structures.

Conclusion

The scoping review identified nineteen articles that looked at the perspectives of HCPs primarily. Five main themes emphasized focusing on individual needs with warm, empathic communication and a strong therapeutic alliance as well as the importance of self-care for HCPs. No article examined best practices for trauma-informed care from the perspective of youth themselves, identifying a gap in known evidence.

Youth Safe Care Consultation: Methods

The first step toward consultation

Establishing the national trauma-informed care Youth Advisory Council (YAC) in June 2024 was the first step in a broad community engagement process. Five youth advisors aged 12 to 25 years were identified by project team members through existing community projects and partnerships, recognizing the importance of trusted relationships when working with youth. Group composition was carefully considered so that intersecting identities of YAC members were broadly representative along axes of age, race, ethnicity, gender, immigration status, literacy, preferred language, Indigeneity, disability, poverty, and substance use. YAC members met with the research team both individually and as a group, first to discuss the study objectives, and later to co-design the youth engagement approach, review and synthesize key recommendations, and review final reports.

The national YAC met seven times between July 2024 and April 2025 and provided additional informal feedback throughout the project. All YAC meetings were co-facilitated by one Principal Investigator (PI) and the project's Lead Youth Researcher. YAC members were compensated appropriately and supported in practical ways throughout the project, such as by providing interpretation and meeting at flexible times and in small groups, as needed. Recognizing that a critical component of trauma-informed care is mutual trust, the first YAC meeting centred



Diverse youth from across Canada co-created an approach and participated in engagements on safe health care.

on relationship-building and developing a group identity, including group norms and ground rules. Subsequent meetings were structured to foster open dialogue, allow for safe and comfortable conversations, and ensure that youth perspectives were centred in all discussions.

Key components of these meetings are outlined below.

Agenda-setting

Each meeting began with a collaboratively developed agenda to ensure that youth priorities guided discussions. Topics were identified based on previous meetings, youth priorities, and emerging themes related to trauma-informed care. Flexibility in the agenda allowed for organic conversations and the introduction of new topics raised by the YAC.

Facilitated discussion

To create a safe and inclusive environment from the beginning, meetings were facilitated by a PI with experience working with youth in participatory design

and the Lead Youth Researcher. Youth were encouraged to bring personal comfort items to meetings. Facilitators used open-ended questions and active listening techniques to ensure that all participants had opportunities to contribute. Ground rules established in the first meeting helped to promote respectful dialogue, confidentiality, and the validation of diverse perspectives. At subsequent meetings, rules were reviewed and adapted according to member suggestions.

Language and literacy concordance and inclusion

Terms and wording shared verbally and in written materials were intentionally chosen and reviewed by the YAC to be as accessible, inclusive, and free from medical jargon as possible and to ensure that youth involved could fully engage. Terminology and framing were regularly reviewed to align with youth preferences and cultural considerations. When appropriate, multilingual support or plain-language adaptations were provided to enhance accessibility.

Compensation and recognition

YAC members were compensated for their time and contributions to acknowledge and affirm their lived expertise as valuable. Multiple compensation formats were offered, including honorariums, gift cards, and direct payment options. To reinforce that their role as co-creators of the consultation process was valued, YAC members were invited to be named as co-authors in all reports, recognizing that this was a choice and that public identification might not be safe or desired in all cases.

Co-developing the youth consultation strategy

The national youth consultation process was developed over three sessions between June and August 2024 by the project team members and the YAC. The co-design approach prioritized youth-led feedback, valued their lived experiences, and centred their insights into what makes a health care encounter feel safe, welcoming, and effective. Their input on how best to engage other youth with intersecting identities in comparable consultations was noted for future reference.



Activities included:

- Facilitated group discussions
- One-on-one conversations between youth and project team members
- Facilitated design activities (i.e., drawing and mapping an ideal health care environment).

In all sessions, youth provided critical feedback on draft questions for the national consultation to make sure they were clear, conveyed intended meaning, and felt 'safe' to answer. Specific youth recommendations included:

- Clarifying language to avoid ambiguity
- Ensuring questions were direct yet considerate of emotional safety
- Using open-ended questions when asking youth about their identity(ies)
- Explicitly addressing confidentiality and trust before introducing a sensitive topic
- Approving presentation style, graphics, and layout as youth-friendly and accessible.

The YAC advised project team members on how to ask participants about identity safely while maintaining confidentiality, using anonymous activities like word clouds and polling tools, which were also used to embed interactive activities.

Choosing youth-centred project terminology

One early learning from the YAC was that “trauma-informed care” is not a youth-friendly term. Advisors shared that the word “trauma” was not uniformly understood. In languages other than English, “trauma” often translated to direct injury or accidental events, and the broader concept of trauma was difficult to understand and articulate. Further, the health care definition of trauma is not routinely covered in school curriculums. The YAC recommended that consultations instead be titled “Safe Health Visits for Youth”, and project materials that explained core concepts of trauma-informed care not use the term. Therefore, for the remainder of this report, youth consultations are referred to as “safe care consultations”.

The YAC identified strategies for safely opening consultations, including:

- Start with a land acknowledgment that recognizes the diversity of First Nations, Inuit, and Métis peoples, including cultures who have been stewards of lands from time immemorial.
- Share some background on the session facilitators, including their preferred pronouns, role, hobbies, and ‘fun facts’.
- Set a few ground rules for each session, such as: avoid swear words, provide trigger warnings, and minimize personal details.
- Open with an ‘ice-breaker’ that is respectful and inclusive (e.g., Share your favourite song).
- Offer fun, youth-oriented components, such as co-creating a national youth playlist with participant updates.

The final slide deck is in Appendix 2, page 63.

Implementing national youth consultations

National safe care consultations took place between August 2024 and April 2025, both in person and online, and in English and French.

Participants

Project team leaders connected with established community partners and agencies known for having trusted relationships with the youth they served. Recognizing that youth with marginalized identities are often excluded from research, consultations prioritized including these youth voices and perspectives. Community partners helped identify participants and advised what form of compensation would work best for the clients they served and supported.

In total, fifty youth from across Canada participated in consultations (Figure 1, page 32).

Identities

As discussed above, care was taken to over-represent youth from historically oppressed and excluded groups. Youth were invited to share any aspects of



Figure 1. Where consultations took place

- Living with a disability or complex medical needs
- Being a parent
- Lived experience with foster care or the criminal justice system
- Lived experience with substance use
- Living in urban and in rural or remote settings

Figure 2 is a word cloud showing the diversity of experiences that participants shared. Youth participating in the consultations self-identified with a wide range of experiences and identities. While some are commonly considered in health contexts, the broad interpretation of the activity by youth participants is also a reminder for providers to inquire about and celebrate the many facets of the young people they provide care for.

Format

Both the consultation format and means of compensation were based on individual need, such that project team members could consult in person or virtually, in small groups or individually, and pay for meals, transportation, or

their identity that they felt comfortable disclosing in an anonymous way. The domains listed below were provided as examples, but youth were offered space to share any other qualities they felt were personally important:

- Racialized
- Indigenous
- New to Canada (immigrant, refugee, or undocumented)
- Gender (including Two Spirit, trans and non-binary)
- Sexual identity (including gay, lesbian, bisexual, pansexual, queer)
- Linguistic identity (i.e., English not the first language)



Figure 2. Youth identities and experiences they were comfortable sharing

childcare. This included virtual video conference (with or without video) as well as in-person and telephone consultations.

Sessions were not recorded, but detailed meeting minutes were kept for every consultation by a project team member. Verbal consent was always obtained before engaging in dialogue or using an identifying image, product, or reference.

All participants were invited to be recognized as co-authors of this report and acknowledged in the companion CPS clinical guidance document.

Each consultation session featured engagement slides (twenty-three in all) to frame question-based activities (Appendix 2, page 63) and a facilitation guide (Appendix 3, page 69). A PI and/or the Lead Youth Researcher facilitated all consultations. In addition to recommendations from the YAC, facilitation strategies were incorporated from the YCD Toolkit [41], the IDEO Design Kit [42] and Beyond Sticky Notes [43]. Consultations covered four core discussion topics broadly, followed by a summarizing activity:

- What do safe health spaces look and feel like to youth?
- What are important elements of safe health care interactions with providers and staff?
- How should providers discuss “sensitive” topics, like sex, relationships, and substance use with youth?
- Safe involvement of health professions trainees during youth health visits.
- Elements of a “good” health visit at four time points: before the visit, at the start, during the visit, and closing the visit.

Consultations ended with a ‘check-out’ activity and an opportunity to contribute a favourite song to the national playlist.

Each participant was provided with an honorarium and invited to participate in a review of findings and recommendations.

Review of findings and analysis

Facilitators debriefed and reviewed written notes following each session to identify key themes within and across consultation groups. These were synthesized into core recommendations and re-presented to the YAC. Findings from all four meetings were synthesized into core practices, principles, and guidance for youth-centred trauma-informed (‘safe’) care. Clear thematic saturation was reached during the consultation process, with diverse youth from across Canada bringing quite similar ideas and perspectives to the consultation process.

In keeping with principles of authentic community engagement, summaries of all youth consultations were shared with participants to ensure that their contributions had been accurately understood and documented.

Key messages

1

Safe care is provided in spaces that look and feel youth-friendly, accessible, and protective of privacy.

2

Trauma-informed health visits centre the health concerns of youth rather than the agendas of providers, parents, or caregivers.

3

Building a trusting relationship between patient and provider creates a safer care environment for youth.

4

Address sensitive health issues in a clear and confidential manner.

5

Carefully consider how health trainees are involved in appointments.

6

Provide a clear follow-up plan after a health visit, and support and assist youth success in meeting health goals.



5

Youth Safe Care Consultation: Key messages and recommendations

Six key messages were identified through youth consultations and the YAC, reflecting overarching principles, and nineteen specific recommendations offered direct guidance that HCPs can use to deliver safe, trauma-informed visits with youth (Table 1, pages 50-51). Key messages are shared below and supported by direct quotations from participants.

Message 1

Safe care is provided in spaces that look and feel youth-friendly, accessible, and protective of privacy.

Recommendations

- 1a. Ensure that health spaces for youth are bright, clean, and feature visual cues (e.g., posters, learning materials) or toys, books, or activities that are age-appropriate and make the space welcoming for youth and the children they may have with them.

- 1b. Conduct health visits in spaces where a youth feels their privacy is being maintained and confidentiality is assured.
- 1c. Ensure that interpretation services are available and appropriate for youth whose preferred language is not spoken by the provider.
- 1d. Provide health information geared specifically for youth in waiting rooms to take home or access later.

What we heard

The spaces where health visits happen are very important to youth. Specific suggestions for what makes a clinic or care setting feel welcoming include soft lighting, use of colour, adequate heating, neutral odors, and cleanliness. Many said they appreciate clinics that offer snacks or something to drink. Some said that seeing posters specifically signalling safety for youth they identified with was affirming. For example, having a Progress Pride flag is inclusive of diverse gender and sexual identities, and an “Every Child Matters” poster expresses allyship with First Nations, Inuit, and Métis youth. Some participants said such posters did not make a difference to them, but none were opposed to a visually expressive approach. Some neurodivergent participants said that making objects like fidget toys available would make a health care space feel inclusive.

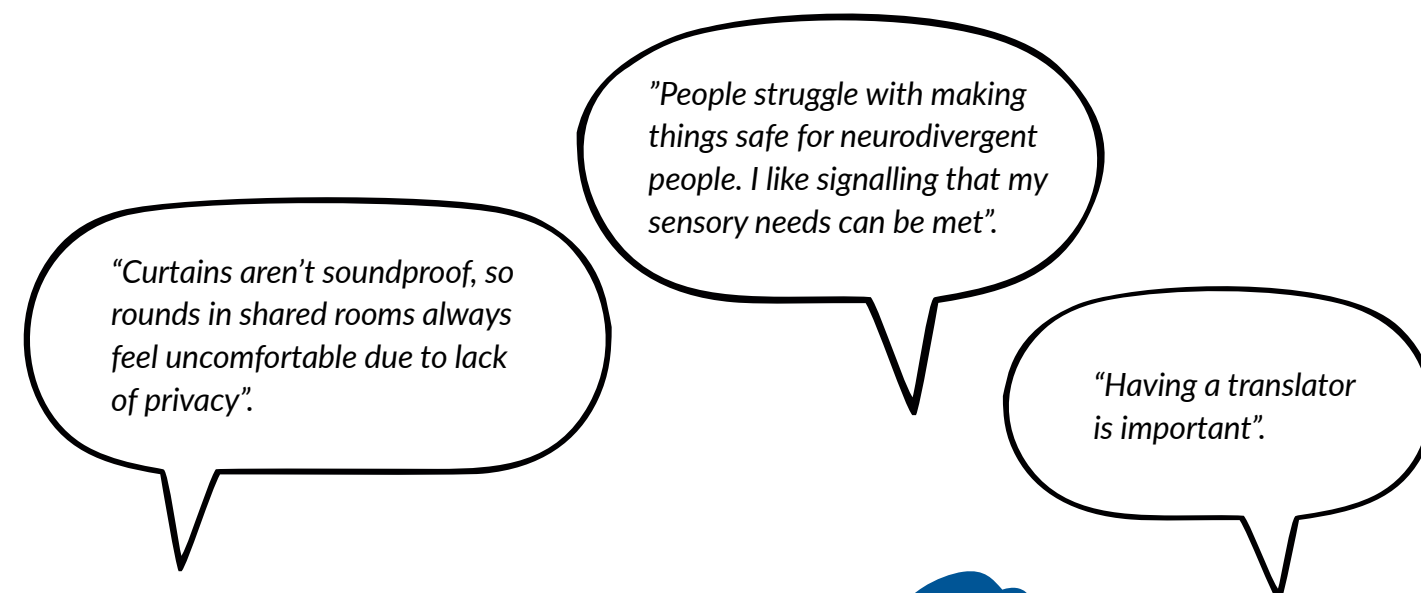
Many youth participants shared that navigating a clinic or hospital can be intimidating. Clear signage helps youth feel calm *en route* to and during health visits. Giving straightforward directions when booking appointments also helps.

Nearly universal were statements regarding the importance of health visits and information being kept confidential—along with the need to review the limits of confidentiality at every visit. Many spoke about encounters where they were told their visit was “confidential” despite its taking place in an environment where others could overhear or easily listen in on conversation with care providers. Lack of privacy was particularly apparent in emergency department

or inpatient settings, where patients are separated by curtains rather than a wall. Being told that a conversation and information will be confidential in a space that clearly does not support privacy undermines a trustful provider-patient relationship.

Many youth in Canada speak languages other than English or French as their primary language. When HCPs who do not speak the same language work with youth who speak languages other than English or French, it is imperative to use skilled medical interpreter services. Relying on family members or informal tools (such as phone/AI translators) is not sufficient. This is established best practice when working with multilingual communities [44].

Several youth shared that while they may not have specific questions about sensitive topics such as contraception and substance use at a health visit, having related information clearly posted or available in a waiting room or other clinic setting can be helpful. Information made easily and freely available affords autonomy: Youth can seek it out on their own time and terms.



Message 2

Trauma-informed health visits centre the health concerns of youth rather than the agendas of providers, parents, or caregivers.

Recommendations

- 2a. Focus most of any health visit on health topics that are important to the youth in the room.
- 2b. Avoid shifting the focus of care away from the youth's health concerns to prioritize HCP or parent/caregiver concerns, except when a youth explicitly asks for a family member's support or physician guidance.
- 2c. Do not reference patient age as a reason to minimize their health concerns.

What we heard

Youth often felt that their own health concerns are not the focus of health visits. They sometimes need to book multiple appointments to be “heard” or to “get to the point” of their own health care. All too often, a parent or HCP determines the focus of a visit based on their own agenda or concerns. Asking young people at the outset what goals they have for an appointment and focusing most of the visit on the topics they identify as important make a huge difference in how youth experience their health visits.

Youth-led visits were particularly important for individuals with marginalized identities. Many felt that providers had “already decided” what their story was and what they needed, sometimes from the moment they walked into a room. They also shared that providers appear to want to focus on certain aspects of health or personal identity, especially when that aspect of health is connected to components of identity that are often labelled as “risk factors”. This was particularly true for youth who identified as gender-diverse and youth who use drugs.

Many participants shared experiences of feeling that their health concerns were not taken seriously. Youth are alert for signs that their experiences or perspectives are not being taken seriously, particularly due to their age. They described visits where a health provider made statements intended to be supportive (“*You look healthy*”) but which had a diminishing effect instead, especially if youth were suffering or in pain.

Youth also want providers to respect their personal autonomy and health decision-making capacity. In general, they wish to be asked if they want a parent, guardian, or other family member to be a part of their care. They also want opportunities to decide whether and when to involve their romantic partners in health visits.

“Health care providers assume everything is about your trans-ness. Um, no!”

“When we are going to a doctor's office, we don't want to feel like we are different because of our gender, sexuality, or appearance”.

“The biggest issue is the feeling like you're being studied rather than treated as a person”.

“When I approach my health care professionals... I want to stop using drugs, but I need something so I can still be functional. And they say just to stop.... Well no, help me figure out something else to stop my nausea. They see you for one thing”.

“As someone with ADHD, it's already so difficult to muster up the strength and energy to make an appointment.... If the process is even a little bit more difficult, I feel like giving up. I feel discouraged.... It is a cycle that happens”.

Message 3

Building a trusting relationship between patient and provider creates a safer care environment for youth.

Recommendations

- 3a. Focus on building a relationship based on what matters to youth, and consider using a safe level of self-disclosure to help connect.
- 3b. Be aware of practices that can detract from a positive provider-patient relationship.
- 3c. Be aware of different cultural understandings of, and attitudes toward, health and health care in families you regularly see in practice.

What we heard

Developing a safe and trustful patient-provider relationship was widely shared as a key component of trauma-informed care. For initial visits, consider using an “icebreaker” to help get to know one another. Youth mentioned that asking informal yet personal questions (“How was your day at school?”; “What are your plans for the weekend?”) are more effective for relationship-building than generic opening questions (“How is the weather out there?”).

Many participants shared that they find self-disclosure on the provider’s part to be helpful toward relationship-building. One participant found that when a health professional shared their own experience with receiving a vaccine, it made them feel more comfortable about getting one themselves. Another found it helpful when their provider acknowledged sharing a diagnosis. However, it is also important that self-disclosure not be too personal or take over the conversation during a health visit [45-47].

Participants shared factors that detract from patient-provider relationship-building, such as:

- Long delays between appointments
- Clinicians focusing on their computers or tablets rather than the patient

- Feeling rushed through an appointment, and
- Feeling pushed toward a specific treatment.

Youth recognized that different cultures may have different world views regarding both the overall concept of ‘health’ and what constitutes a comfortable and effective health visit. Cultural references may also vary, such that a reference used to build familiarity with a patient belonging to a region’s dominant culture may be inadvertently marginalizing for someone new to the community. While it is not possible for providers to be ‘expert’ in all cultures and world views, youth participants said that HCPs should continually strive to offer care environments that feel as inclusive as possible. The Canadian Paediatric Society’s Caring for Kids New to Canada website (kidsnewtocanada.ca) is a recommended resource.

“That emotional intelligence and being able to connect with your health care provider is very humanizing We lack a lot of those emotional connections as a society”.

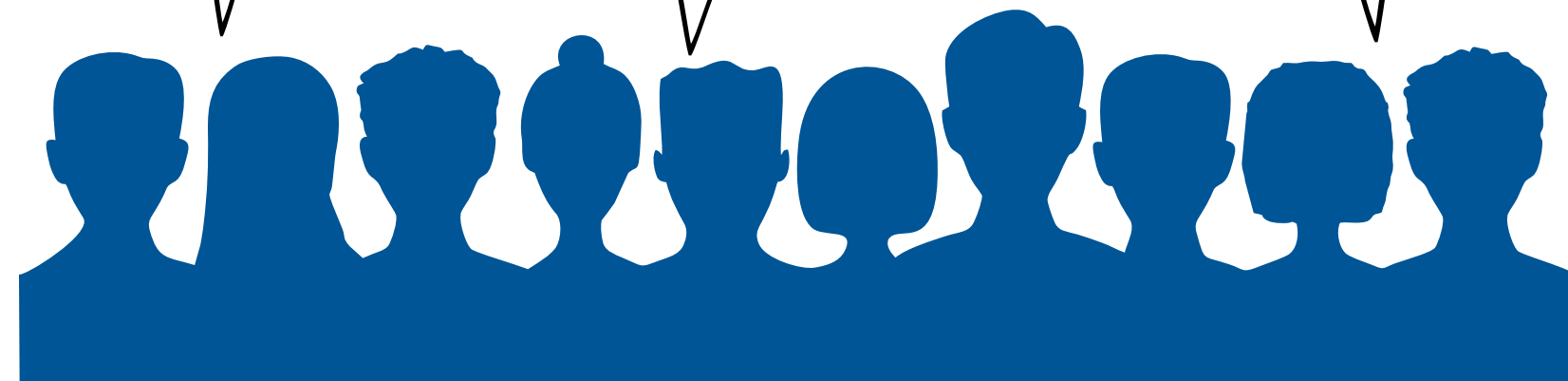
“My best [health provider] relationship she understood me because we would see each other often. It’s not just about what I say with my words”.

“Eye contact, paying attention to the client, and genuinely listening [are] easy to do”.

“[You] don’t need to be best friends with your doctor, but [it’s] nice to know that they care about you”.

“The first person interacting with (us) should be nothing but kind and patient”.

“The medical knowledge was there, but again, the patient–doctor interaction was not pleasant.... I eventually ended up switching doctors.”



Message 4

Address sensitive health issues in a clear and confidential manner.

Recommendations

- 4a. With youth, share why discussing certain sensitive health topics is important, and check in regularly so they expect these conversations to happen.
- 4b. Whenever possible, avoid re-asking about issues or details that have been previously shared or are already available in the patient's chart.
- 4c. Use up-to-date, person-centred, non-judgmental language.

What we heard

Youth understand that it can be important to cover topics that are considered 'sensitive' or 'taboo' during health visits, including relationships, sexuality, substance use, and mental health. There are things providers can do to make these discussions more trauma-informed. Youth across the country expressed a similar preference for having these conversations with clinicians they already have a relationship with, whenever possible. They also reinforced the importance of *privacy* (e.g., from parents or caregivers) and *confidentiality* during these conversations and in general.

Participants shared that it can be helpful for providers to explain why they are asking questions about sensitive topics. For example, rather than launching into questions about substance use without context, a provider could say: "It can be normal for youth to experiment with substances, and some young people I see use drugs regularly. I ask everyone questions about substance use so that I can offer suggestions if that is relevant for them". Youth also encourage providers to ask patients how to make such conversations more comfortable for young people, with these examples:

- Ask a series of 'yes or no' questions, which can be easier to answer
- Avoid judgmental language (e.g., "You're too young for that")
- Ask questions in a clear, direct manner
- Provide unbiased information
- Tone of voice matters. Practice using a non-judgmental tone.

It can be difficult and even re-traumatizing to share certain types of sensitive health information. Many participants raised how discouraging it is when they are asked to share difficult content again and again. For example, a youth may disclose with their primary provider a number of sexual contacts at an initial health visit and be referred for contraception or sexually transmitted infection (STI) testing. Later, at the referral clinic, they are asked again by a nurse, medical trainee, and responsible physician about their sexual contacts. Youth want their health providers to review records carefully before visits and trust the notes of colleagues when they have documented personal or sensitive information on file. Preparation can help to minimize re-traumatization.

Youth appreciated providers using up-to-date and person-centred language. However, they also acknowledged that 'correct' terminology is always shifting, and the best thing a provider can do is to ask each youth they see about wording and terms they prefer. A common example of this would be affirmed name pronouns, but language use pertains to other aspects of youth identity. Reference 48 is a helpful resource for communication around sensitive topics and taking an adolescent psychosocial history.

"Constantly re-telling (sensitive information) is exhausting and dehumanizing".

"Sometimes I'm too anxious to bring [sensitive topics] up myself".

"[Clinicians] should respect personal choices—for example, birth control discussions should be informative and unbiased, with no religious or personal opinions".

"They should be asking permission ... if it's okay to ask some questions about topic 'ABC', rather than just launching into it immediately".

"Ensure this is a confidential environment where the doctor is open enough to not judge anything or give off those vibes".

Message 5

Carefully consider how health trainees are involved in appointments.

Recommendations

- 5a. Provide as much notice as possible that a trainee might participate in a health visit.
- 5b. Provide actual opportunities for youth to opt out of seeing trainees, when that is possible.
- 5c. Consider requiring patient consent for health trainees to be present as a routine practice.

What we heard

The Youth Advisory Council identified the topic of trainee involvement as important. While youth understand why health trainees are included in visits, they also want authentic autonomy regarding *how* medical, nursing, and allied health students are involved in their care.

Youth participants shared that while providers routinely ask permission to include a trainee, it is usually just as they are about to enter an examining room or clinical space, with the student often standing beside the primary clinician. Based on the power imbalance between clinician and patient (particularly a young patient), youth do not feel they are able to 'opt out'. Ideally, youth should be informed at the time of appointment booking or reminder that a trainee will be present and given an opportunity to decline in advance. In addition to advance notice about the presence of learners, patients should also be informed about the learner's level of training and how long they will be working with the clinic.

Many youth used the analogy of consent in romantic or sexual encounters when describing the ideal approach to consent for allowing trainees. They indicated that, ideally, consent should be an ongoing process, with the responsible clinician checking in throughout the visit. Participants expressed that they might be more comfortable having learners at some parts of the appointment (such as history-taking) and less comfortable with others (e.g., procedures).

As in Key Message 3, the relationship between the patient and provider is very important to youth, which in turn impacts the involvement of trainees. Several youth shared that they are more comfortable having a learner involved in a visit once they have built a trusting relationship with their main provider. They also appreciate having a chance to build a relationship with a trainee over a series of visits, rather than during a single interaction.

"[Without receiving adequate warning] I feel kind of forced to say 'yes'".

"Too many trainees in a room can be overwhelming".

"I appreciate being asked what we're comfortable with, but it should be asked on an ongoing basis".

"When I was a child, med students or residents would come into appointments without warning, and there would be an overwhelming crowd of people observing an already stressful appointment".



Message 6

Provide a clear follow-up plan after a health visit, and support and assist youth success in meeting health goals.

Recommendations

- 6a. Allow time at the end of a visit for youth to ask any clarifying or outstanding questions.
- 6b. Provide a clear summary of the health plan at each visit, including information that was written in notes or available electronically, whenever possible.
- 6c. Create a clear follow-up plan, including timing for the next visit and scheduled reminders before appointments.

What we heard

The way an appointment concludes is as important as the way it began. Youth appreciated clinicians asking whether they had any additional questions toward the end of a visit. While youth understand that clinicians have many demands on their time, it can impact a visit negatively when they feel “rushed out the door”. Also, youth may have become more comfortable with their provider over the course of a visit and be more interested in bringing up topics they didn’t want to raise earlier in the appointment.

Receiving a clear summary at the end of each visit was appreciated by participants. They noted the fine balance between providing enough guidance without causing “information overload”. Importantly, youth reiterated that the concluding remarks of a health visit should occur inside an exam room or private clinical space to ensure confidentiality, not in a hallway or waiting

room. Sometimes a well-intentioned reminder (“*Don’t forget to take your medication!*”) on the way out of the waiting room can spoil an entire appointment.

Youth appreciated receiving clear contact information from providers and the opportunity to book a follow-up appointment immediately, whenever possible. They also appreciated easier exits from the health space, especially when clear directions are provided.

Finally, several youth shared that they never feel too old to receive a small token as the visit concludes. Don’t assume that every patient wants a sticker, small toy, or healthy snack, but offering such items is almost always appreciated.

“A paper copy [documenting] the visit or providing access to a health portal with summaries would help a lot.”

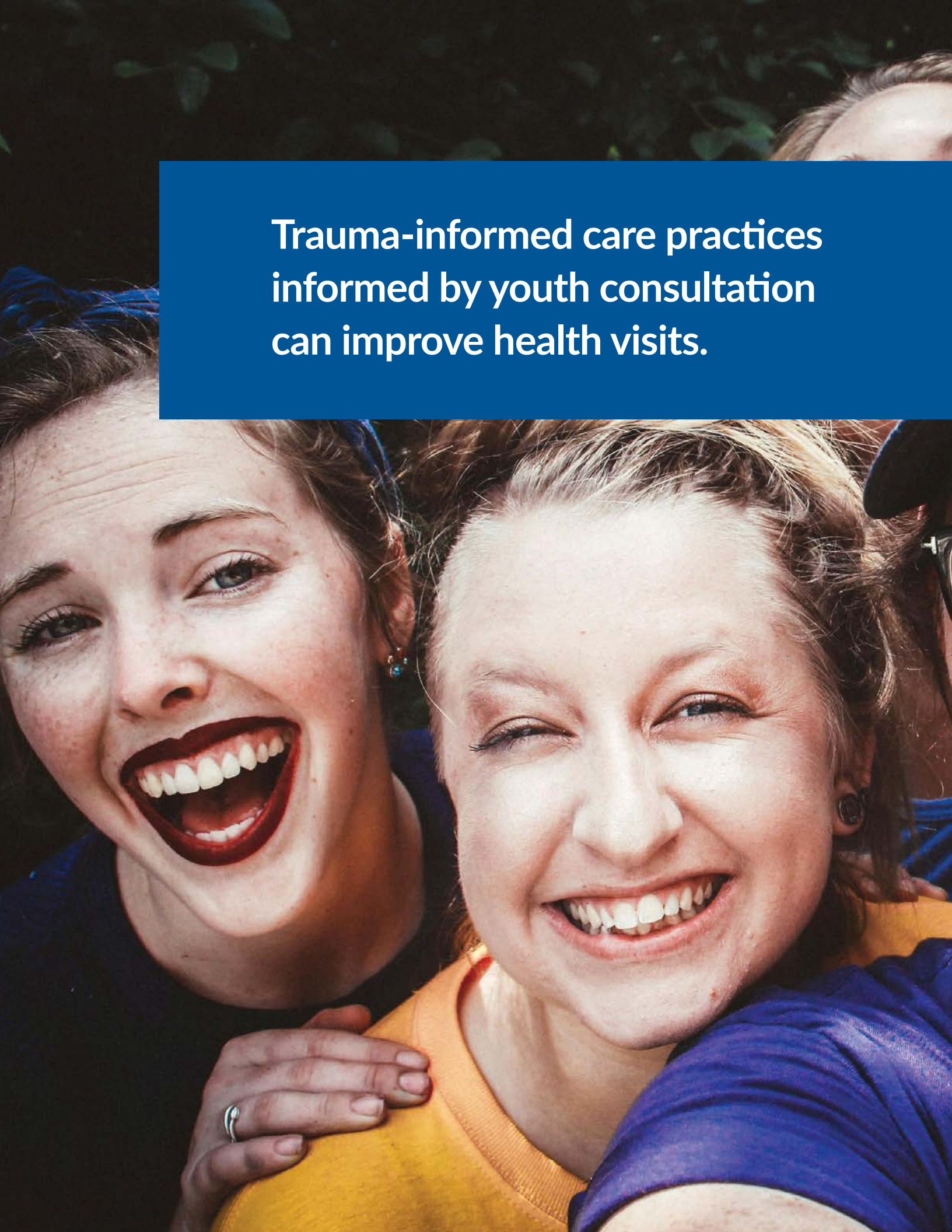
“[It’s helpful to know] who to go to or how to contact providers if more questions or concerns come up.”



Table 1. Summary of key messages and recommendations from youth consultations

Key messages	Recommendations
<p>1</p> <p>Safe care is provided in spaces that look and feel youth-friendly, accessible, and protective of privacy.</p>	<p>1a. Ensure that health spaces for youth are bright, clean, and feature visual cues (e.g., posters, learning materials) or toys, books, or activities that are age-appropriate and make the space welcoming for youth and the children they may have with them.</p> <p>1b. Conduct health visits in spaces where a youth feels their privacy is being maintained and confidentiality is assured.</p> <p>1c. Ensure that interpretation services are available and appropriate for youth whose preferred language is not spoken by the provider.</p> <p>1d. Provide health information geared specifically for youth in waiting rooms to take home or access later.</p>
<p>2</p> <p>Trauma-informed health visits centre the health concerns of youth rather than the agendas of providers, parents, or caregivers.</p>	<p>2a. Focus most of any health visit on health topics that are important to the youth in the room.</p> <p>2b. Avoid shifting the focus of care away from the youth's health concerns to prioritize HCP or parent/caregiver concerns, except when a youth explicitly asks for a family member's support or physician guidance.</p> <p>2c. Do not reference patient age as a reason to minimize their health concerns.</p>
<p>3</p> <p>Building a trusting relationship between patient and provider creates a safer care environment for youth.</p>	<p>3a. Focus on building a relationship based on what matters to youth, and consider using a safe level of self-disclosure to help connect.</p> <p>3b. Be aware of practices that can detract from a positive provider-patient relationship.</p> <p>3c. Be aware of different cultural understandings of, and attitudes toward, health and health care in families you regularly see in practice.</p>

Key messages	Recommendations
<p>4</p> <p>Address sensitive health issues in a clear and confidential manner.</p>	<p>4a. With youth, share why discussing certain sensitive health topics is important, and check in regularly so they expect these conversations to happen.</p> <p>4b. Whenever possible, avoid re-asking about issues or details that have been previously shared or are already available in the patient's chart.</p> <p>4c. Use up-to-date, person-centred, non-judgmental language.</p>
<p>5</p> <p>Carefully consider how health trainees are involved in appointments.</p>	<p>5a. Provide as much notice as possible that a trainee might participate in a health visit.</p> <p>5b. Provide actual opportunities for youth to opt out of seeing trainees, when that is possible.</p> <p>5c. Consider requiring patient consent for health trainees to be present as a routine practice.</p>
<p>6</p> <p>Provide a clear follow-up plan after a health visit, and support and assist youth success in meeting health goals.</p>	<p>6a. Allow time at the end of a visit for youth to ask any clarifying or outstanding questions.</p> <p>6b. Provide a clear summary of the health plan at each visit, including information that was written in notes or available electronically, whenever possible.</p> <p>6c. Create a clear follow-up plan, including timing for the next visit and scheduled reminders before appointments.</p>



Trauma-informed care practices informed by youth consultation can improve health visits.

Conclusion

Trauma-informed care practices are essential for managing the health impacts of early life adversity, toxic stress, and trauma, and for creating safe health care spaces. The **Youth perspectives on trauma-informed health care** project set out to ensure that trauma-informed guidance from the Canadian Paediatric Society was up-to-date and evidence-based. The need for youth engagement to guide practice development and patient experience was identified by a scoping review, and this report describes the process and findings undertaken to bridge a significant gap in research and guideline development. The project is the first to engage with youth from across Canada to better understand and include their perspectives on how best to provide trauma-informed care.

Trauma-informed care practices informed by youth consultation can improve health visits. This report and the subsequent practice point support health care provider engagement with patients, staff, and allied practitioners, both toward self-reflection and reflective best practice. Working together to integrate understanding of trauma into daily work, and helping individuals and families to meet its effects and heal, is the best way forward. This report and its methodology can serve as a model for future researchers. The project learned directly from the youth involved how best to optimize care and health outcomes through self-advocacy and effective, ongoing engagement.



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Appendix 1

Key terms and definitions

2SLGBTQIA+: Two-Spirit, lesbian, gay, bisexual, trans, queer/questioning, intersex, asexual, and associated spectrums of gender and sexual identity.

Adverse childhood experiences (ACEs): A set of ten adverse early-life experiences described initially by Felitti et al and shown to be associated with negative health outcomes in later life [5]. The original list is now frequently expanded to include other early life determinants, experiences, and events. The ACEs framework is used to demonstrate the potential adverse impacts of childhood trauma on lifelong health.

Community-engaged research (CER): Research that is conducted in partnership with patients, health service systems, community-based organizations, and other stakeholder groups [49].

Community-based participatory action research (CBPR): An innovative research model combining knowledge and action to improve community health and reduce health disparities [50]. People with lived experiences are equal partners in the research process, and power is divested from researchers into their hands. They have full say in design, conception, and implementation of projects, and their outputs. The aim of CBPR is to create positive, transformative and sustainable change together with, for, and in communities [51,52].

Co-design: Co-design is a human-centred approach used in research-to-action projects, especially within the public sector, which goes beyond consultation by fostering equal collaboration between people affected by, or attempting to resolve, a particular challenge. One key tenet of co-design is that users, as experts of their own experience, are central to design development and process [53,54].

Intersectionality: Initially coined by Kimberlé Crenshaw in the legal context, intersectionality describes how social identities (including age, race, ethnicity, gender, sexual identity, ability, immigration status, religion, and more) interact with one another, creating many intersecting streams of privilege and oppression [55].

Marginalization: Also referred to as social exclusion, marginalization occurs when certain groups of people are denied access to society's benefits, such as health care, education, or employment, that would improve well-being. Marginalization can occur based on ethnicity, gender, sexual orientation, disability status, socioeconomic level, age, and more. Many factors can lead to denial of access to institutions and opportunities, including historical bias and lack of funding [56]. The term "marginalized" is preferred to "vulnerable" because it highlights the structural drivers of exclusion (rather than being intrinsic to the "vulnerable" person).

Migrant: An encompassing term that includes all people not residing in the country of their birth. This can include people that are immigrants, refugees, students, temporary workers, asylum seekers, and those without clear status [57].

Positive childhood experiences (PCEs): A set of seven positive early-life experiences that have been demonstrated to buffer some of the adverse mental health consequences of ACEs [7].

Toxic stress: A biological mechanism for how traumatic experiences shape future health outcomes, toxic stress is rooted in evidence of how chronic up-regulation of hormones impact neuroendocrine and immune function. These adaptations in early childhood can increase vulnerability to various adverse health outcomes later in life [58].

Youth participatory action research (YPAR): An approach to knowledge generation that reinforces positive youth development by engaging young people as co-researchers and 'change agents' on complex issues to produce solutions relevant to youth themselves [59]. YPAR applies to issues affecting young people, youth development, and community change while acknowledging "youth" as a socially marginalized identity. YPAR positions young people as experts of their lived experience and recognizes them as critical social change-makers [60].



Appendix 2

Youth Safe Care Consultation: Slides





1



2



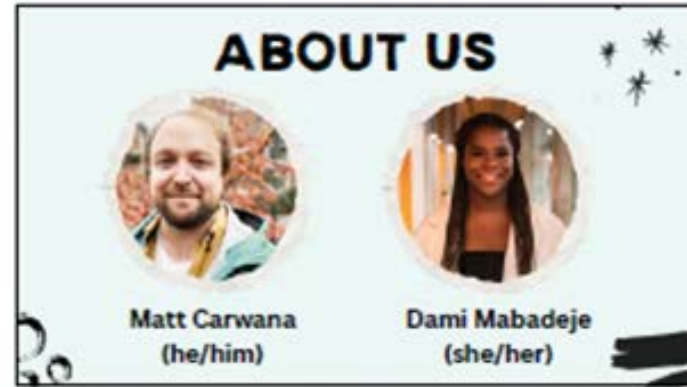
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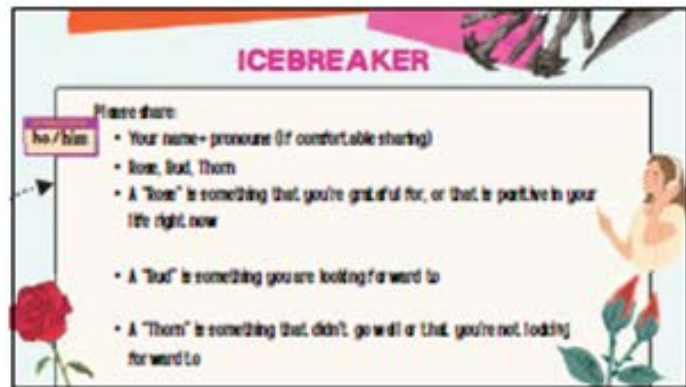
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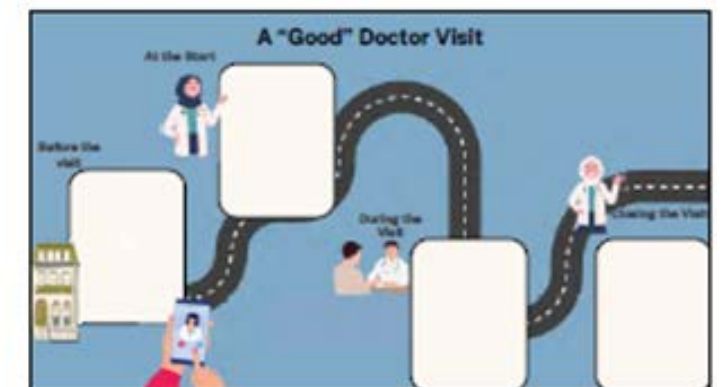
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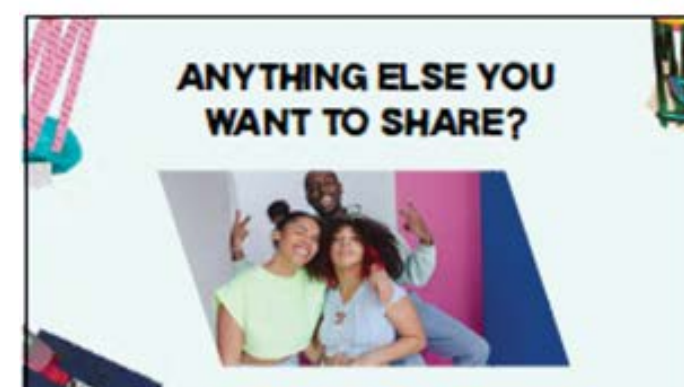
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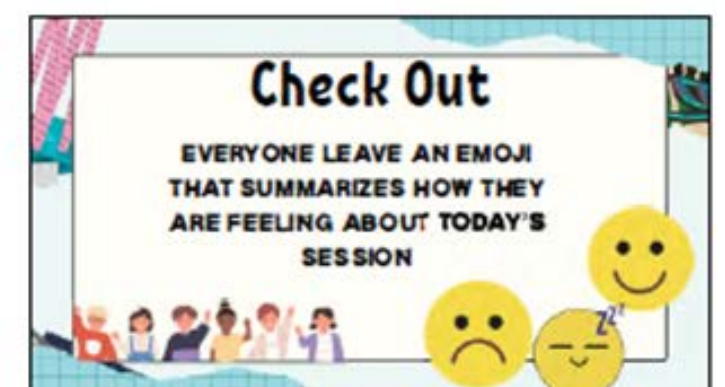
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Appendix 3

Youth Safe Care Consultation: Script and questions

Note: The facilitation guide was used as a framework/reference, but not followed rigidly in every session. Facilitators adapted the script and questions based on the individual needs and dynamics of each consultation.

Slide 1

Hi everyone, thanks so much for joining us today! We are really grateful for the opportunity to connect with you all about this project. We are meeting with youth from across Canada to help improve the way health providers care for youth.

Slide 2

Land Acknowledgement

Slide 3

Introductions Slide - Facilitators will introduce themselves- talk about interests/hobbies, share a fun fact, role, etc.

Slide 4

Icebreaker - *Okay so now we want you to introduce yourselves! We'll get started with a bit of a fun activity. If you feel comfortable, please share with the group your name, your preferred pronouns, and (a variety of different questions asked) your favourite song, TV show, or movie right now.*

Slide 5

We know that not every meeting with a health care provider is a great one. The purpose of this project is to understand, from the perspective of youth, what is needed for a health visit that feels safe and welcoming. Your voices are needed to create guidelines that focus on what is most important to young patients.

Slide 6

Health providers often use a term, “trauma-informed care”. This term means that health providers should bring an awareness that all of us can bring a story of hard or traumatizing experiences to our health visits. For our team, it really means making sure youth feel safe, comfortable, and heard during their health visits.

We know that not every visit with a healthcare provider (like going to the doctor) is a good one. This project wants to learn from youth what makes a health visit feel safe and welcoming.

Slide 7

We are going to work through a series of questions and activities in order to help us better understand what makes a health visit feel safe for youth, from your perspectives. These questions have been co-designed by our Youth Advisory Council,

We will be putting together what we hear from youth across Canada, to make recommendations for national guidelines for health providers that care for children and youth!

Slide 8

We are going to use a “strengths-based” approach in this session, which means talking mostly about what feels good and safe in a health visit, more than what feels not-so-good. You are still free to share less good experiences, and what made them that way—all information is helpful to us! But we don’t want you to walk away thinking too much about any bad experiences.

Slide 9

As part of our mission, we are committed to ensuring that the voices of youth from diverse backgrounds and experiences across the country are heard. To achieve this, we’d like to take a few minutes to learn more about how each of you identifies. This information will remain confidential.

At the end of the project, we may share overall trends with our team, such as “20% of the youth identified as having a disability.” However, this data will not be linked to you personally or be traceable back to you in any way.

We may also want to highlight some of the incredible insights you’ve shared in our final report. To make these stories more impactful, we might include brief, anonymized descriptions like “a 15-year-old trans youth” or “an 18-year-old

newcomer to Canada with a disability.” Rest assured, we will never include your location or any details that could identify you.

If at any point you feel uncomfortable with this process, you are welcome to skip this step.

We want to hear the unique and diverse identities within our group, recognizing that each of us brings a combination of experiences, backgrounds, and perspectives. To help us visualize this diversity, we’d love for you to share a few words or phrases that describe how you identify—this could include your culture, gender, abilities, passions, or any other aspects of who you are. (Provide examples)

You can enter this code (_____) at menti.com or scan this QR code, where you can enter as many words as you’d like. The word cloud will emphasize the different layers of who we are, highlighting the beautiful intersectionality within our group. Remember, your input is voluntary, and if there’s anything you’d rather not share, that’s completely okay.

Slide 10

Before we get into the conversation, we want to discuss some “ground rules”. This is to make sure everyone feels safe and heard during this session. We created these ground rules with our Youth Advisors. Our ground rules are:

- 1) Be respectful
- 2) Watch language
- 3) Provide trigger warnings
 - { “A trigger warning is a heads-up that something you’re about to see, hear, or talk about might bring up strong emotions or memories, especially if someone has been through something similar before.
 - the reason we use trigger warnings is to give people a chance to prepare themselves or decide if they want to engage with that content. It’s about

respecting everyone’s different experiences and making sure they feel safe.”

- This is 1000% a safe space for you all to discuss anything you would like but at the same time to maintain that safe space we just want to make sure we’re respecting everyone. }
- 4) Don’t share personal details outside, general lessons/takeaways learnt only:- {Confidentiality}

Is there anything else anyone wants to add to the list before we get started?

Time to get into the content of this meeting!

Slide 11

Activity 1: We’ll start at the very beginning. We know that where an appointment is happening goes a long way toward making a health visit feel safe and good. This could be in a clinic, or online.

Slide 12

Question: *“Think about a time when you felt comfortable at a health appointment. What specific things about the space made you feel that way? (E.g., lighting, seating arrangement, privacy, decorations, or how easy it was to find the location.)”*

Slide 13

Activity 2: Next, you usually meet the health provider. Health providers come from all backgrounds, and in all shapes and sizes. We can’t change that about providers, but we are hoping to give them tools to look after youth in a safe way.

Slide 14

Question: *What are some things that a health provider can do to make you feel safe, right from the start of a visit? This could include words they use, body language and more.*

Slide 15

Activity 3: Often at health visits, we need to talk about topics that can be tricky. These could be health issues we already have that are hard to talk about, like having a hard time getting nutrients into our bodies, or difficulties attending or learning at school. These topics can also be related to activities some youth do, such as sex and relationships or drug use, that can impact youth health.

Slide 16

Question: *What is the best way for health providers to bring up “tricky” topics that might be difficult or awkward to talk about?*

Follow up:

- *What is the best time in the visit to talk about these things?*
- *What words or phrases can health providers use to gently bring up sensitive topics like mental health, relationships, or school difficulties?*
- *Can you share examples of when a tricky topic was brought up well—or not well—in a health visit?”*

Slide 17

Activity 4: Sometimes during your health visits, you might interact with learners who are training to become health providers. These could be medical students, residents, or other trainees. While their involvement is important for their learning, it’s also crucial that you feel comfortable and supported during your visit.

Slide 18

Question: *How do you feel about having learners involved in your health visits? What are some things they or the main health provider can do to ensure you feel respected and in control?*

Slide 19

Activity 5: We want to understand what an ideal doctor’s visit looks like for you. This involves thinking about how a strong and trusting relationship between you and your health provider can be built and maintained over time. We know that feeling safe and understood is key to this, especially in the context of trauma-informed care.

Slide 20

Question: *What does an ideal doctor’s visit look like for you? What can health providers do to build and maintain a trusting and supportive relationship with you over time, especially considering any bad past experiences you may have?*

Follow up

1. Imagine your ideal doctor’s visit. What specific actions or routines would help build trust with your provider (e.g., regular check-ins, personalized care)?
2. What follow-up actions after an appointment make you feel supported (e.g., checking in via email, sharing resources)?”

Slide 21

Thanks you so much for sharing and for spending this time with us today! We want to give you a chance to share back with us anything else that you want to share about making health visits as safe as possible. Is there anything else we might not have asked about or touched on that you want to share?

Slide 22

Check out Activity: Leave an emoji that shows how you’re feeling about today’s session / tell us your favourite song

We really appreciate you all sharing your ideas and experiences with us, and we will be compensating you for your time today. Just to make sure we have all your information, please fill out this google form, which will collect your email, as well as ask you questions about being involved in our final report. Please feel free to email or text ____ if you have any questions at any time.



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