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Trauma-Informed Reproductive Health Care: Practical Pearls and Pitfalls

Amina White, MD, MA, FACOG
Clinical Associate Professor of
Obstetrics and Gynecology
UNC Chapel Hill

March 31, 2022

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Disclosures

This webinar discusses sensitive topics related to trauma.

Please take a break at any time to attend to your own self-care when needed.

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Objectives

By the end of this presentation, you will be able to:

- Explain the roles of various clinic personnel in providing safe, trauma-informed patient care in the reproductive health setting
- Describe universal trauma precautions involving communication and behaviors to adopt and avoid
- Identify environmental considerations for creating a trauma-informed clinical space

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Trauma-Informed Reproductive Health Care: Practical Pearls and Pitfalls

Overview

- **Background**
 - What is trauma and why does it matter?
- **Trauma-Informed Care (TIC)**
 - What does It look like in practice?
- **Taking Action**
 - How can I integrate TIC approaches in my reproductive health setting?

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A Hypothetical Case

- Marla is a 32-year-old new patient who calls your office to make an appointment
- What would it take for your practice to engage with Marla in a respectful, patient-centered, trauma-informed way?



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Trauma-Informed Lens

Assume every patient may have a trauma history (perhaps from a prior clinical encounter)



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Definition of Trauma

- **Trauma** = exposure to actual or threatened death, serious injury, or sexual violence
- **Exposure can be**
 - Direct
 - Witnessed
 - Indirect (hearing of victimized relative or close friend)

Diagnostic and Statistical Manual of Mental Disorders, 5th ed., 2013

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Traumatic Events

Normal coping mechanisms overwhelmed

- Fight or flight not possible
- May experience dread, paralyzing fear, sense of powerlessness
- Acute symptoms (may last for weeks)
 - Anxiety, heart palpitations, nightmares, difficulty sleeping

Diagnostic and Statistical Manual of Mental Disorders, 5th ed., 2013

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Examples of Traumatic Events

- Natural disaster
- Life-threatening illness
- Car accident
- War violence (military or civilian)
- Childhood abuse
- Sexual assault/abuse
- Intimate partner violence
- Traumatic childbirth experience
- Medical trauma/clinician maltreatment

Owens et al., *Am J Obstet Gynecol*, 2021

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Traumatic Events – Data from Military

Sexual trauma

- Risk of posttraumatic stress disorder
- As high or higher than exposure to combat

Kimerling et al., *American Journal of Public Health*, 2007

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Intimate Partner Violence

Alarming Statistics

1 in 3 women - lifetime history of IPV (includes physical violence, sexual violence, stalking)

1 in 5 women - lifetime history of rape, attempted or completed (1 in 14 men)

Take-Away

Trauma is Pervasive

CDC National Intimate Partner and Sexual Violence Survey 2015 Summary Report
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When is Sexual Violence Likely to Occur?

Age at First Completed or Attempted Rape Victimization in Lifetime Among Female Victims—NISVS 2015^{1,2,3,4}

Age Group	Percentage
17 years and under	43.2%
18-24 years	38.1%
25+ years	17.5%

CDC National Intimate Partner and Sexual Violence Survey 2015 Summary Report: Figure 3
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Traumatic Events – The Aftermath

While traumatic events are common (70% US population),

- Posttraumatic stress symptoms gradually resolve for most trauma survivors
 - **Small percent of trauma survivors will develop chronic signs/symptoms of posttraumatic stress**

Ravi et al., *Frontiers in Neuroendocrinology*, 2019

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Posttraumatic Stress Symptoms

Re-experiencing

- nightmares
- graphic flashbacks

Avoidance

- of thoughts, places, people, and reminders of event

Heightened Arousal

- insomnia
- irritability/anger
- heightened startle response

Negative Changes in Mood and Cognition

- feeling detached, isolated
- blame of self/others
- memory loss

Diagnostic and Statistical Manual of Mental Disorders, 5th ed., 2013

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Posttraumatic Stress Disorder (PTSD)

<p><u>Posttraumatic Stress Symptoms</u></p> <table border="0" style="width: 100%;"><tr><td style="text-align: center; border: 1px solid gray; padding: 5px;">Re-experiencing</td><td style="text-align: center; border: 1px solid gray; padding: 5px;">Avoidance</td></tr><tr><td style="text-align: center; border: 1px solid gray; padding: 5px;">Heightened Arousal</td><td style="text-align: center; border: 1px solid gray; padding: 5px;">Negative Mood</td></tr></table>	Re-experiencing	Avoidance	Heightened Arousal	Negative Mood	<p><u>PTSD Diagnosis</u></p> <p>Symptoms for at least 1 month + Distress or social impairment</p>
Re-experiencing	Avoidance				
Heightened Arousal	Negative Mood				

Diagnostic and Statistical Manual of Mental Disorders, 5th ed., 2013

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Longstanding Effects of Trauma

SmartArt Graphic

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Longstanding Effects of Trauma

Adverse Childhood Experiences (ACEs)

- **10 categories of childhood maltreatment**
 - Abuse
 - Neglect
 - Household dysfunction (including witnessing IPV)

- **4 or more ACE exposures**
 - Associated with **longstanding health effects**

Felitti et al. 1998, ACE Study

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Longstanding Effects of Trauma

- **Adverse Childhood Experiences**

- **Public Health Concern**
 - Chronic diseases
 - Substance abuse
 - Mental health disorders
 - Early death
 - Risk for IPV
 - Intergenerational trauma

Felitti et al. 1998, ACE Study

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Longstanding Effects – Reproductive Health

- **Past trauma is associated with**
 - Higher rates of STIs
 - Chronic pelvic pain
 - Avoidance of pelvic examinations and cervical cancer screening
 - Late entry to prenatal care

Owens et al., Am J Obstet Gynecol, 2021

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Why Does Trauma Matter?

- It can have longstanding health effects
- Patients with a history of trauma may experience aspects of clinical care as re-traumatizing
- Healthcare professionals and clinical staff need to be aware of the impact of trauma...and the **risk of causing further harm in clinical encounters**

Raja et al., Family & Community Health, 2015

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Survivor Experiences

“the doctor was kind of cold, not personable at all, and those feelings [emotional memory of being abused, shame, vulnerability, nakedness] would come back to me in his office, and I found myself crying at every visit”

Seng et al., J Midwifery Women's Health, 2002

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What Can Be Done to Avoid Harm and Foster Resilience?



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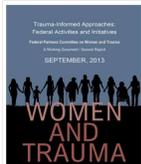
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Trauma-Informed Approaches

National Strategies

Federal Partners Committee on Women and Trauma Report



<https://www.nasmhpd.org/content/federal-partners-committee-women-and-trauma-report>
<https://www.samhsa.gov/trauma-informed-care>

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Trauma-Informed Reproductive Health Care: Practical Pearls and Pitfalls

Overview

- **Background**
 - What is trauma and why does it matter?
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Trauma-Informed Care

- NOT trauma-specific interventions
(i.e., mental health therapy)
- NOT about encouraging disclosure of past abuse
- NOT just about screening for current intimate partner violence

<http://www.samhsa.gov/nctic/trauma-interventions>

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Trauma-Informed Care

IS approach to providing health care that is sensitive to the needs of trauma survivors:

- Normalize the experience of past trauma
- Recognize behaviors as coping mechanisms
- Create “safer” environment
- **Avoid re-traumatization**

<http://www.samhsa.gov/nctic/trauma-interventions>

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Trauma-Informed Care 6 Guiding Principles

1. SAFETY 2. TRUSTWORTHINESS & TRANSPARENCY 3. PEER SUPPORT 4. COLLABORATION & MUTUALITY 5. EMPOWERMENT VOICE & CHOICE 6. CULTURAL, HISTORICAL & GENDER ISSUES

https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

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Trauma-Informed Care 6 Guiding Principles

SAFETY

1. SAFETY 2. TRUSTWORTHINESS & TRANSPARENCY 3. PEER SUPPORT 4. COLLABORATION & MUTUALITY 5. EMPOWERMENT VOICE & CHOICE 6. CULTURAL, HISTORICAL & GENDER ISSUES

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Trauma-Informed Care 6 Guiding Principles

TRUSTWORTHINESS &
TRANSPARENCY

1. SAFETY 2. TRUSTWORTHINESS & TRANSPARENCY 3. PEER SUPPORT 4. COLLABORATION & MUTUALITY 5. EMPOWERMENT VOICE & CHOICE 6. CULTURAL, HISTORICAL & GENDER ISSUES

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Trauma-Informed Care 6 Guiding Principles

PEER
SUPPORT

1. SAFETY 2. TRUSTWORTHINESS & TRANSPARENCY 3. PEER SUPPORT 4. COLLABORATION & MUTUALITY 5. EMPOWERMENT VOICE & CHOICE 6. CULTURAL, HISTORICAL & GENDER ISSUES

https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

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Trauma-Informed Care 6 Guiding Principles

COLLABORATION & MUTUALITY

1. SAFETY 2. TRUSTWORTHINESS & TRANSPARENCY 3. PEER SUPPORT 4. COLLABORATION & MUTUALITY 5. EMPOWERMENT VOICE & CHOICE 6. CULTURAL, HISTORICAL & GENDER ISSUES

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Trauma-Informed Care 6 Guiding Principles

VOICE & CHOICE

1. SAFETY 2. TRUSTWORTHINESS & TRANSPARENCY 3. PEER SUPPORT 4. COLLABORATION & MUTUALITY 5. EMPOWERMENT VOICE & CHOICE 6. CULTURAL, HISTORICAL & GENDER ISSUES

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Trauma-Informed Care 6 Guiding Principles

CULTURAL/
HISTORICAL
& GENDER
ISSUES

1. SAFETY 2. TRUSTWORTHINESS & TRANSPARENCY 3. PEER SUPPORT 4. COLLABORATION & MUTUALITY 5. EMPOWERMENT VOICE & CHOICE 6. CULTURAL, HISTORICAL & GENDER ISSUES

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So What Does TIC Really Look Like?

Principles Practical

SmartArt Graphic

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TIC “Universal Precautions”

- Set of standard, trauma-informed practices to use with **every patient** whether they disclose a trauma history or not
- Universal precautions fall into 3 general categories:
 - Verbal
 - Non-verbal/ behavioral
 - Environmental

Coles and Jones, Birth, 2009;
Raja et al., Family & Community Health, 2015

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Trauma-Informed Care: Goal

Threatening
encounter

Trauma-informed
setting

Relaxed
encounter

Author-designed graphic

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Trauma-Informed Care: All Personnel

How to Reach the Goal?

Trauma-informed setting

TIC at all Points of Contact

- Initial phone call
- Front desk check-in
- Medical assistant or nurse intake
- Provider encounter
- Lab
- Front desk check-out

Author-designed graphic

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The Case

- Marla is a 32-year-old new patient who calls your office to make an appointment
- What would it take for your practice to **engage with Marla in a respectful, patient-centered, trauma-informed way?**



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Initial Patient Call: Role of Receptionist

- What does trauma-informed care require?
- Suppose Marla sounds irritable?



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Initial Patient Call: Role of Receptionist

- What does trauma-informed care require?
- Suppose Marla sounds irritable?
 - Friendly greeting
 - Introduce oneself clearly
 - Listen and **respond to the patient's needs** rather than tone

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Check-In: Role of Front Desk Personnel

- **What does trauma-informed care require?**
- **Suppose Marla is 15 min late...**



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Check-In: Role of Front Desk Personnel

- **What does trauma-informed care require?**
- **Suppose Marla is 15 min late...**
 - Friendly greeting
 - Identify oneself
 - Protect privacy
 - **Explain everything – NO SURPRISES**
 - Offer options to wait or reschedule

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Waiting Room: The Environment

- What does trauma-informed care require?
- Suppose you are running behind?



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Waiting Room: The Environment

- What does trauma-informed care require?
- Suppose you are running behind?
 - Relaxed environment (soothing colors, art, soft lighting)
 - Position chairs so patient's **back never faces the door**
 - Give updates when provider is running behind
 - Give options to wait or reschedule

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Patient Intake: Medical Assistant Role

- **What does trauma-informed care require?**



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Patient Intake: Medical Assistant Role

- **What does trauma-informed care require?**
 - Walk in front
 - Ask before touching
 - Explain everything
 - Give time estimates
 - **“Is there anything I can do to make you more comfortable?”**

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The Encounter: Healthcare Practitioner

- What does trauma-informed care require?



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The Encounter: Healthcare Practitioner

- What does trauma-informed care require?
 - Friendly greeting
 - Ask the patient what name they like to be called and who they brought with them
 - Take history with patient **fully clothed**
 - Non-verbal communication:
 - DO **make eye contact**, sit at eye level
 - DON'T appear distracted when Marla is disclosing sensitive information
 - Verbal communication:
 - DO explain **overview of what to expect**, what body parts would you like to examine and why
 - DON'T discuss sensitive information with friends/family in the room

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The Encounter: Physical Exam

- What does trauma-informed care require?



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The Encounter: Physical Exam

- What does trauma-informed care require?
 - Prepare for exam:
 - Ask any family/friends to leave
 - Ask about previous experiences with similar exams
 - “Would you like a support person/music/other modifications to help make you more comfortable during exam?”
 - Explain everything (presence of medical assistant/ chaperone)
 - Offer gown + drape for privacy that fits
 - Allow to **keep body parts clothed** that don't need to be examined.
 - Show devices (speculum, IUD, etc.)

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The Encounter: Physical Exam

- **What does trauma-informed care require?**
 - **Conduct trauma-informed exam:**
 - Let patient know **they are in control** and can pause or stop the exam at any time
 - Give option for patient to place speculum
 - Always ask permission before touching
 - Warm hands/devices if cold
 - Give time estimate for each part of exam or procedure
 - Avoid suggestive/triggering phrases like “Relax”; Instead, **“Can you drop the right knee to the side?”**
 - STOP if visible distress or if patient asks to stop

Tillman S., J Midwifery Women's Health, 2020

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The Encounter: Physical Exam

- **What does trauma-informed care require?**
 - **Complete the exam:**
 - Explain that the exam is complete
 - **Allow patient to change** before discussing findings
 - Give wipes to clean; gel could be a trigger

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The Encounter: Wrap Up

- **What does trauma-informed care require?**



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The Encounter: Wrap Up

- **What does trauma-informed care require?**
 - **Summarize what was done/found** during the encounter
 - Circle back to addressing Marla's main concerns
 - Leave time for questions. If no questions or if Marla looks dazed, recognize that **some patients may dissociate** during stressful clinical encounters
 - **Document in patient-friendly language**
 - Give clear follow-up instructions, so Marla can read a copy of the notes later

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Trauma-Informed Universal Precautions

To observe with every patient...

– Verbal

- Always ask before touching
- Explain everything – no surprises (delays, physical exam)

– Non-verbal

- Minimize power imbalance
- Protect privacy, modesty
- STOP touching if visible distress

– Environmental

- Position chairs so back never facing the door
- Comfortable, clean, but not cold/sterile surroundings

Raja et al., Family & Community Health, 2015

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Becoming a Trauma-Informed Practice

- **Organizational change**, not just individual change, is required to have trauma-informed reproductive health clinic
- 6 TIC principles should guide TIC approach at multiple levels:
 - **Organizational**
 - **Interpersonal**
 - **Individual**

<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

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Becoming a Trauma-Informed Practice

- **How to begin?**
 - Adopt universal precautions in your own role
- **Helpful resources:**
 - **Reproductive Health National Training Center (RHNTC) 3-part meeting packages for clinic team**
 - [1\) Understanding Trauma and the Six Core Principles of a Trauma-Informed Approach Meeting Package](#)
 - [2\) Journey from Trauma-Aware to Trauma-Informed Meeting Package](#)
 - [3\) Creating Safe, Collaborative, and Empowering Environments Team Meeting Package](#)

<https://rhntc.org/resources/understanding-trauma-and-six-core-principles-trauma-informed-approach-meeting-package>

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Summary

- The roles of various **clinic** personnel are critical in providing safe, trauma-informed patient care in the reproductive health setting
- Universal trauma precautions for all patients involve non-verbal and verbal **communication and behaviors** to adopt and avoid to help prevent re-traumatization
- **Environmental** considerations are important for creating a trauma-informed clinical space

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Thank You

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- Tillman, S. (2020). Consent in pelvic care. *Journal of Midwifery & Women's Health*, 65(6), 749-758.

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A Case Study

- Rachel* is a 41-year old G3P1021 who reports irregular vaginal bleeding off and on for 2 months
- She requests medication to “make the bleeding stop”

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The Dialogue

You (the provider)

- We'll need to do a pelvic exam today before prescribing any medication.
- When was your last Pap smear?

Rachel

- Hesitates... “Ummm, 5 or 6 years ago.” She seems tearful and somewhat agitated

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The Case Continued...

- Rachel agrees to a pelvic exam after you explain the reasons this is so important
- During the exam, however, she begins to cry and clutch the exam table
- **A trauma-informed response is...**

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The Case Continued...

A trauma-informed response is:

- A. "I'm sorry, it will only take a few minutes and then it will be over"
- B. "I need to do this exam to find out what's causing the bleeding. Try to relax."
- C. Remove your fingers from the vagina and stop the exam.
- D. "I can see you are upset about having this exam. Can you share some of what you're feeling and your concerns?"

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Reminders

Online evaluation should be completed by each attendee to download a certificate for the live and archived webinars.

On April 28, 2022 by COB, the archived webinar link, handout and evaluation will be posted.

- **Access these items at**
<http://whb.ncpublichealth.com/provPart/training.htm>, click the heading *Family Planning Non-Required Trainings*.

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A professional development certificate will be provided to all individuals that complete the evaluation by the deadline. **Please Note:** This will be your only option to receive evidence of the professional development contact hours and/or CPH Recertification Credits. You will need to save this certificate.

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