



FPNTC

FAMILY PLANNING
NATIONAL TRAINING CENTER

Providing Trauma-Informed Care in Family Planning Clinics: From Theory to Practice

June 2, 2020



Meet our speaker!



Sheela Raja, PhD

Clinical Psychologist &
Associate Professor

Colleges of Dentistry and Medicine

University of Illinois at Chicago

Email: sraja1@uic.edu

Twitter: [@sheelaraja](https://twitter.com/sheelaraja)



Learning Objectives

- Describe how trauma can impact clients' engagement in family planning services
- Identify principles of trauma-informed care
- Describe benefits and limitations associated with trauma screening
- Use universal precautions approaches to provide trauma-informed family planning care



FPNTC

FAMILY PLANNING
NATIONAL TRAINING CENTER

Defining Trauma



Potentially Traumatic Events



Based on the DSM V: The person has been exposed to a traumatic event where they experience, witness, or are confronted with death (or threatened death), serious injury, or threat to physical integrity

Motor Vehicle Accidents, Natural Disasters, Sexual Assault, Childhood Sexual Abuse, Domestic Violence, Community Violence, Combat, Elder Abuse, Homicide, Suicide of Loved One

Toxic Stress

- Strong, frequent or prolonged stressors
- Abuse, neglect, caregiver mental illness or incarceration, poverty
- Lack of adult support
- Disrupts brain and body functioning
 - Leaves child vulnerable to future physical, emotional and cognitive disruptions

Source: [Center on the Developing Child \(Harvard\)](http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/)

(http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/)

What is Trauma?

A Practical Definition

- Non-consensual
- Victim is in discomfort, fear, feels intimidated
- Bodily integrity (or that of someone else is threatened)

Source: <http://www.ncvc.org>





FPNTC

FAMILY PLANNING
NATIONAL TRAINING CENTER

Prevalence of Trauma in the United States



Child Abuse

- More than **5 children** die every day as a result of child abuse
- **1 out of 4 girls** and **1 out of 6 boys** report a history of childhood sexual abuse
- Younger and special needs children are vulnerable

Sources: [ACF, Child Maltreatment 2011](#); [USGAO, 2011](#); and <https://www.nsvrc.org>

Sexual Assault and Intimate Partner Violence

- National random sample of US adult population: **18% of women** and **1.5% of men** experience adult sexual assault
- Nearly **1 in 4 women** in the US reports experiencing violence by a current/former spouse or boyfriend in her lifetime

Source: [CDC](https://www.cdc.gov/ViolencePrevention/pdf/SV-DataSheet-a.pdf) (<https://www.cdc.gov/ViolencePrevention/pdf/SV-DataSheet-a.pdf>)

Human Trafficking

- Difficult to estimate and largely under-reported
- Polaris Project: 10,949 cases of human trafficking (2018)
 - 80% are sex trafficking, 20% labor trafficking
- Department of Justice investigates far fewer cases
 - 80% were adults and 20% minors
 - 80% female, 16% male, 2% transgender

Elder Abuse

- The physical, sexual, financial, or emotional abuse or neglect of an elderly person, usually one who is disabled and frail
- **1 in 10 seniors** report experiencing elder abuse (only 1/14 cases reported)

Source: Cooper, Selwood, & Livingston, 2008; Rosay & Mulford, 2016

Combat Exposure

- **7% of US population**, either as soldiers or immigrants/refugees
- Military sexual trauma and harassment: **4% of men, 39% of women** report harassment or assault

Source: [Wilson, 2016](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096796/) (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096796/)

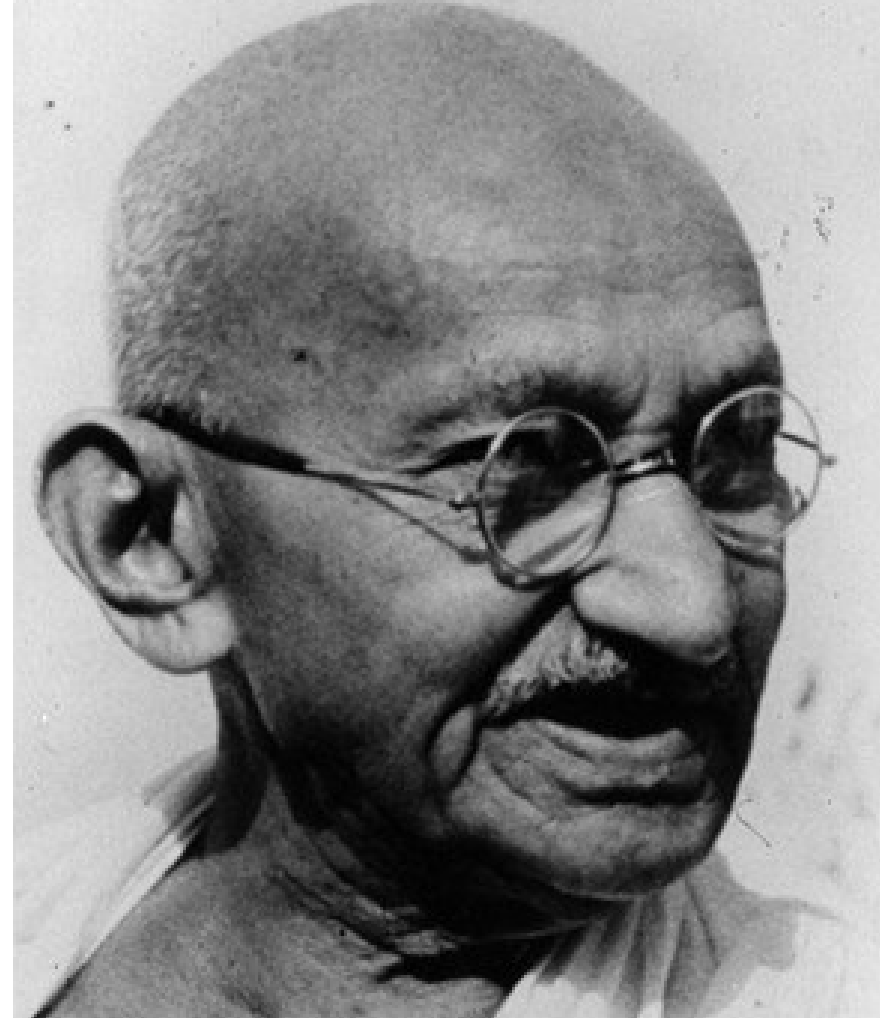
Community Violence & Firearms

- Approximately **12,000 firearm homicides** per year (greater than any other industrialized nation)
 - US is 5% of the world's population and has over 30% of the world's mass shootings
- The CDC now reports that the rate of firearms and MVA death are now equal in the US (~**30,000** from each cause/year; includes suicides)
- PTSD rates in some neighborhoods may be the same as for war veterans

Source: [CDC](https://www.cdc.gov/nchs/fastats/injury.htm) (<https://www.cdc.gov/nchs/fastats/injury.htm>)

Vulnerable Populations

- Seniors in Nursing Homes or Institutional Settings
- Homeless Individuals
- Clients with HIV/AIDS
- Refugees



The true measure of any society can be found in how it treats its most vulnerable members

— *Mahatma Gandhi* —



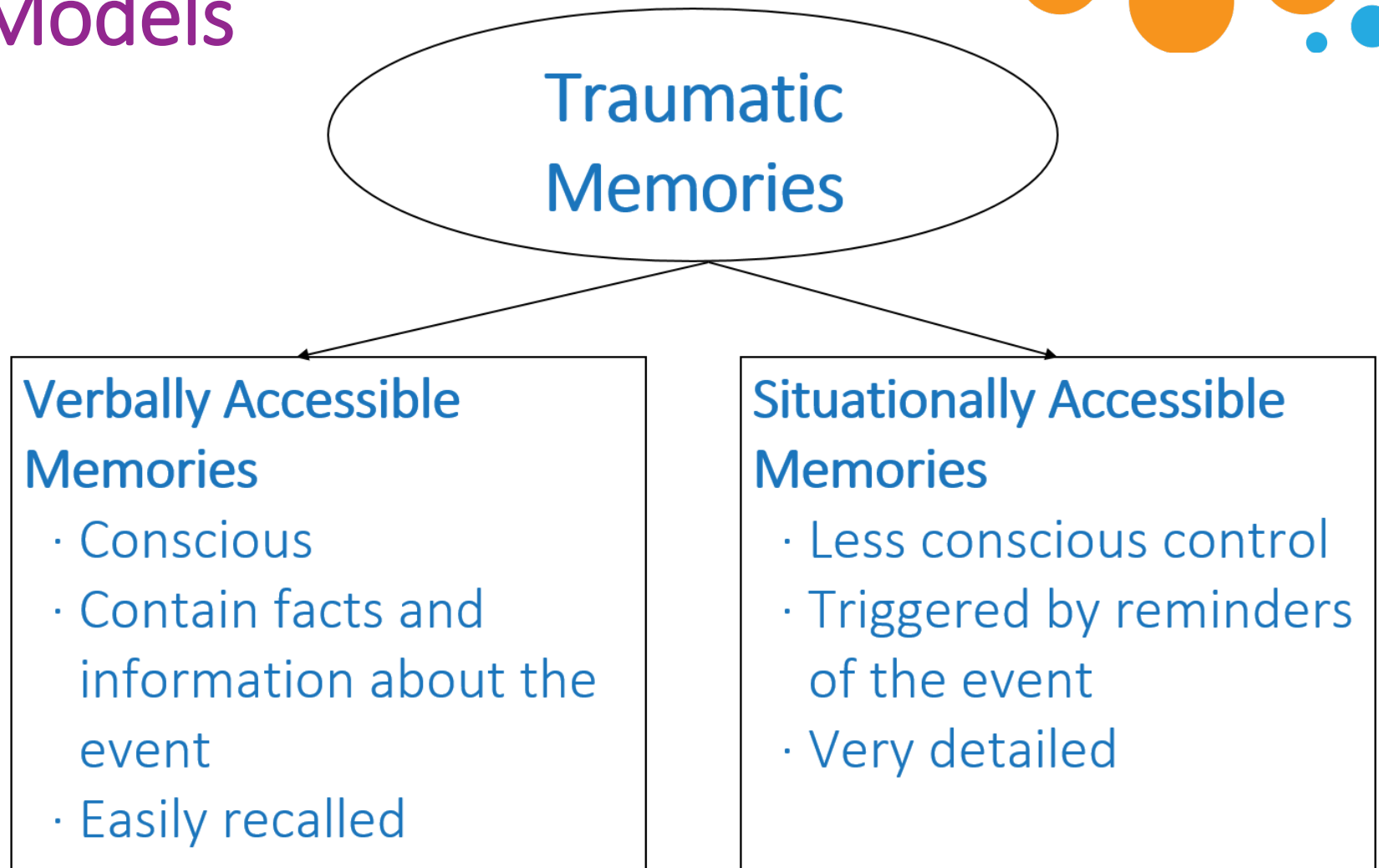
FPNTC

FAMILY PLANNING
NATIONAL TRAINING CENTER

How is Trauma Processed?



Dual Representation Models



Applications



How might this “dual processing” influence a patient’s physical health or their experiences in sexual and reproductive healthcare?

Dissociative Freeze (Tonic Immobility)



- Seen in both animals and humans
- Occurs in the face of an inescapable danger, when fight or flight response is unsuccessful
- Body may respond by releasing analgesics, stopping movement (freezing) and reducing cognitive activity
- Allows survivor to localize sound and develop a clear image of the possible threat, time for cognitive processing about how to proceed

Source: Briere, Scott & Weathers, 2005; Perry, Pollard, Blakley, Baker, & Vigilante, (1995)

Case Discussion #1



You are seeing an 18-year-old who has come in for a method of contraception and has decided on an IUD but seems particularly uncomfortable about the idea of a pelvic exam. She recently started college. This is your second appointment. When you examine her, she seems jumpy and nervous and she closes her legs and tightens up when you try to introduce the speculum. Her level of anxiety seems very high to you, and you suspect there may be something in her past that is contributing to the anxiety.

- What kinds of questions might you ask the patient?
- If you suspect a traumatic event in the patient's past, do you ask about it directly? Why or why not?
- What kinds of techniques can you use to calm the patient down?



FPNTC

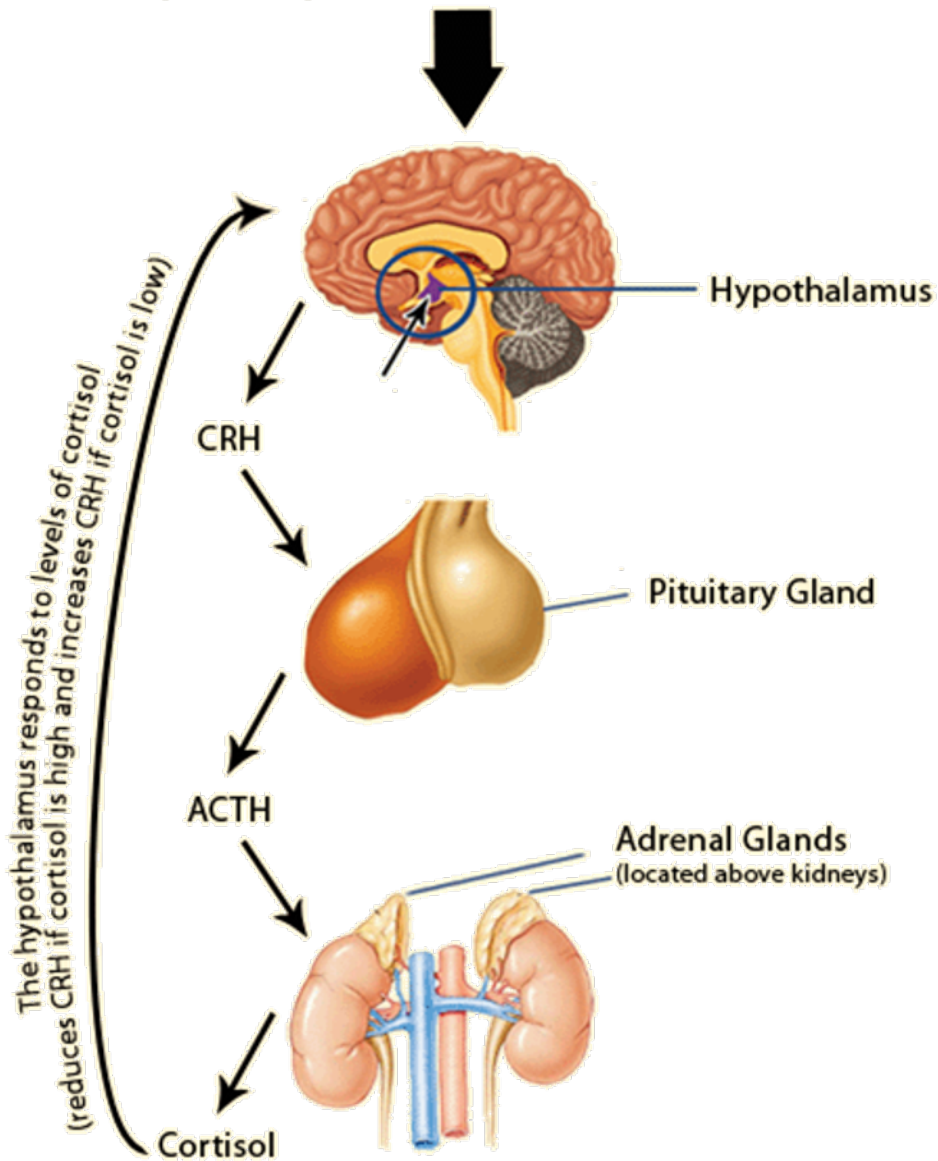
FAMILY PLANNING
NATIONAL TRAINING CENTER

From Neurons to Neighborhoods



Stress

Physical, psychological or environmental



Source: <http://stress.about.com>

Stress & the HPA axis

Amygdala

- Senses Threat

Hypothalamus

- Releases corticotropin releasing hormone

Pituitary

- Releases adrenocorticotrophic releasing hormone

Adrenal Cortex

- Releases glucocorticoids (including cortisol)

The Neurophysiology of Stress



SNS and HPA
chronic reactivity is
damaging to the
body



Impedes
hippocampal
development (and
can impair
memory)



Chronic increase in
blood pressure can
lead to damaged
blood vessels and
heart disease



Chronic increases in
blood sugar may
lead to increased
insulin production,
and eventually,
insulin resistance

Coping with Trauma

- Smoking
- Alcohol/substance misuse
- Overeating
- High-risk sexual behavior

Utilization of Preventative Care



Trauma survivors are less likely:

- To obtain regular mammograms
- To obtain regular cervical cancer screenings
- To attend regular dental appointments

Sources: Farley, Golding, & Minkoff (2002); Farley, Minkoff, & Barkan (2001); Farley & Patsalides (2001)

Sheela Raja, PhD



What if you are survivor of intimate partner violence? *“Let me just take a closer look...”*



What if you are survivor of human trafficking? *“Hold still. This will only hurt a little...”*



What if you are survivor of sexual assault? *“Hold still. Don’t breathe...don’t move...”*



What if you are a survivor of childhood sexual abuse? *“Just lie back and relax. Try not to move suddenly...”*



What if you live with community violence on a daily basis?

Yes, you know you need to stop smoking and eat better, but...

Trauma Survivors in Healthcare

- Having to lie down for treatment
- Objects used during exams
- Fear of flashbacks
- Fear of authority
- Fear of being touched
- Fear of pain
- Anxiety regarding potential diagnoses



Source: Schachter, C.L., Stalker, C.A., Teram, E., Lasiuk, G.C., Danilkewich, A. (2008)



FPNTC

FAMILY PLANNING
NATIONAL TRAINING CENTER

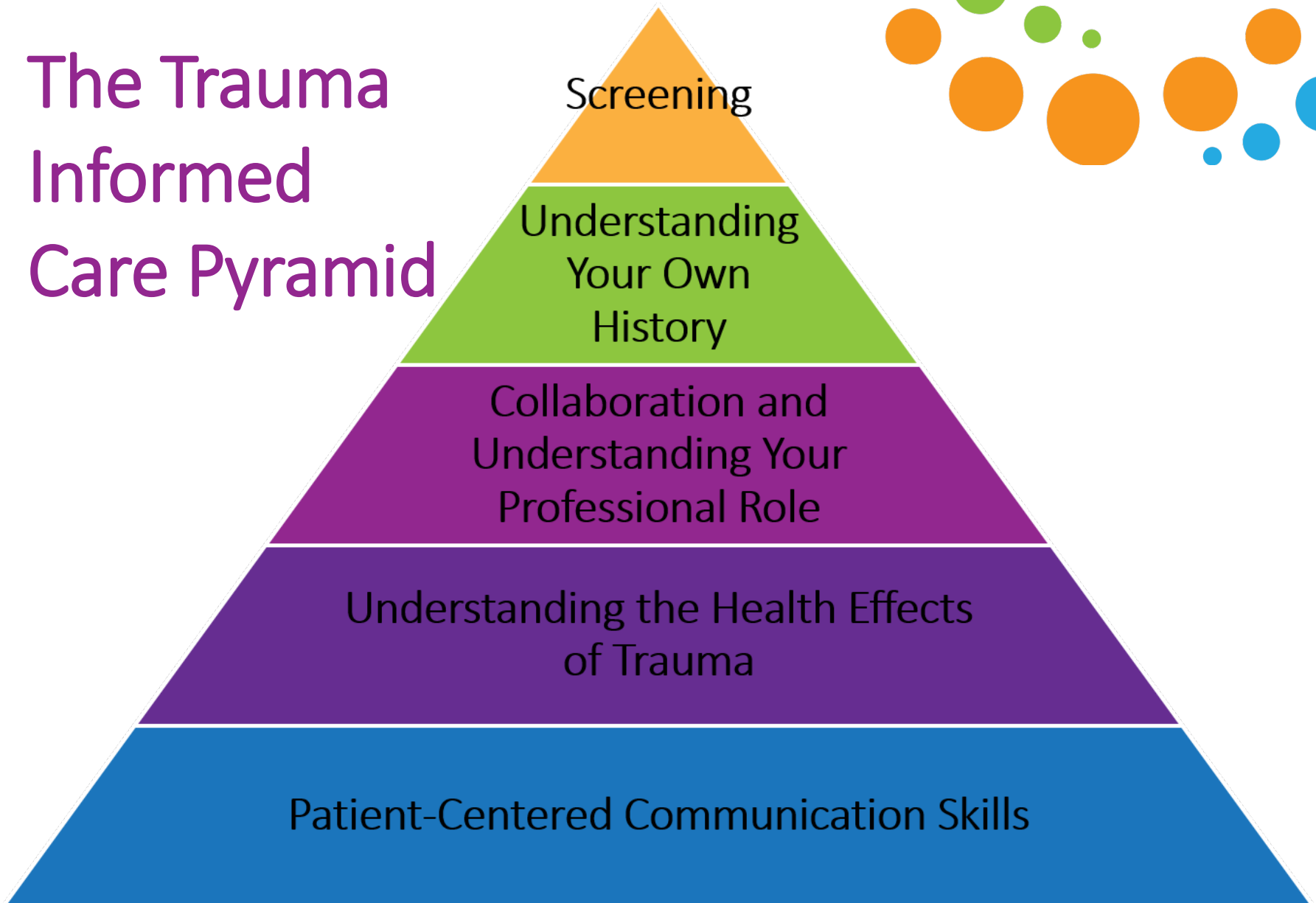
Trauma-Informed Care



Specific Suggestions: What is Trauma-Informed Care?

Every part of an agency or institution (from front desk staff, administrators, to care providers) understand the effects of traumatic events, sensitively interact with trauma survivors, avoid re-traumatization, and engage in trauma screening and prevention as appropriate

The Trauma Informed Care Pyramid



Source: Raja, et al. 2015

Sheela Raja, PhD

Universal Trauma Precautions



- Patient-centered communication skills
- Explain that stress can influence coping and physiology (in understandable, plain language)
- Collaboration
- Professional self-care

Patient-Centered Communication Skills



Behavioral Strategies

- Ask your patient if there is anything you can do to make them more comfortable.
- If the patient seems worried or anxious about a specific procedure, ask them to think about what has helped them with a stressful situation in the past.
- Use tell-show-do modeling to let the patient know what you are going to do in advance—give them an overview of the whole appointment.
- Let the patient know that they can raise their hand (or another signal) and you will stop the procedure, if it is medically safe to do so.
- Don't just rely on distraction techniques (use PMR, guided imagery, etc.)

Sample Statements

“What can I do to make you more comfortable during this pelvic exam?”

“Before we proceed, is there anything else you think I should know?”

Just to let you know, this is generally how a pelvic exam is done. First, I will get a history, then we will do the exam, where you will feel some pressure. And then I will call you in a week to go over the results. Let me know if you have questions along the way.”

“I know these questions may feel very personal. I ask all my clients about their sexual health history so I can provide the best care possible.”

Understanding the Health Effects of Trauma



Does not involve the provider delving into trauma history

Awareness of the health-related effects of traumatic events

Educating patients in non-technical language

- Negative coping behaviors (e.g., smoking, drinking, overeating, high risk sexual behavior) may be related to stressful life experiences
- Consistent with patient-centered communication skills and the principles of Motivational Interviewing

Collaboration & Understanding Your Professional Role 1/2



Maintain a list of referral sources for patients who do disclose a trauma history

Keep information readily available to all patients in the waiting room (including local referral sources and national hotlines)

Collaboration & Understanding Your Professional Role 2/2



Understanding your mandatory reporting & inform patients to the exceptions to maintaining confidentiality (in most states, in the case of child and elder abuse)

Respect the wishes of survivors to report (or not report) abuse when mandatory reporting is not required (for example, in some states domestic violence does not need to be reported)

Reporting

Mandatory Child Abuse Reporting in Title X-Funded Family Planning Settings:
Instructions for Customizing and Delivering a State-Specific Training:

<https://www.fpntc.org/resources/mandatory-child-abuse-reporting-title-x-funded-family-planning-settings-instructions>

Trauma-Informed Mandatory Child Abuse Reporting in a Family Planning
Setting Video: <https://www.fpntc.org/resources/trauma-informed-mandatory-child-abuse-reporting-family-planning-setting-video>

Child Abuse Reporting: <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/>

Domestic/Interpersonal Violence:
https://www.acf.hhs.gov/sites/default/files/fysb/state_compendium.pdf

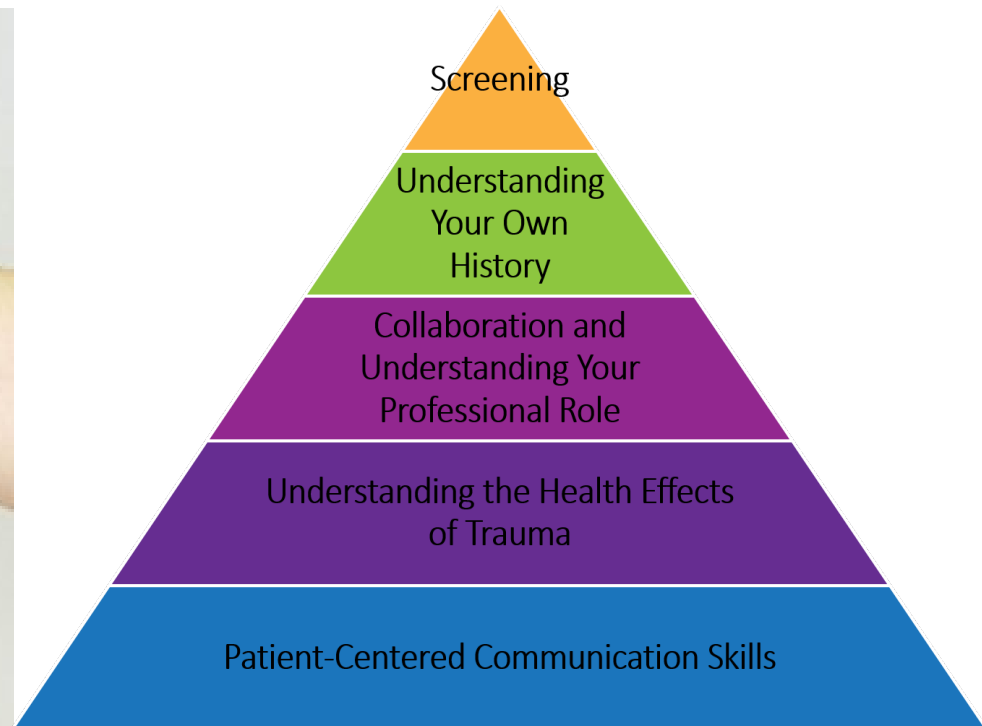
Understanding Your Own History



- Providers are human beings too
- Your own history may interfere with your ability to ask questions or be empathic to a survivor
- Focus on present-centered communication that is within your expertise
- Support good self-care for your staff [guard against compassion fatigue, vicarious (or secondary) trauma, burnout, and moral distress]

Most the Trauma-Informed Pyramid

- Does not require screening, asking, delving...
- Just Universal Trauma Precautions!



Case Discussion #2



A 16-year-old presents complaining of a foul-smelling discharge, and you find perianal tears and perineal bruising you suspect has been abused and you feel you need to make a report on? You strongly suspect sexual abuse.

- What are your mandatory reporting requirements?
- What would you document in the patient's chart?
- What kinds of options can you offer the patient in terms of medical care?
- If you do report, do you discuss it with her?

Acute Injury

“AVDR”

Ask

Validate

Document

Refer



Source: Hsieh, 2006

Responding to Disclosure of Past Trauma

- Provide validation and empathy: “I’m sorry that happened to you.”
- Provide education and normalization: “Many patients have had experiences like yours and for some, it can continue to affect them even many years later. People can recover.”
- Assess current difficulties: “How much does this continue to affect your daily life today? In what ways?”
- Assess social support: “Have you been able to talk to others in your life about this?”
- Assess implications for care: “Do you think this might affect your healthcare?”

Source: Amy Street, PhD

Screen When Appropriate

- High risk environments
- Ongoing, long-term relationships
- Settings with integrated care
- Acute injuries (not really screening)
- How do you ask the questions?
- What kinds of trauma do you ask about?
- Do you screen for trauma, problem behaviors/diagnoses, or coping skills?

Patient Attitudes Toward Screening

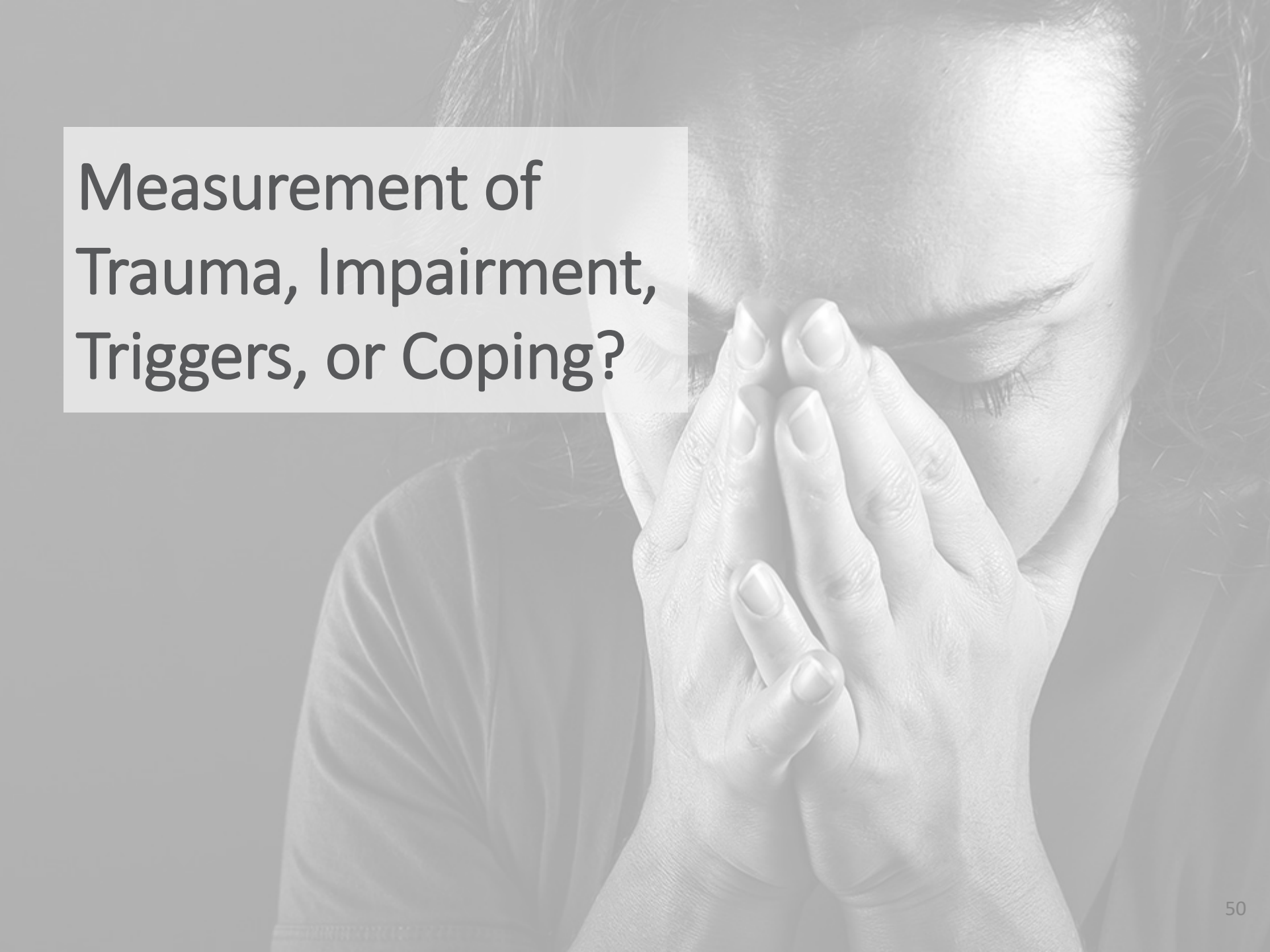
- Most comfortable with demographics and medical information
- Less comfortable discussing mental health, violence/trauma history, housing and food insecurity and other household variables

Source: Raja, da Fonseca, & Rabinowitz, 2020

Barriers to Screening

- Fear of offending patients
- Unsure how to respond to disclosure
- Limited time to conduct screening
- Lack of effective interventions once identified
- Where to refer

Source: Green et al., 2011; Waalen, et al., 2000



Measurement of Trauma, Impairment, Triggers, or Coping?



FPNTC

FAMILY PLANNING
NATIONAL TRAINING CENTER

Screening Instruments



Life Events Checklist – 5

LEC-5

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						

Source: Weathers et al, 2013.

Sheela Raja, PhD

What is an ACE?

Growing up experiencing any of the following conditions in the household prior to age 18

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol/and or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

Philadelphia study added:

- discrimination
- community violence
- food insecurity
- bullying

Source: <http://www.cestudy.org/>

Potential Pitfalls of Universal Screening



- Which events to screen for (childhood vs. adult, current vs. lifetime)?
- Retrospective recall can be biased (ACE scores—abuse/neglect items may not be stable over time—compared to family dysfunction questions)
- What “dosage” of trauma are we looking for?
- Are all traumas equal in their impact?
- Do we have effective interventions once identified?
- Adverse reactions (patients who may not be ready to discuss details who go home and drink, self-injure, etc.)
- Medicalizing symptoms that don’t need medicalization

Resilience is the Norm

1: the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress

2: an ability to recover from or adjust easily to misfortune or change



Future Directions

- Screen for current functioning (health behaviors, mental health issues) and refer those in need of more intervention
- Screen for triggers in the healthcare environment (e.g., supine position, loss of control...)

Primary Care PTSD Screen – 5 (PC-PTSD)



In your life have you ever had an experience that was so frightening, horrible, or upsetting that, in the past month you:

- had nightmares about the event(s) or thought about the event(s) when you did not want to?
- tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
- been constantly on guard, watchful, or easily startled?
- felt numb or detached from people, activities, or your surroundings?
- felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

Brief COPE Instrument— Adults 1/2



1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real."
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.
8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape.
10. I've been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.

Source: Carver, C. S. (1997)

Brief COPE Instrument— Adults 2/2



15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what to do.
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take.
26. I've been blaming myself for things that happened.
27. I've been praying or meditating.
28. I've been making fun of the situation.

Source: Carver, C. S. (1997)

Copies of the HTQ scales (HTQ-M, HTQ-F, HTQ-U)

Many individuals who have experienced sexual abuse find that aspects of the healthcare environment can trigger memories, thoughts, feelings, or sensations related to their sexual abuse. Below is a list of potential triggers likely to be encountered in the healthcare environment. We are interested to learn which of these may be a trigger for you.

For each item below, please rate it either 0 = Not a Trigger or 1 = A Trigger based on whether you imagine that item would be or could potentially be a trigger for you. Please rate each item as best you can. If you are unfamiliar with an item, you can leave that question blank.

HTQ-M Item	0 = Not a Trigger	1 = A Trigger
1. Genital exam	0	1
2. Prostate exam	0	1
3. Provider touches your buttocks	0	1
4. Feeling a lack of control	0	1
5. Provider whose mannerisms are similar to perpetrator	0	1
6. Provider touches your lips	0	1
7. Being in close physical proximity to authority figures (e.g., medical provider)	0	1
8. Radiological/imaging tests	0	1
9. Quick movements by providers	0	1
10. Dark/low lit exam rooms	0	1

HTQ-F Item	0 = Not a Trigger	1 = A Trigger
1. Gynecologic exam	0	1
2. Feeling a lack of control	0	1
3. Pap smear	0	1
4. Conversation about intimate details	0	1
5. Hearing others cry out with anxiety or distress	0	1
6. Mammogram	0	1
7. Physical touch	0	1
8. Being in close physical proximity to authority figures (e.g., medical provider)	0	1
9. Provider moving your head	0	1
10. Dark/low lit exam rooms	0	1

HTQ-U Item	0 = Not a Trigger	1 = A Trigger
1. Provider touches your genitals	0	1
2. Conversation about intimate details	0	1
3. Disrobing/removing clothing	0	1
4. Physical touch	0	1
5. Being told "please relax"	0	1
6. Lying on an exam table	0	1
7. Technician adjusting positioning while lying on a table	0	1
8. Being in a treatment room alone	0	1
9. Quick movements by providers	0	1
10. Dark/low lit exam rooms	0	1



The Final Frontier: Advocacy

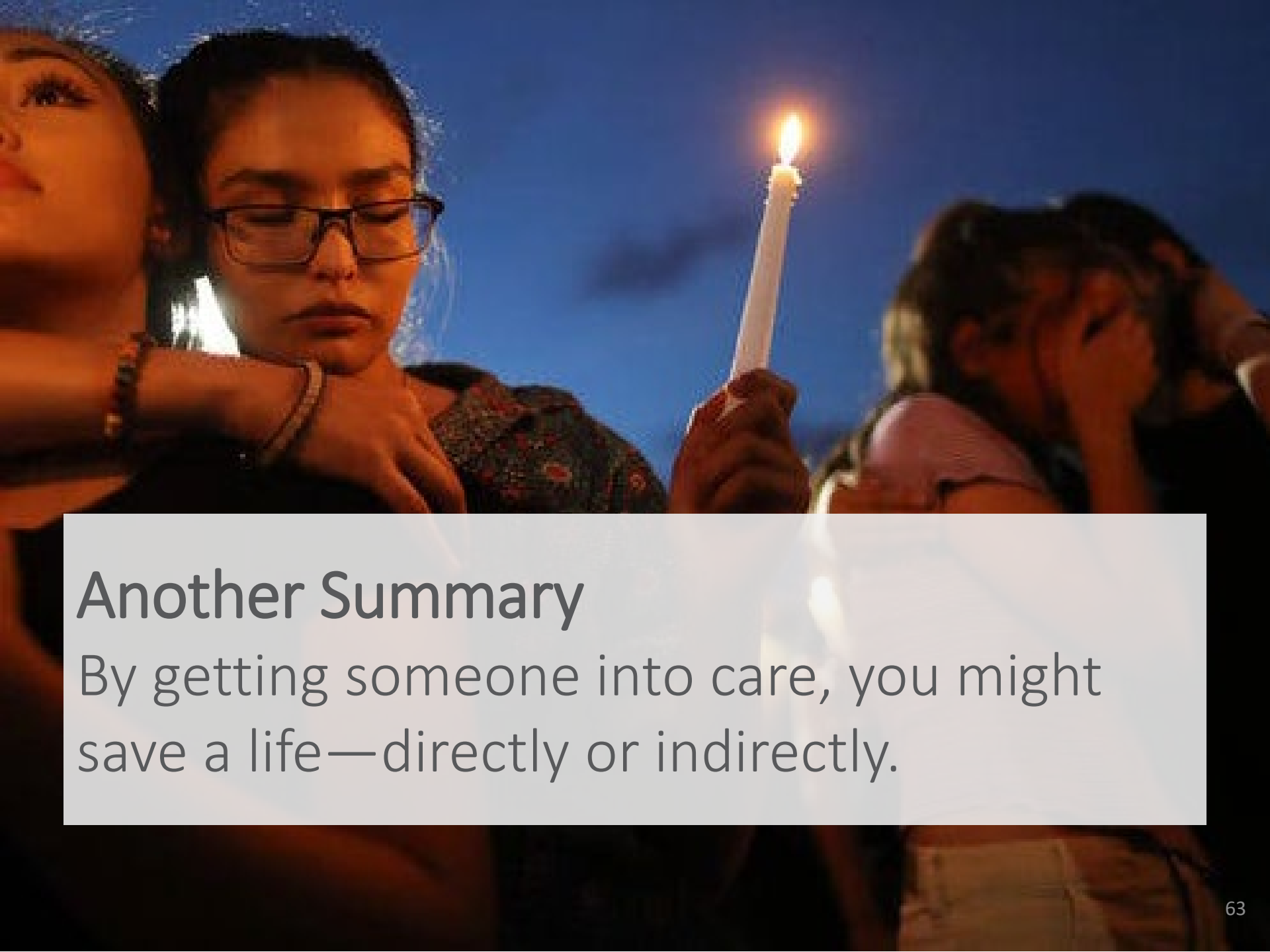


- Change isn't going to happen in the office
- Public policy that ameliorates the prevalence of trauma (e.g., living wage, affordable childcare, reduction in food insecurity and homelessness, violence prevention, and work to reduce discrimination, and bias) may be the most powerful ways to combat violence and trauma

Summary

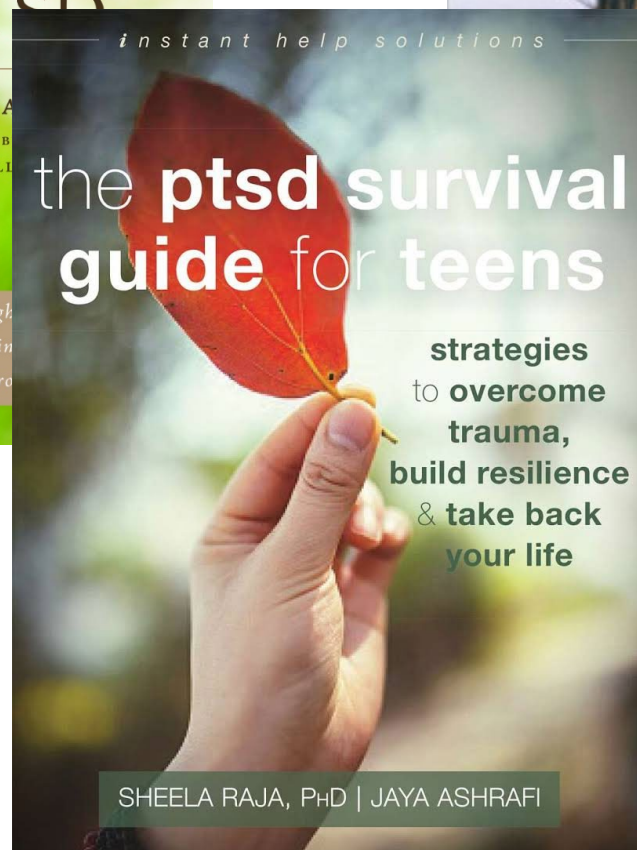
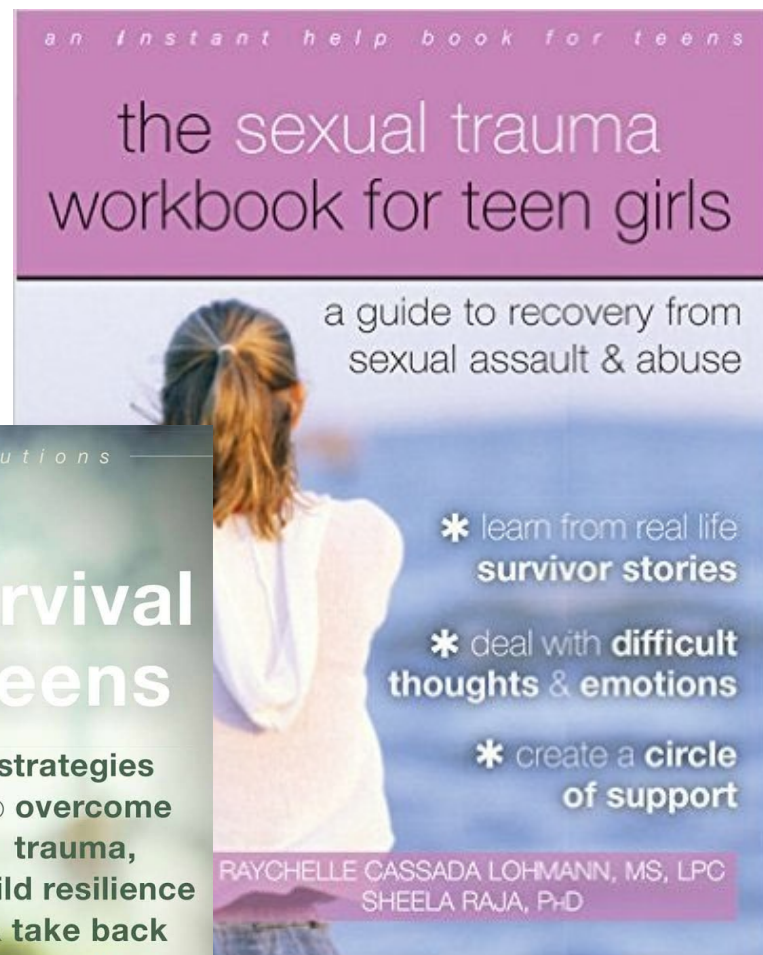
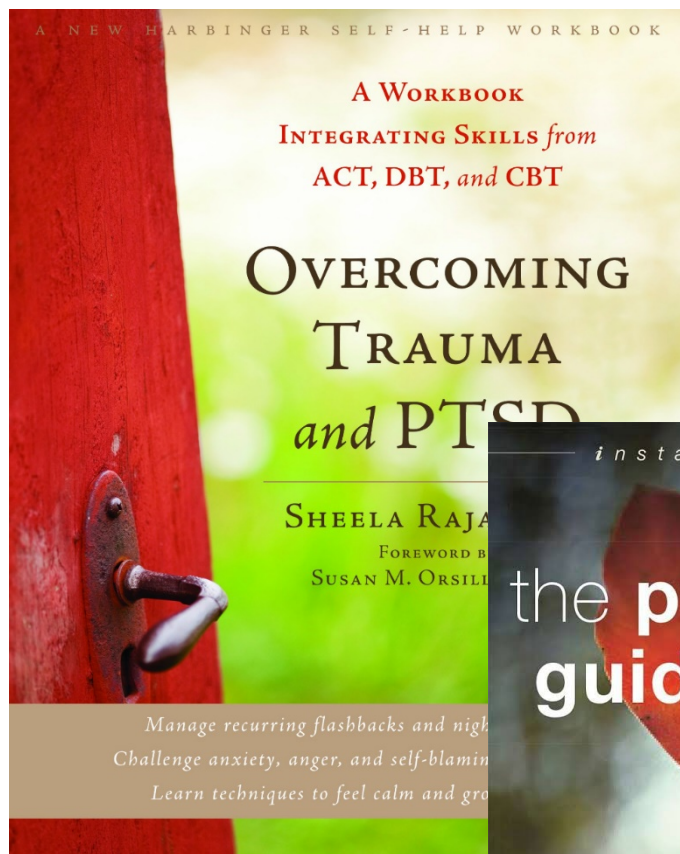


- Traumatic events are prevalent
- Trauma effects the way people cope, their neurophysiology and physical health
- The Trauma-Informed Pyramid can be used to sensitively engage patients in healthcare
- Universal trauma precautions can help engage patients in care
- Screening can take many forms and can play a role in healing



Another Summary

By getting someone into care, you might save a life—directly or indirectly.





FPNTC
FAMILY PLANNING
NATIONAL TRAINING CENTER

Thank you!
Questions or suggestions?

Email fpntc@jsi.org | sraja1@uic.edu

Subscribe at www.fpntc.org/enewsletter

The content of this presentation should not be modified without explicit permission by and proper attribution to the author.

This presentation was supported by Award No. FPTPA006028-04-00 from the Office of Population Affairs (OPA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.