
Caring for Patients Who Have Experienced Trauma

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Goals for today

- **Build a practical understanding of trauma-informed care during the perinatal period**
 - Understand the prevalence and effects of trauma
 - Understand the concept of trauma-informed care and its implementation
 - Learn how to screen and manage patients
 - For prior trauma
 - For ongoing trauma
 - Explore resources that are helpful for trauma survivors in the perinatal period

ACOG Recommendations

- **Be able to recognize prevalent/effect of trauma on patients and the healthcare team**
- **Incorporate trauma-informed model of care into practice**
- Build a trauma-informed workforce
- **Create a safe physical and emotional environment for patients/staff**
- **Implement universal screening for trauma history**
- Balance trainee education with potential negative effect on patients

What is trauma?

- **Exposure to actual or threatened death, serious injury, or sexual violence** in one (or more) of the following ways:
 - Directly experiencing the traumatic event(s).
 - Witnessing, in person, the event(s) as it occurred to others.
 - Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

What is trauma?

- **Can include:**
 - Intimate partner violence
 - sexual assault and rape
 - childhood abuse
 - natural disasters
 - community and gun violence
 - obstetric trauma
 - And more
- **Trauma is very common**
 - 83% of Americans have suffered a criterion A trauma
 - PTSD affects women at 2x the rate of men
 - The most common causes of PTSD are rape and domestic violence
 - IPV is more common in pregnancy than gestational diabetes!

Effects of trauma

- Trauma-exposed moms are:
 - ~3x more likely to have a history of mental illness
 - More likely to have low birthweight and preterm birth infants
 - More likely to develop a perinatal mood disorder
 - More likely to use substances
 - More likely to have poorer mother-infant relationship quality
- Sexual abuse (especially in childhood) is the trauma most associated with adverse outcomes

Blackmore ER, Putnam FW, Pressman EK, Rubinow DR, Putnam KT, Matthieu MM, Gilchrist MA, Jones I, O'Connor TG. The Effects of Trauma History and Prenatal Affective Symptoms on Obstetric Outcomes. *J Trauma Stress*. 2016 Jun;29(3):245-52. doi: 10.1002/jts.22095. PMID: 27276162; PMCID: PMC4902169.

Trauma impacts healthcare

- Provision of care can be re-traumatizing
- Affects quality of relationships with healthcare providers
- Can lead to less follow up and adherence for patients
- Can lead to burnout and vicarious trauma in providers

How can care be re-traumatizing?

- ~50% of sexual assault survivors can suffer flashbacks or anxiety during a gynecologic exam
- Unclear communication about who is in the room during birth or during exams
- Lack of control of who is on their care team (i.e., male providers)
- Lack of explanation of procedures and interventions
- Lack of adequate pain control

Gorfinkel I, Perlow E, Macdonald S. The trauma-informed genital and gynecologic examination. *CMAJ*. 2021;193(28):E1090. doi:10.1503/cmaj.210331

Sobel L, O'Rourke-Suchoff D, Holland E, et al. Pregnancy and Childbirth After Sexual Trauma: Patient Perspectives and Care Preferences. *Obstet Gynecol*. 2018;132(6):1461-1468. doi:10.1097/AOG.0000000000002956

What is trauma-informed care?

Trauma-informed care seeks to:

- ✓ Realize the widespread impact of trauma and understand paths for recovery;
- ✓ Recognize the signs and symptoms of trauma in patients, families, and staff;
- ✓ Integrate knowledge about trauma into policies, procedures, and practices; and
- ✓ Actively avoid re-traumatization.

*(Adapted from the Substance Abuse and Mental Health Services Administration's "**Trauma-Informed Approach.**")*

What is trauma-informed care?



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility + Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

(Adapted from the Substance Abuse and Mental Health Services Administration's "Guiding Principles of Trauma-Informed Care.")

What is trauma-informed care?

“A non-trauma-informed system punishes and blames your adult actions and asks, ‘what’s wrong with you?’ A trauma-informed provider will hold you accountable for your adult actions, but give you space and time to process ‘what happened to you?’ without adding guilt and more trauma.”

Patient at Stephen and Sandra Sheller
11th Street Family Health Services
of Drexel University, Philadelphia, PA

What does trauma-informed care look like?

Key Ingredients of Trauma-Informed Clinical Practices

1. Involving patients in the treatment process
2. Screening for trauma
3. Training staff in trauma-specific treatment approaches
4. Engaging referral sources and partnering organizations

Physical Environment

Do's:

- Well lit and clean
- Respectful and responsive staff
- Clear signage in multiple languages (if needed)
- Reduces environmental stressors for patients

[Trauma-informed design link](#)

Approach

Do's:

- Assume everyone is a survivor
- Check chart before entering
- Knock!
- Introduce self clearly
- Use open-ended questions
- Over-explain and provide context

Trauma-informed interview

American Psychiatric Association website.

Call AMH for Moms: 833-978-6667

Screening - prior history

Do's:

- Recommended to use a checklist to ensure thoroughness
- Self-administered checklists prior to visit can be most helpful

Examples:

- Stressful life experiences checklist (SLE)
- Brief trauma questionnaire

Exhibit 1.4-3 SLE Screening

Please fill in the number that best represents how much the following statements describe your experiences. You will need to use two scales, one for how well the statement describes your experiences and one for how stressful you found this experience. The two scales are below.

Describes your Experience:

0	1	2	3	4	5	6	7	8	9	10
Did not experience this	a little like my experiences				somewhat like my experiences					exactly like my experiences

Stressfulness of Experience:

0	1	2	3	4	5	6	7	8	9	10
Not at all stressful	not very stressful				somewhat stressful					extremely stressful

Describes your Experience	Life Experience	Stressfulness Then	Stressfulness Now
	I have witnessed or experienced a natural disaster; like a hurricane or earthquake.		
	I have witnessed or experienced a human made disaster like a plane crash or industrial disaster.		
	I have witnessed or experienced a serious accident or injury.		

American Psychiatric Association website.

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Screening - active trauma

If patient has mental health issues, APA recommends universal screening for ongoing gender-based violence (intimate partner violence, trafficking, abuse)

Do's:

- Ask only when the person is alone
- Make no judgements
- Use appropriate language

Trauma-informed screening

1. Provide normalizing/indirect comments

–“Many people can feel physically, emotionally, or sexually unsafe in their relationships.”

–“Even when people care about each other, they can sometimes do things to harm the other person.”

2. Then, ask directly

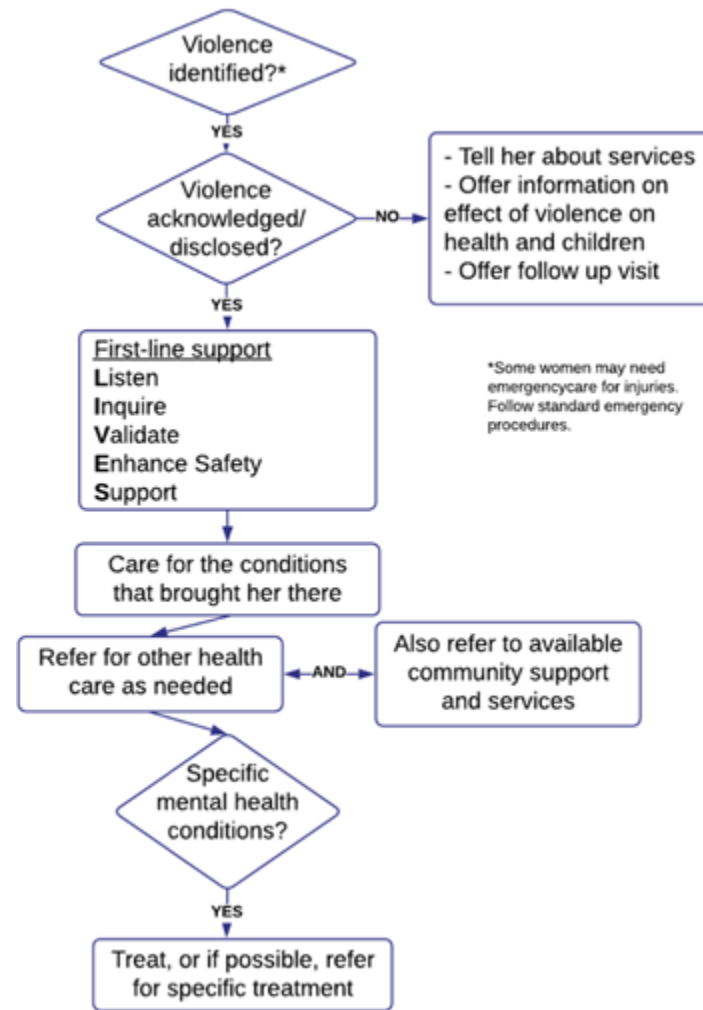
STaT Intimate Partner Violence Screening Tool

1. Have you ever been in a relationship where your partner has pushed or **Slapped** you?
2. Have you ever been in a relationship where your partner **Threatened** you with violence?
3. Have you ever been in a relationship where your partner has thrown, broken, or punched **Things**?

Trauma-informed screening

Deficit-based	Strengths-based
Victim, battered woman	Survivor
Crime of passion, domestic issue	Intimate-partner violence
Abuser, wife beater, batterer	Person who uses violence
"Why didn't you fight back/leave/etc?"	"What keeps you invested in the relationship?"
"Really? Did that actually happen?"	Believe the survivor
"People get into arguments sometimes."	Don't minimize the survivor's experience

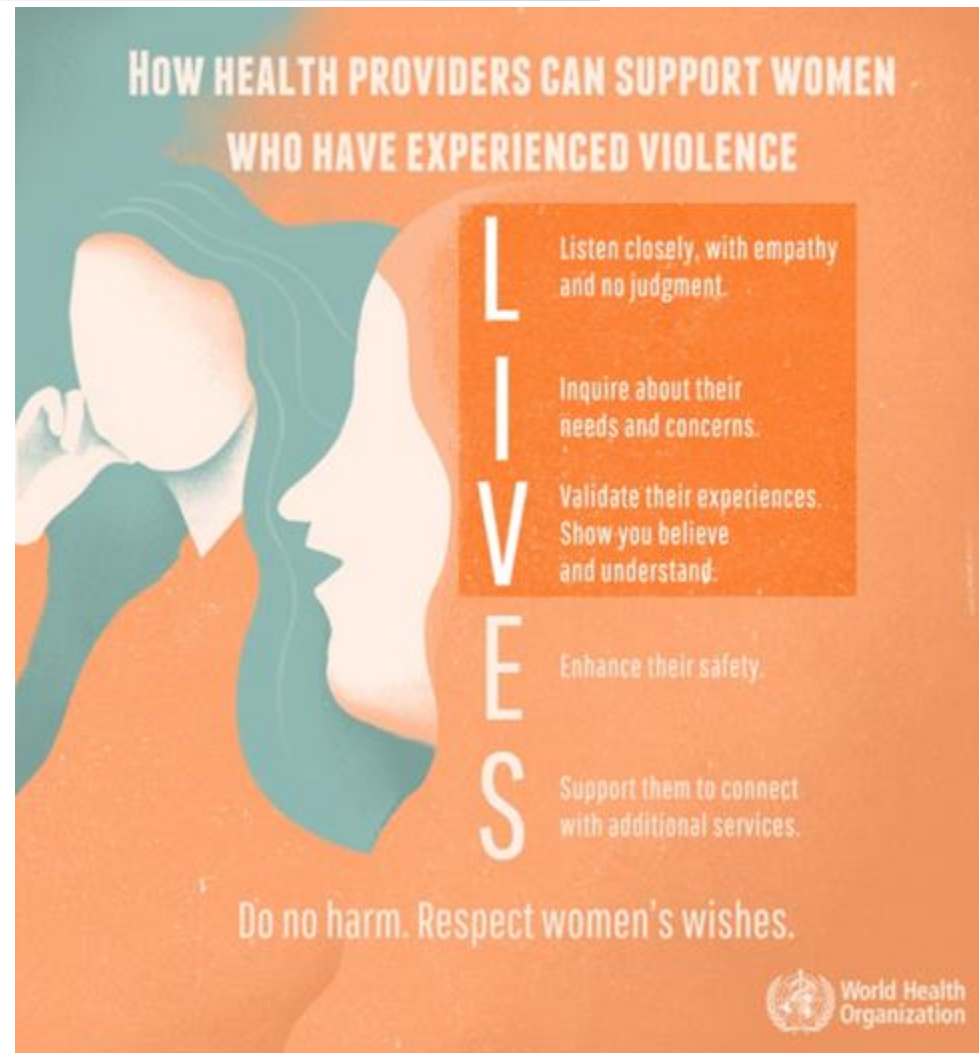
Trauma-informed screening



American Psychiatric Association website.

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Trauma-informed screening



American Psychiatric Association website.

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Trauma-informed screening

- **Listen**

- Give undivided attention
- Be present with caring and respect
- Consider your body language
- Don't interrupt to ask questions

- **Inquire about needs and concerns**

- “It sounds like you are...(reflect pt's statement back)”
- “What are your concerns about...(pt's proposed course of action)”
- “Can you explain/tell me more about...”

- **Validate**

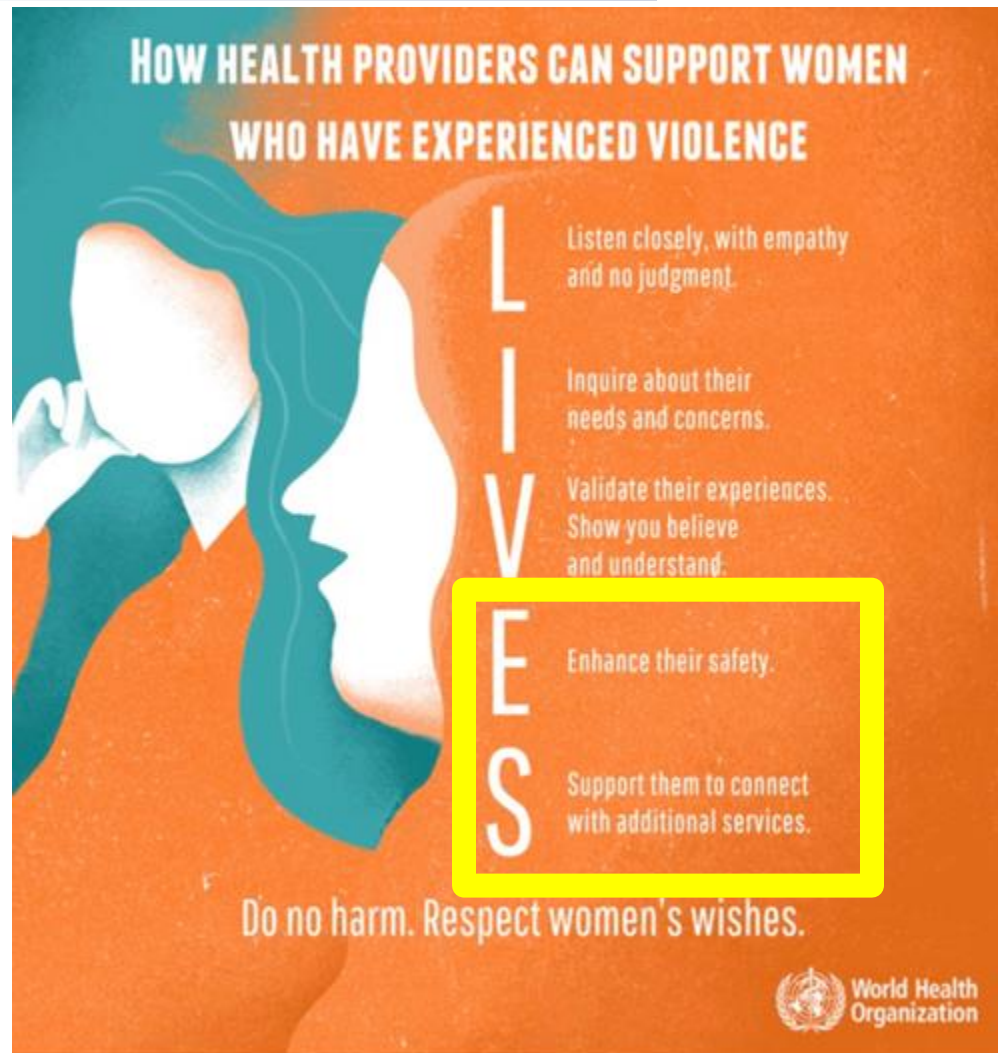
- “Thank you so much for sharing your story. I know this is really hard to talk about, and I admire you for...”
- “I am so sorry to hear that you're going through this. You deserve to feel safe and loved in your relationship.”

What does trauma-informed care look like - exam

- Knock before entering
- Explain every part of the encounter
- Ask and provide chaperones
- Introduce touch on a neutral body part first
- Check in with the patient while continuing
- Consider pain control

Avoid	Alternatives
Bed	Table
Spread your legs	Separate knees
Insert	Place
Looks good	Normal and healthy
Stirrups	Foot rests
Relax	Neutral position
Undress	Remove clothing

What does trauma-informed care look like - plan



American Psychiatric Association website.

Call AMH for Moms: 833-978-6667

What does trauma-informed care look like - plan

- Dependent on and should be tailored to the person's circumstances
- Suggestions
 - Safe areas: maintain weapon-free areas of the house and move to these areas if possible
 - Memorize emergency numbers: Emergency contacts, 911, shelter or other resource
 - Don't run to children during the event
 - Keep weapons locked away (if possible)
 - Keep car fueled in garage with driver's door unlocked (if possible)
 - Keep documentation of abuse
- Save texts/emails of abuse or threats
- Take photos of injuries
- Go to doctor to be examined

What does trauma-informed care look like - plan

- **Schedule a follow-up visit**

- Provide the patient with multiple resources
- Be mindful that partner may escalate violence if patient brings resources home

- **24-Hour Statewide Hotline**

 - 1-888-999-5545 for English

 - 1-888-568-8332 for Spanish

- National Human Trafficking Hotline (888) 373-7888

- The Umbrella Center for Domestic Violence Services (BH care, serves greater New Haven)

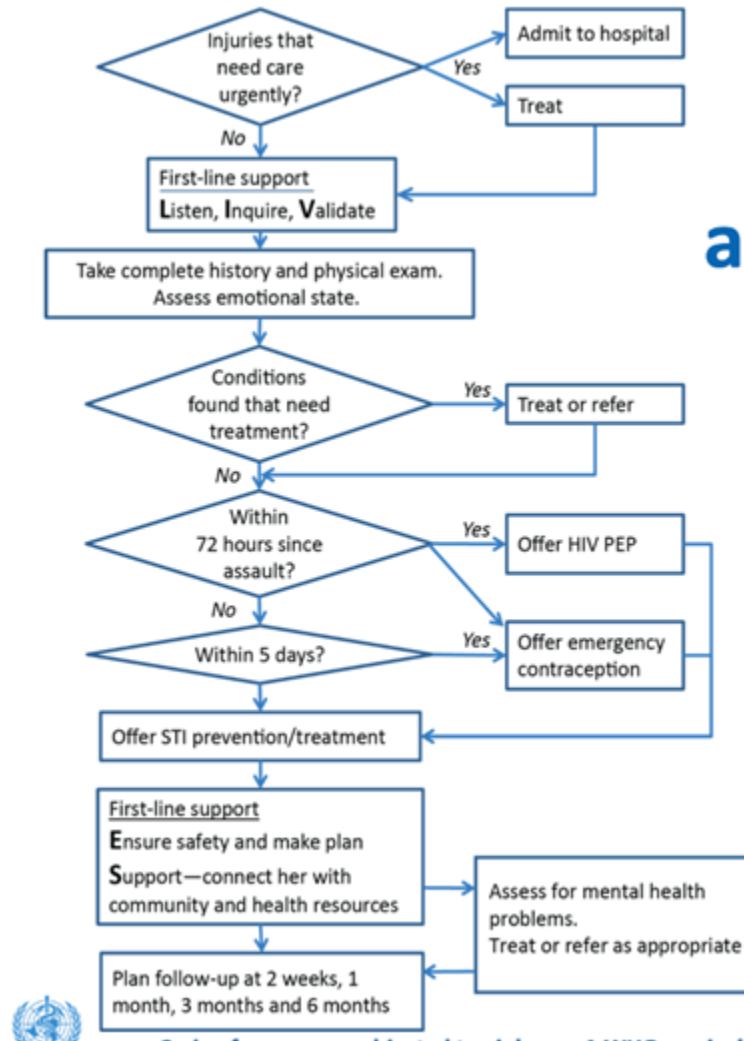
 - Antoinette's House - emergency shelter for women/children

 - Hope Family Justice Center** (203) 800-7204

- Comprehensive care coordination, in-home services, legal assistance

 - All care is FREE and confidential

What if a recent sexual assault is disclosed?



What is a sexual assault forensic exam?

- Free of charge (including PEP/STI tx/emergency contraception)
- Can take 3+ hours
- Before exam, recommended to refrain from:
 - Bathing
 - Showering
 - Using the restroom
 - Changing clothes
 - Combing hair
 - Cleaning up the area
- Invasive
 - Clothing taken as evidence
 - Urine, blood, pubic hair samples
 - Bimanual or rectal exam if indicated
 - Hundreds of photos taken
 - Dyes used to expose microtears

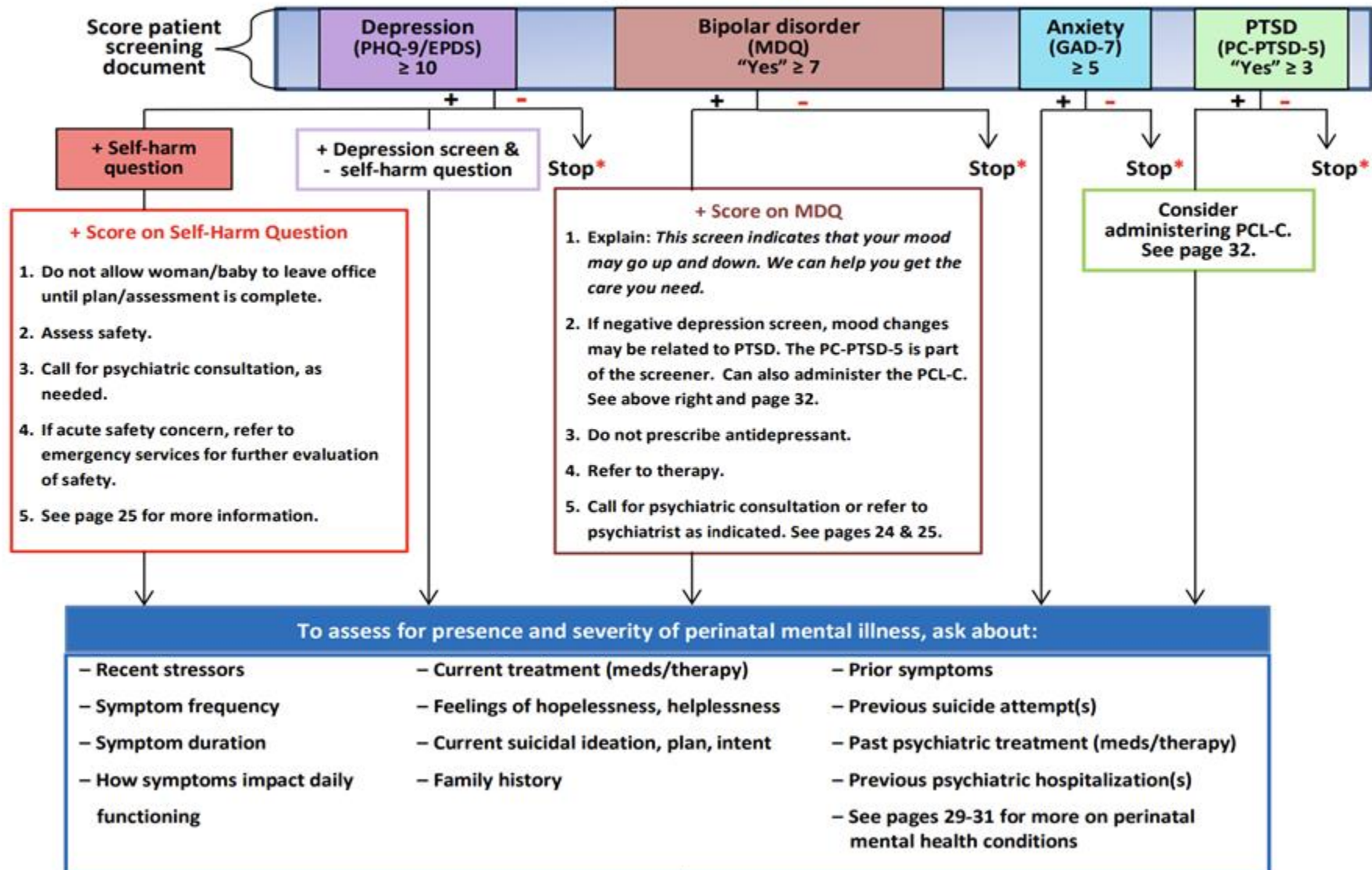
Legislative Points

- **CT100B:** Evidence should be collected up to 120 hours (5 days) from time of assault.
- **CT400A:** Blood should be collected within 48 hours (2 days) of the suspected drugging incident. Urine should be collected within 120 hours (5 days) of the suspected drugging incident.
- **Minors need parental consent (<18yo)** but if in active danger, physician takes custody of child for 96 hours and can provide treatment
- Up to 5 years to report a sexual assault in state of CT
- **U-Visa** (10k annually) – Survivors of eligible injury who are undocumented have an expedited pathway to citizenship
–“Helpful to law enforcement”
- **T-Visa** (5k annually)– Survivors of human trafficking

Screening for Trauma Disorders



Assessing Perinatal Mental Health



Screening for PTSD

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience were happening again (as if you were reliving it)?					
4.	Feeling very <i>upset</i> when <i>something</i> reminded you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something</i> reminded you of a stressful experience from the past?					
6.	Avoid <i>thinking about or talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they remind you of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant or cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

A score of 30 or higher is a positive screen
→ refer to treatment

Thank you!

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