

# Integrating Trauma-Informed Practices into Reproductive Health Services Webinar Questions

## 08/30/2023

### Unanswered Questions

1. Does trauma response ever present as OCD tendencies?

I am (obviously) not a psychiatrist, but my big-picture understanding is that yes, trauma can present with symptoms of OCD. Since a traumatic event is often about being and feeling out of control, having a response of compulsions or other OCD-like tendencies can be common. I am certainly not an expert in this area, and also understand there is a link between the two.

2. What are your suggestions on properly approaching a potential human trafficking situation in the clinic setting?

That is a huge topic and one that is challenging to respond to briefly. I think the biggest themes are (1) focusing on how disclosure of trafficking is not the goal; rather when we see warning signs, we can offer information and practice shared decision-making about next steps. (2) We have a responsibility to know our local resources and offer those resources with or without disclosure. Finally, I'd recommend HEAL as an amazing resource for healthcare providers' and systems responses to trafficking: <https://healtrafficking.org/education/>

3. What would your recommendation be for Public Health Nurses wanting to work closer with local providers to encourage or promote trauma informed practices?

Oh, I love that question. Without reading too much into your question, I think a first step is to model trauma-informed practice for other providers by accompanying a patient or client (with their permission) to a visit. You could ask permission from the client to share (or that they share) some strategies that have helped them with visits in the past and offer them to the provider that day. Or you could demonstrate some of your own strategies in the visit if possible. By demonstrating the trust you've developed with your client, hopefully other providers will want to learn from you.

I think it can also be very powerful to share patient/client feedback with other practitioners (if you received any feedback from a patient/client). I find it's often helpful to share that feedback in the context of my own experience – for example, I also share a time when I provided (unintentionally) traumatic care, and how I learned/grew from that experience. By sharing my own missteps, I hope to foster a collaborative (rather than critical) relationship with the colleague / local provider.

Finally, I think sharing resources with the provider or leadership, if they are open to it, can also be very helpful. However, usually you need a champion first, and I think the ideas above can sometimes lead to champions or collaborators emerging.