

# Trauma Inquiry and Response in Family Planning

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# GoToWebinar Housekeeping: Set Up Audio

The image shows a screenshot of the GoToWebinar audio setup interface. The main window is titled "Liz's Monthly Demo" and shows the date and time: "Friday, January 27, 2017 3:00 PM Pacific Standard Time". Below this, the text "Choose an audio option" is displayed. There are two options: "Computer audio" (represented by a headset icon) and "Phone call" (represented by a telephone handset icon). A vertical line with "OR" in the middle separates the two options. At the bottom right of this window, there is a language dropdown menu set to "English".

A second window is partially visible behind the first, showing a "Switch to phone call" button and a "mic & speakers" section. This section includes a microphone icon, a speaker icon with a volume bar, and two dropdown menus for audio devices: "Transmit (Plantronics Savi..." and "Realtek High Definition A...". Below these are the messages "You will join in listen-only mode" and "Stop the test". A large blue "Continue" button is at the bottom. At the very bottom of the interface, there is a checkbox for "Remember my choice" and another language dropdown set to "English".

# GoToWebinar Housekeeping: What Attendees See

The screenshot displays a GoToWebinar interface. The main window, titled "Waiting to view Liz Davis's screen", shows the webinar content. The content includes the title "Webinar Housekeeping", the organizer and presenter information "Organizer: Liz Davis | Presenter: Liz Davis", and audio instructions: "Audio: Use your microphone and speakers (VoIP) or call in using your telephone." Below this, contact information is provided: "United States: +1 (951) 384-3421", "Access Code: 400-696-084", and "Audio PIN: 19". A link "List Additional Conference Call Numbers" is also present.

On the right side, there is a control panel. The "Audio" section shows "Sound Check" with a green bar and a question mark. It has two radio buttons: "Computer audio" (selected) and "Phone call". A "MUTED" indicator is shown with a red microphone icon. Below this are dropdown menus for "Transmit (Plantronics Savi 7xx-M)" and "Receive (Plantronics Savi 7xx-M)". A volume bar is also visible. The "Talking: Liz Davis" section shows a "Questions" panel with a text input field containing "[Enter a question for staff]" and a "Send" button. At the bottom of the control panel, the webinar title "Webinar Housekeeping" and ID "Webinar ID: 608-865-371" are displayed, along with the GoToWebinar logo.

The Windows taskbar at the bottom shows icons for Internet Explorer, File Explorer, Google Chrome, and the GoToWebinar application.

# GoToWebinar Housekeeping: Attendee Participation

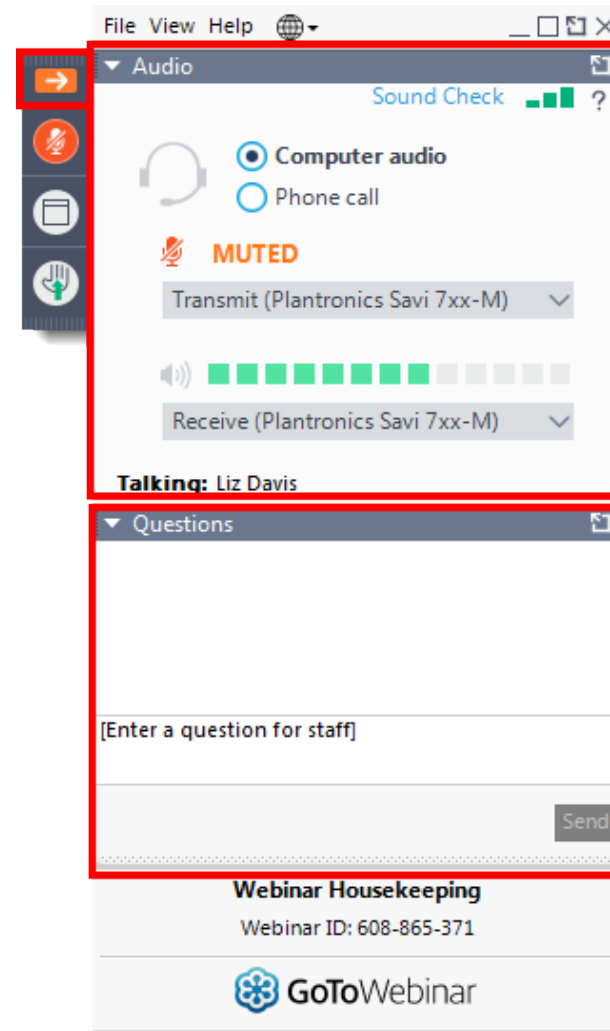
Expand/Collapse  
Control



Change Audio  
Preference



Submit  
Comments &  
Questions



The screenshot shows the GoToWebinar interface with two panels highlighted by a red border. The top panel is the 'Audio' control panel, which includes a 'Sound Check' indicator, radio buttons for 'Computer audio' (selected) and 'Phone call', a 'MUTED' status with a microphone icon, and dropdown menus for 'Transmit (Plantronics Savi 7xx-M)' and 'Receive (Plantronics Savi 7xx-M)'. The bottom panel is the 'Questions' section, featuring a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. At the bottom of the interface, the text 'Webinar Housekeeping' and 'Webinar ID: 608-865-371' is displayed, along with the GoToWebinar logo.

# Disclosure Policy

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# Presenters

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# Trauma Inquiry and Response in Family Planning

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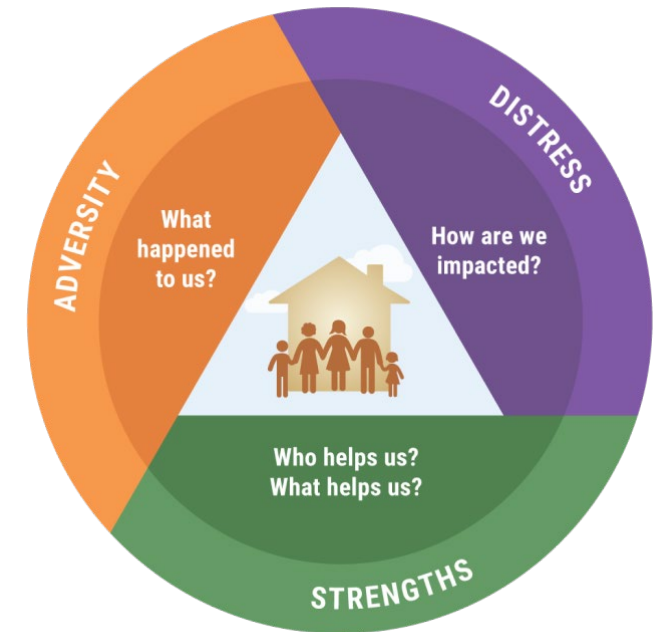
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*December 7th, 2023*



# Webinar Outline

- » Background on trauma and resilience and relevance to family planning
- » Trauma and **R**esilience-informed **I**nquiry for **A**dversity, **D**istress, and **S**trengths (**TRIADS**) framework
- » Case application of TRIADS to family planning
- » Healthcare staff resilience



Lieberman AF, [et al.](#) (2020, November 1), *TRIADS: Trauma and Resiliency-informed Inquiry for Adversity, Distress and Strengths*. UCSF Center to Advance Trauma Informed Health Care, <https://cthc.ucsf.edu/triads/>



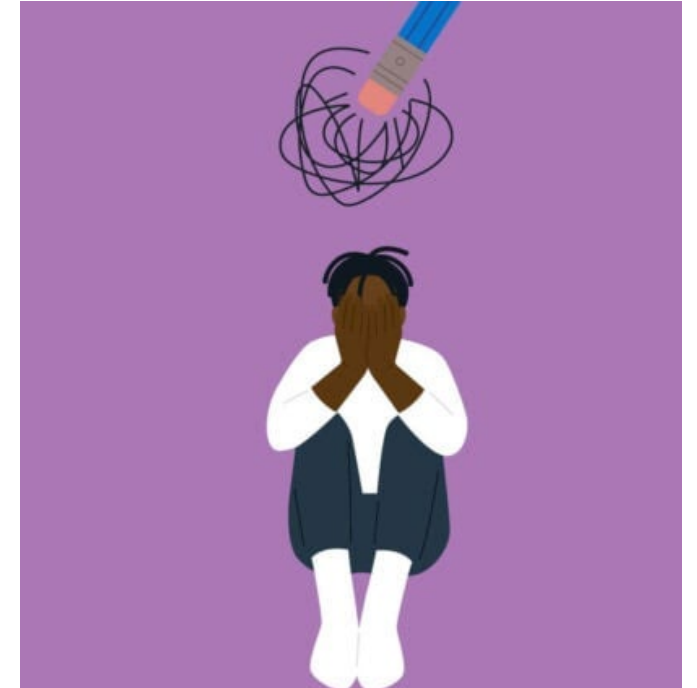
# Our Patient Populations

- » We recognize that family planning clinics serve diverse populations including gender-diverse individuals.



# What is Trauma?

Trauma results from an **event, series of events, or set of circumstances** that is experienced by an individual as physically or emotionally harmful with lasting adverse effects on the individual's **functioning and mental, physical, social, emotional, or spiritual well-being.**



<https://health.clevelandclinic.org/how-to-heal-from-trauma/>

# What is Resilience?



<https://www.self.com/story/what-is-resilience>

The process and outcome of successfully **adapting** to difficult or challenging life experiences, especially through **mental, emotional, and behavioral flexibility** and adjustment to external and internal demands.

<https://www.apa.org/topics/resilience>

# Examples of Adversity and Trauma

Sexual Violence

Human Trafficking

Adverse Childhood  
Experiences (ACEs)

Military Sexual Trauma

Racism

Intimate Partner  
Violence (IPV)

Displacement Trauma

Healthcare Induced  
Trauma

# Adversity and Trauma Statistics

**65%**

of U.S. adults report at least one adverse childhood experience (ACE)

**39%**

of female Veterans experience military sexual trauma (MST)

**70,000 +**

refugees are resettled in the U.S. annually

**15,000 - 50,000**

individuals are forced into sexual trafficking per year in the U.S.

Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. *MMWR Morb Mortal Wkly Rep* 2023;72:707–715. DOI: <http://dx.doi.org/10.15585/mmwr.mm7226a2>.

Wilson LC. The Prevalence of Military Sexual Trauma: A Meta-Analysis. *Trauma Violence Abuse*. 2018 Dec;19(5):584-597. doi: 10.1177/1524838016683459. Epub 2016 Dec 16. PMID: 30415636.

U.S. Department of Homeland Security (DHS), Office of Immigration Statistics. 2022. *Yearbook of Immigration Statistics 2021*. Washington, DC: DHS, Office of Immigration Statistics.

Human Trafficking Data Collection Activities, 2022. <https://bjs.ojp.gov/library/publications/human-trafficking-data-collection-activities-2022>



# IPV and Sexual Violence Statistics

**1 in 2**

transgender individuals experience **IPV** in their lifetime

**1 in 3**

women experience **IPV** in their lifetime

**1 in 2**

transgender individuals experience **sexual violence** in their lifetime

**1 in 4**

women experience **sexual violence** in their lifetime

*James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.*

*National Coalition Against Domestic Violence (2020). Domestic violence. Retrieved from [https://assets.speakcdn.com/assets/2497/domestic\\_violence-2020080709350855.pdf?1596811079991](https://assets.speakcdn.com/assets/2497/domestic_violence-2020080709350855.pdf?1596811079991).*

# IPV and Family Planning

- » More common among those with sexually transmitted infections (STIs) and seeking abortion
  - Highest prevalence among those seeking repeat abortion
  - Few family planning clinics routinely ask about sexual assault
- » A leading cause of maternal mortality!
  - Violence increases during pregnancy
- » Several counties in California have low maternal mental health resources



<https://www.alexandrahouse.org/domestic-violence-awareness-month/>

# ACEs and Family Planning

Divorce, abandonment, or death of parent

Experienced insults, physical harm, or neglect

Experienced unwanted sexual contact

Caretakers hit, beat, or threatened to harm one another

Caretaker was depressed, mentally ill, or attempted suicide

Caretaker went to jail or prison

- » Adverse events that occur in childhood
- » ACEs affect health in a dose-response fashion
  - STIs, Contraception choices
- » "Care no matter what" or non-abandonment
  - Offer emergency contraception
  - Abortion is common, safe, and covered by Medi-Cal
  - Telehealth works

# Screening

## » Screening is:

- Universal for all patients
- Acceptable by patients
- Effective in promoting healthy behaviors

## » Considerations

- Types of adversity and trauma to screen for (childhood vs. adult, current/recent vs. lifetime)
- Recall can be biased (ACE scores may change over time)
- Must be equipped with resources for positive screens
- Clinician discomfort with screening – afraid of opening "pandora's box"



# Adversity Screening Tools

- » IPV/SA: HITS, HARK, PVS, WAST, OVAT, STaT
- » ACEs: PEARLS (pediatrics), ACE Questionnaire (adults)
- » Victimization Assessment Tool
- » Universal Violence Prevention Screening Tool
- » Life Events Check List-5

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

|  |                          |
|--|--------------------------|
| <b>Instructions:</b> Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18 <sup>th</sup> birthday. Then, please add up the number of categories of ACEs you experienced and put the <i>total number</i> at the bottom. |                          |
| 1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?   | <input type="checkbox"/> |
| 2. Did you lose a parent through divorce, abandonment, death, or other reason?   | <input type="checkbox"/> |
| 3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?   | <input type="checkbox"/> |
| 4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?  | <input type="checkbox"/> |
| 5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?  | <input type="checkbox"/> |
| 6. Did you live with anyone who went to jail or prison?  | <input type="checkbox"/> |
| 7. Did a parent or adult in your home ever swear at you, insult you, or put you down?  | <input type="checkbox"/> |
| 8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?   | <input type="checkbox"/> |
| 9. Did you feel that no one in your family loved you or thought you were special?  | <input type="checkbox"/> |
| 10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?  | <input type="checkbox"/> |
| <b>Your ACE score is the total number of checked responses</b>   |                          |

Do you believe that these experiences have affected your health?  Not Much  Some  A Lot

Experiences in childhood are just one part of a person's life story.  
There are many ways to heal throughout one's life.

# Resilience Screening Tools

| The Brief Resilience Scale (BRS) |   | Strongly Disagree        | Disagree                 | Neutral                  | Agree                    | Strongly Agree           |
|----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| BRS 1                            | I tend to bounce back quickly after hard times:             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                  |   | 1                        | 2                        | 3                        | 4                        | 5                        |
| BRS 2                            | I have a hard time making it through stressful events:      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                  |   | 5                        | 4                        | 3                        | 2                        | 1                        |
| BRS 3                            | It does not take me long to recover from a stressful event: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                  |   | 1                        | 2                        | 3                        | 4                        | 5                        |
| BRS 4                            | It is hard for me to snap back when something bad happens:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                  |   | 5                        | 4                        | 3                        | 2                        | 1                        |
| BRS 5                            | I usually come through difficult times with little trouble: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                  |   | 1                        | 2                        | 3                        | 4                        | 5                        |
| BRS 6                            | I tend to take a long time to get over setbacks in my life: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                  |   | 5                        | 4                        | 3                        | 2                        | 1                        |

- » Resilience Scale Assessment (RSA)
- » The Brief Resilience Scale
- » The Connor–Davidson Resilience Scale (CD-RISC)
- » Brief COPE Instrument

# Trauma and Resilience Inquiry

- » Open-ended dialogue
- » Relationship with health
- » Safe environment (disclosure is not the goal)
- » Focus on resilience and strengths
- » Avoid re-traumatization
- » Universal precautions



Machtiger, E.L., Davis, K.B., Kimberg, L.S., Khanna, N., Cuca, Y.P., Dawson-Rose, C., Shumway, M., Campbell, J., Lewis-O'Connor, A., Blake, M., Blanch, A., and McCaw, B. (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. *Women's Health Issues*, 29(2), 97-101.

## Trauma and Resilience-informed Inquiry for Adversity, Distress, and Strengths

### **Inquiring about Adversity:**

Asking with empathic interest about the patient's experiences of adversity and trauma.



### **Assessing Distress:**

Linking a patient's adverse life experiences to physical and emotional health conditions, including behaviors and habits that may be harmful to health, in a supportive, nonjudgemental manner.

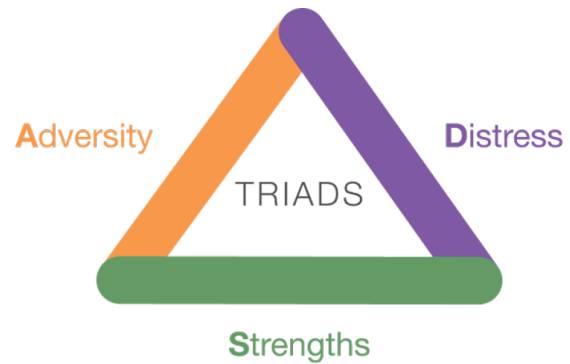
### **Identifying Strengths:**

Guiding the patient to identify personal characteristics, relationships, or community resources that provide support and enhance wellbeing.





*"You don't have to be a therapist to be therapeutic"*



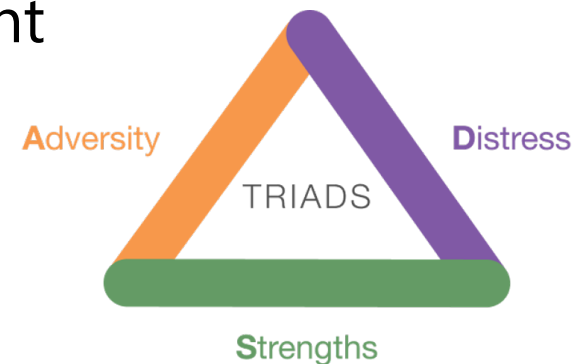
# Family Planning Case: TRI△DS in Action

***Maya presents to a family planning clinic for emergency contraception.***



# Maya calls the clinic and arrives for her appointment

- » Clinic staff who respond to patient calls should know available family planning services
- » Trauma-informed front desk practices:
  - Answer phone with pronouns, name badge with pronouns
  - Protect privacy when checking in patients
  - Signs in the waiting room that promote empowerment
  - Flexible clinic times, schedules, and late policies



## Maya is roomed by the MA

- Screen in private and use trained interpreter if needed – or don't screen
- Screening can be done verbally, on paper, or electronically (e.g., iPad)
- Normalize and combine with existing screening workflows (e.g., substance use, depression)
  - ***"Unfortunately violence is common for many people. We ask everyone these questions because violence can affect health."***
- If positive screen:
  - Provide an empathetic response like, ***"I'm so sorry that happened to you. Would it be okay if the clinician talks with you about this?"***
  - Minimize time patient is waiting in the room alone

# Maya asks for emergency contraception

- » The impact of trauma is relational; practice the 3Cs - Connection, Coherence, & Collaboration
- » Inquire about adversity and trauma relevant to current health needs
  - ***"I am happy to help you with this; do you mind if I ask you a few questions to better understand your health needs?"***
    - ***"Can you tell me more about what happened last night when you had unprotected sex?"***
    - ***"Violence is an unfortunately common experience for people. Was this a part of your experience as well?"***
    - ***"Was the sex you had consensual, something you wanted to do?"***
- » Consider sexual assault, sex trafficking, marital rape, IPV, ACEs...

# Maya's partner refused to use a condom

- » **Trauma – such as reproductive coercion – impacts reproductive health** including STIs, PMDD, PTSD, infertility, contraception, pregnancy, endometriosis, and menopause
- » When clinicians counsel patients on the impacts of trauma on health, this **promotes patient-clinician trust** and shifts the discussion away from pressured disclosure towards skills-building.
- » Clinicians with greater knowledge of trauma are more likely to inquire about it and have **better rapport** with their patients.

# Maya experienced reproductive coercion

- » Connect trauma with health as a part of patient counseling around negative coping behaviors, such as substance use or high risk sexual behaviors
  - *"I'm so sorry this happened to you. Experiences like this can cause a variety of health issues, would you be okay if I asked you more questions about your health?"*
  - Ask about health behaviors or symptoms that you are comfortable treating (e.g., sexually transmitted infections)
- » Ask about healthcare triggers related to the visit, such as pelvic exam:
  - *"Before we proceed, is there anything else you think I should know?"*
  - *"Have certain parts of physical exams been difficult for you in the past?"*
  - Offer **self-swab** options for testing, patient **self-placement** of speculum, vaginal probe, etc.



# Trauma-informed pelvic exam

- » Establish **rapport** before the exam. May need separate visit.
- » **Invite the patient** to suggest measures that will make them more comfortable.
- » Allow a support person ***if desired.***
- » Allow the patient to choose a **female examiner if preferred.**
- » Before starting, inform the patient that they can pause/stop the exam if it is too uncomfortable and that **they have control over the pace.**
- » Tell the patient about each step of the exam right before it happens.
- » **Keep the patient's body covered**, exposing only the areas being examined.
- » Encourage the patient to **breathe** abdominally in order to relax pelvic floor muscles.
- » Rest the unopened speculum against the patient's vagina to allow them to get used to the sensation before the speculum is inserted and opened.
- » Use the **smallest possible speculum and use lubricant.**
- » Offer frog-leg positioning without stirrups. Call stirrups "foot rests."

# Maya is resilient

- » Support patients' natural positive coping mechanisms
  - » ***"What are ways or things we can do to make you feel safe?"***
  - » ***"Can you tell me about your support system?"***

**Table 2. Finding Resilience**

- Religion
- Expertise/Employment
- Social support & Network
- Intimates
- Laughter
- Institutions
- Energy & Enthusiasm
- Navigate Life's Difficulties
- Cultural Assets
- Entertainment/Enjoyment

**LANGE**

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# Maya leaves the clinic feeling empowered

- » Universal precautions – provide resources for everyone
- » National DV Hotline, Sexual Assault Hotline, Community organizations
- » Safety planning
- » Refer to mental health services
- » Asking patients what are they comfortable being documented in their chart

## You are never alone.

National Domestic Violence Hotline advocates are here for you 24/7/365.

- Call: **1.800.799.SAFE (7233)**
- TTY: **1.800.787.3224**
- Text: **"START" to 88788**
- Chat: **thehotline.org**

## Are you in a HEALTHY relationship?

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- ✓ Is my partner or the person I am dating kind to me and respectful of my choices?
- ✓ Does my partner support my using birth control that's best for me?
- ✓ Does my partner support my decisions about if or when I want to have children?

If you answered YES to these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, a longer life, and helps your children.

## Who controls pregnancy decisions?

Ask yourself. Has my partner ever:

- ✓ Tried to pressure me to get pregnant?
- ✓ Hurt or threatened me because I didn't agree to get pregnant?

If I've ever been pregnant:

- ✓ Has my partner threatened to hurt me if I didn't do what they wanted with the pregnancy (in either direction – continuing with the pregnancy or abortion)?

If you answered YES to any of these questions, *you are not alone* and you deserve to make your own decisions without being afraid.



## Taking Control

**A partner may see pregnancy as a way to keep you in their life and stay connected to you through a child – even if that is not what you want. Your health care provider can offer birth control that your partner won't know about.**

- ✓ The copper IUD is a small, safe, hormone-free device placed into the uterus to prevent pregnancy for up to 12 years. The IUD has strings that can be cut off so your partner can't feel them and you will still get a regular period.
- ✓ Emergency contraception (EC – some call it the morning after pill) is taken up to five days after unprotected sex to prevent pregnancy. The sooner you take it, the better it works. Hide EC by taking it out of its packaging and putting it in an envelope or empty pill bottle so your partner won't know what it's for. To find a provider near you: [www.bedsider.org](http://www.bedsider.org)

## Getting Help

- ✓ If your partner or the person you are seeing checks your cell phone or texts, talk to your health care provider about using their phone to call the hotlines on this card – so your partner can't see it on your call log.
- ✓ The folks on the hotline can help you with a plan to be safer. Find out more using the resources on the back of this card.

***If you have an STD and are afraid your partner will hurt you if you tell them:***

- ✓ Request partner notification from the public health department anonymously, without using your name.
- ✓ Use online partner notification services without using your name at [www.tellyourpartner.org](http://www.tellyourpartner.org)

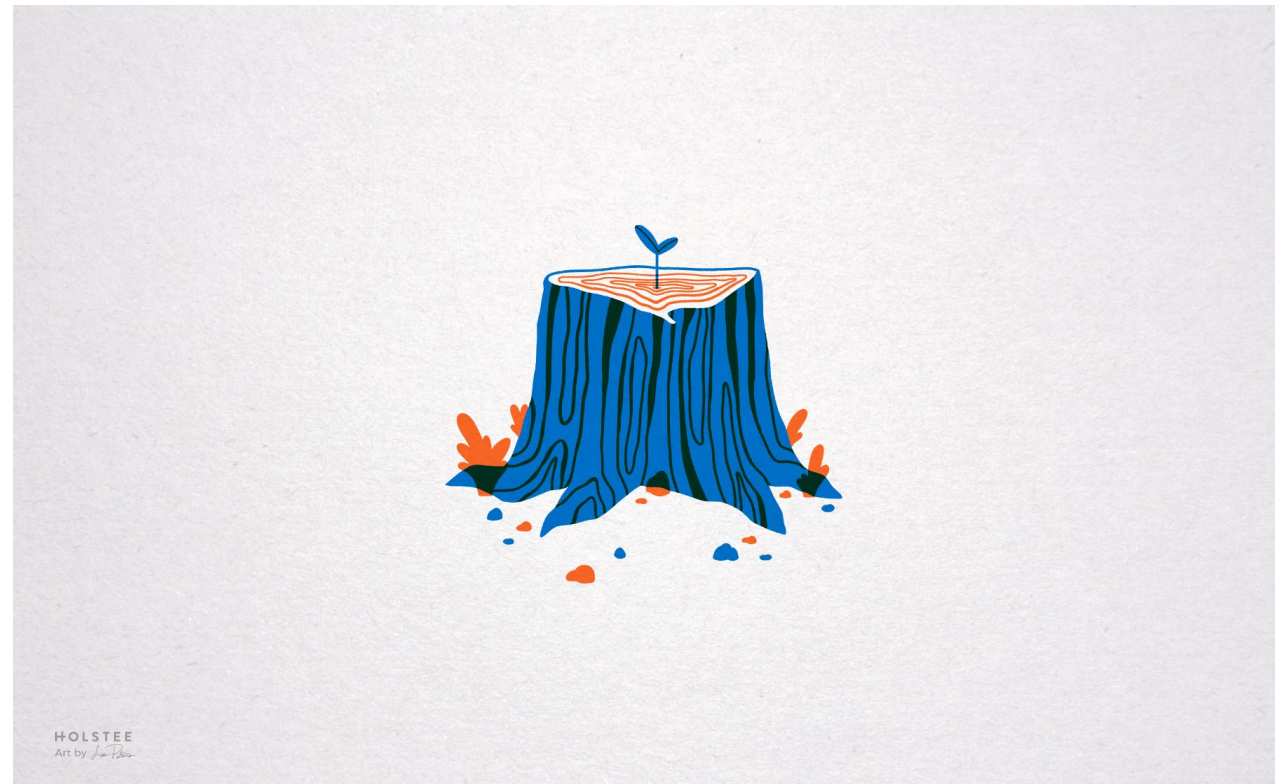
# Responding to A Pregnant Patient

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Scenario 4

# Healthcare Staff Resilience

- » Primary trauma
- » Secondary/vicarious trauma
- » Trauma inquiry and screening may be re-traumatizing or triggering for healthcare staff



<https://www.holstee.com/blogs/mindful-matter/resilience-digital-art-download>

# Caring for Yourself is Caring for Your Patient

- » In-the-moment practices to ground oneself – everyone's different!
- » Compassionate detachment is the ability to maintain empathy and compassion towards others while establishing emotional boundaries to protect one's own mental and emotional well-being.
- » Group debrief – always ask permission



# Take Home Points

- » Trauma and resilience inquiry and response matters
- » TRIADS is applicable in family planning settings
- » Website: <https://cthc.ucsf.edu/triads/>

## Get started with these trainings:

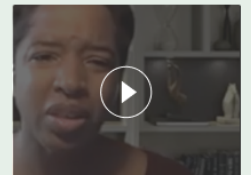
The scenarios below illustrate ACEs screening using the TRIADS framework in clinical encounters between health care team members and patients and families. Each scenario includes:

- **Watch and Learn:** an opportunity to watch and learn how to integrate the TRIADS framework in a clinical encounter via brief videos and example responses to questions about ACEs screening
- **Reflect:** a guided self-reflection and a videotaped reflective conversation between health care team members featured in the scenarios with Dr. Alicia Lieberman
- **Now You Try It:** a guided opportunity to practice applying the TRIADS framework, either individually or in a group

### Scenario 1

#### [A Mom Feels Protective](#)

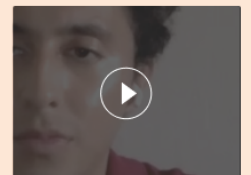
Jocelyn is concerned about the questions regarding her 15-month old.



### Scenario 2

#### [A Teenager Is Reluctant to Fill Out an ACEs Screening](#)

Alex is unsettled by the questionnaire, and returns it to the Medical Assistant with a zero score.





# Brief Survey: Feedback & Further Training



[https://ucsf.co1.qualtrics.com/jfe/form/SV\\_238Z2a1rOfdXc8u](https://ucsf.co1.qualtrics.com/jfe/form/SV_238Z2a1rOfdXc8u)

# Thank you! Questions?

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