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Part 2: Trauma-Informed Services for Pregnant and Parenting Survivors

"TRAUMA-INFORMED CARE IS AN APPROACH TO ENGAGING PEOPLE WITH HISTORIES OF TRAUMA THAT RECOGNIZES THE PRESENCE OF TRAUMA SYMPTOMS AND ACKNOWLEDGES THE ROLE THAT TRAUMA HAS PLAYED IN THEIR LIVES."

-FROM THE NATIONAL CENTER FOR TRAUMA-INFORMED CARE

What are Trauma-Informed Services?

Service providers from all disciplines – medical and mental health, law enforcement, prosecution, and advocacy – can offer trauma-informed services to those they serve. We use the word "trauma" to mean the psychological or emotional aftermath of overwhelming events that create profound disturbance in survivors' lives.

Trauma-informed services approach people from the standpoint of the question "What has happened to you?" rather than "What is wrong with you?" It is important to note that providing trauma-informed services does not mean service providers must determine exactly what has happened to an individual. Rather, organizations and providers should examine the way in which they conduct business and make modifications based upon an understanding of how a trauma survivor might perceive what is happening.

Trauma Throughout the Lifespan

These guidelines focus on serving survivors of sexual assault, domestic violence, and stalking that has occurred while they are pregnant or parenting an infant. Thus, these individuals have experienced relatively recent trauma. It is important to consider, however, that many survivors have been victimized multiple times in their lives; many of them may have experienced physical or sexual abuse in childhood as well as during their adult years. They may also have experienced more than one form of adult abuse. For example, an estimated 68% of women who have been physically assaulted by an intimate partner have been sexually assaulted as well (McFarlane & Malecha, 2005). Experiencing multiple terrifying events can lead to "complex trauma," which may affect many aspects of survivors' ability to function.

Trauma Can Create Barriers

Trauma survivors sometimes (although certainly not always) present as "difficult" clients. Perhaps it is hard to understand why a particular survivor seems hostile or reluctant to trust you. Sometimes people who have experienced trauma use drugs or alcohol to cope and to numb the intolerable feelings that accompany the memory of what happened; sometimes they "tune out" in other ways. For example, a sexual assault survivor may have a difficult time describing bodily sensations to a health care provider, because she has learned to disconnect from the feelings of her body. Advocates, who are experts in dealing with trauma survivors, can offer partner agencies information and training about the effects of trauma and can join in brainstorming how to create a more trauma-sensitive environment.

Teens and Trauma

Trauma-informed care is of particular importance in working with teen survivors. Teens often reveal the aftermath of trauma through difficult behaviors – such as substance abuse, anger, or lack of cooperation with services. Traumatic experiences can have a particularly devastating effect on youth, whose important developmental tasks may be interrupted by the need to cope with difficult situations. Trauma affects an individual's world-view and perceptions, and teens may have learned not to trust adults in general or service providers in particular. Professionals must approach teens who have been victimized with compassion and unstinting honesty. Limits to confidentiality should be described in a straightforward and accessible manner at the beginning of any interaction between a teen and a professional.

Creating Trauma-Informed Services

Trauma-informed services "incorporate knowledge about trauma – prevalence, impact, and recovery – in all aspects of service delivery, minimize re-victimization, and facilitate recovery and empowerment" (Fallot, Wisconsin Trauma Summit, 2007, as cited in Hudson, n.d.).

The good news is that trauma-informed services are good for every client, not just those who have been traumatized. When you impart knowledge about trauma, even if the client has not experienced that particular event, you assist members of the community to look out for one another. For example, a teen who has not experienced reproductive coercion most likely

has a friend who is dealing with that issue. Treating people with respect and enhancing their sense of effectiveness in handling painful issues in their lives is a worthwhile approach no matter whom you are helping.

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The "Don't Ask, Just Tell!" approach that emerged from this project is directly in line with trauma-informed services. By initiating conversations about potentially sensitive topics such as reproductive coercion without requiring a disclosure by the client, professionals acknowledge that survivors have the right to obtain practical assistance (such as learning about birth control that is less likely to be detected by an abuser) without having to decide immediately whether they should tell their stories. Furthermore, talking about abuse can be difficult and disturbing, and a survivor may not wish to put herself through that ordeal just to get the assistance or resources she needs. For example, a health care provider might say, "Women who have had difficult or abusive experiences in the past may prefer us to do things a little differently when they are giving birth. Regardless of the reason, if you think any of the procedures we will talk about may be hard for you to handle, you can let me know and we will try to work out something that will make you feel more comfortable. Okay?"

Do I Really Have to Deal with All This?

You may think that considering trauma is outside the scope of your work. The people you encounter on a daily basis do not have the luxury of deciding not to consider trauma – for many individuals, traumatic experiences shape their perceptions and current experiences. Trauma's legacy comes in the form of "triggers" – seemingly harmless events that evoke the overwhelming and frightening emotions a survivor felt during the traumatic event. These triggers can evoke such powerful effects that survivors have difficulty coping with seemingly minor challenges. Trauma affects people throughout their lifespan, and has an impact on their health and behavior. When we are thinking about pregnant and parenting women and teens, the trauma they have lived through may affect their birth experiences (Simkin & Klaus, 2004) and their children.

Principles of Trauma-Informed Care

These principles are taken directly from the Trauma-Informed Organizational Toolkit, a public domain document developed by the National Center on Family Homelessness. They use the term "consumer"; if you feel more comfortable with "client," "patient," or some other term, feel free to substitute that term. The Toolkit contains a very useful organizational self-assessment.

UNDERSTANDING TRAUMA AND ITS IMPACT: Understanding traumatic stress and how it impacts people and recognizing that many behaviors and responses that may seem ineffective and unhealthy in the present, represent adaptive responses to past traumatic experiences.

PROMOTING SAFETY: Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.

ENSURING CULTURAL COMPETENCE: Understanding how cultural context influences one's perception of and response to traumatic events and the recovery process; respecting diversity within the program, providing opportunities for consumers to engage in cultural rituals, and using interventions respectful of and specific to cultural backgrounds.

SUPPORTING CONSUMER CONTROL, CHOICE AND AUTONOMY: Helping consumers regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy; keeping consumers well-informed about all aspects of the system, outlining clear expectations, providing opportunities for consumers to make daily decisions and participate in the creation of personal goals, and maintaining awareness and respect for basic human rights and freedoms.

SHARING POWER AND GOVERNANCE: Promoting democracy and equalization of the power differentials across the program; sharing power and decision-making across all levels of an organization, whether related to daily decisions or in the review and creation of policies and procedures.

INTEGRATING CARE: Maintaining a holistic view of consumers and their process of healing and facilitating communication within and among service providers and systems.

HEALING HAPPENS IN RELATIONSHIPS: Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to survivors of trauma.

RECOVERY IS POSSIBLE: Understanding that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for consumer and former consumer involvement at all levels of the system, facilitating peer support, focusing on strength and resiliency, and establishing future-oriented goals.

What do you need to do to implement trauma-informed services? The specifics will depend on your profession and your role, of course. However, there are some basic principles to remember:

- A respectful, collaborative approach is more effective than a more traditional provider-client relationship.
- Remember that the survivor is the expert on her own life and feelings.
- Do not expect instant trust, but do everything in your power to be trustworthy.
- Normalize and validate feelings that come from the trauma experience.
- Ask! Ask the survivor what will help her to feel more comfortable and how you can best work with her.
- Realize that behaviors that may seem difficult or obstructive have probably served the survivor well in the past. It is hard to give up a behavior that you believe has kept you safe.
- Maintaining appropriate boundaries is always important, but even more so with survivors, as it contributes to a sense of safety.

Remember that you are important. A guiding principle for trauma-informed services is that "healing happens in relationships." You cannot fix everything or remove the pain of the past, but every positive encounter helps a survivor to develop skills and maintain hope.

Help Yourself to Help Others

Assisting people who have experienced trauma is difficult and demanding work. Service providers may avoid dealing with issues of victimization because they feel unprepared to handle the practical and emotional consequences of learning about the victimization of an individual. The practical aspect is simple, but not easy: Educate yourself about the issue and available resources, so you do not have to scramble to provide appropriate help. Work to ensure that your program or agency has clear policies and procedures, and know what your next steps should be when a survivor discloses coercion or abuse.

The emotional aspects of providing trauma-informed services are a bit more complicated. It can be draining and disturbing to hear about the painful experiences of others. It is important for service providers to have colleagues or supervisors with whom they can debrief about difficult situations, while always maintaining appropriate client confidentiality. It is also crucial to incorporate self-care and coping strategies into your routine. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (van Dernoot Lipsky & Burk, 2009) offers practical suggestions for self-care for everyone from physicians to police officers.

Resources

Trauma-Informed Organizational Toolkit. Available at www.homeless.samhsa.gov and www. familyhomelessness.org.

National Center for Trauma-Informed Care. www.samhsa.gov/nctic

When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women by Penny Simkin and Polly Klaus

Creating Trauma-Informed Services: A Guide for Sexual Assault Programs and Their System Partners. Washington Coalition of Sexual Assault Programs. http://www.wcsap.org/creating-trauma-informed-services

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others by Laura van Dernoot Lipsky and Connie Burk