



A Scoping Review of Trauma-Informed Care in Reproductive Healthcare Settings: Implications for Healthcare Education, Training, and Practice

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BACKGROUND

- Trauma has a profound impact on health, how one engages with healthcare settings, and one's biopsychosocial functioning
- The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being”
- Some identified health outcomes of those with a history of trauma include gastrointestinal disorders, pelvic pain, mental health disorders such as anxiety, drug and alcohol misuse, self injury and high risk behaviors
- Due to the consequences of trauma on biological, psychological, and social functioning, it is important for healthcare providers to have an understanding of the biopsychosocial effects of trauma and how this may manifest itself in the context of patient care.

METHODS

- Research question: *What is the state of the literature on trauma-informed care in reproductive healthcare settings?*
- Objective: to conduct a scoping review of the existing literature addressing trauma-informed care in reproductive health care settings
- Scoping Review Methodology:
 - Databases - Google Scholar, PubMed
 - Search Terms - “Trauma,” “Trauma-informed,” “Reproductive Healthcare,” “Healthcare Education,” “Standards of Care,” “Gynecology,” “Sexual Trauma,” “Medical Education,” “Pelvic Exam,” Sexual Assault Kits,” “Emergency Medicine”
 - Eligibility Criteria - Only used articles within the last 10 years
- Overarching goals: review the literature in the areas of: 1) trauma-informed care relevant to reproductive healthcare settings and 2) education and training of healthcare providers in trauma-informed care approaches in reproductive healthcare settings

RESULTS - OVERVIEW OF TRAUMA-INFORMED CARE

- Trauma-Informed Care History:
 - Historically, trauma-informed care (TIC) has had a presence in many pediatric healthcare based disciplines
 - SAMHSA was responsible for creating some of the key principles in TIC
 - In 2015 a conceptual framework for trauma-informed primary care was developed
- Trauma-Informed Care Definition and Domains:
 - A patient-centered culture of care delivery which emphasizes sensitivity through advanced awareness of the needs of individuals in the setting who have a history of trauma
 - Not a checklist, but principles to be broadly integrated into healthcare and applied with patients
 - Goals of trauma-informed care: avoiding traumatizing or retraumatizing patients, encouraging self efficacy through making the treatment process collaborative, and addressing the impact caring for vulnerable populations has on clinicians
 - Main principles: establishing safety for all in the setting, trustworthiness and transparency, utilizing peer support, promoting collaboration while mitigating power imbalances, allowing for patient choice and autonomy which promotes empowerment, and combating structural violence through removing inequities like systemic oppression that add to trauma
 - The four “R’s”: recognizing the signs and symptoms, realizing the prevalence and impact of trauma, resisting retraumatization, and responding with policies, procedures, and practices

HIGHLIGHTS OF FINDINGS - HEALTHCARE EDUCATION

- Training on trauma-informed care not currently a requirement of OB/GYN programs
 - Not acknowledged by the Council on Resident Education in Obstetrics and Gynecology until the summer of 2020, when it was released in their educational objectives.
- American College of Obstetricians and Gynecologists (ACOG) first encouraged physicians to screen for a history of sexual assault in 2016,
 - In 2019 they updated their recommendation to suggest clinicians use a TIC framework when working with survivors of sexual violence
 - Released another separate committee opinion about care for patients with a history of trauma to be utilized as a resource for OB/GYN physicians and residents to familiarize themselves with the definitions of trauma and TIC.
- At the undergraduate level: nursing students and undergraduate medical education.
 - Trauma-informed medical education (TIME) framework: students should learn the definition, prevalence, impacts, and mechanisms of trauma, as well as learn therapeutic strategies that facilitate healing for their patients
- At the graduate level: medical schools
- At the residency level: OB/GYN, surgery, family medicine, and nurse practitioners

REPRODUCTIVE HEALTHCARE KEY TAKEAWAYS

- OB-GYN residents recognize the importance of assessing and addressing trauma history, but they feel unprepared and not trained
 - Barriers on training residents: a lack of qualified individuals to provide the training, limited didactic learning time, and a lack of national resources and guidelines.
 - The solution: a training program that is interactive, small group based, and takes less than two hours to complete. Should include the principles of TIC, the prevalence of trauma and how it manifests, and teaching residents how to conduct a trauma-informed pelvic exam.
- Reproductive health care can either serve as a primary trauma or re-traumatize individuals
- The parts of reproductive healthcare that may be traumatizing: invasive examinations, physicians minimizing reported symptoms, and a triggering power imbalance
- OB-GYN care: undressing, pelvic and breast exams, feeling lack of bodily autonomy, and pain may be re-traumatizing
- Best practices: include policies informed by the prevalence of trauma, continuous confirmation of consent, and acceptance of patient refusal or waiting until the individual is ready
- Screening as part of routine OB-GYN routine
 - Brief screening tools: the Adverse Childhood Events Scale (ACES), the Primary Care PTSD Screen (PC-PTSD-5), and the Woman Abuse Screening Tool (WAST)

REFERENCES

- Please email ss2507@pcom.edu for reference list