

SURVIVOR PERSPECTIVES IN TRAUMA RESEARCH : The Value of Capturing Survivor Voice

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Disclaimer

- The views expressed are my own and do not reflect the views or policies of the National Institutes of Health or the Department of Health and Human Services.
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Goals

- **To highlight some challenges to IPV and abuse screening in the OB/GYN setting related to *past* abuse**
- **To illustrate how trauma survivor perspectives can inform future research and help to overcome screening barriers**

Survivor Perspectives

- **OB/GYN IPV and Abuse Screening**
 - Importance of Screening in Pregnancy
 - What are the Challenges?
- **The Value of Survivor Perspectives**
 - Focus Group Data
- **Implications for Research**

OB/GYN IPV and Abuse Screening

- **American College of Obstetricians and Gynecologists (ACOG) Recommendations**
 - Screen every woman for current IPV
 - AND past history of abuse
 - Even women who are “safe”
 - Ongoing counseling needs

When a woman discloses no current IPV, but a history of past abuse...

How to respond?

1) Not “actionable” like IPV

2) Don’t want to make things worse

3) Limited visit time...

4) Isn’t this just a psych issue?

Intersection of IPV and Abuse Screening in Pregnancy

IPV Screening

- Primary goal = **safety planning**

Abuse Screening

- Primary goals = **support, recovery, preparation** for next stressor (childbirth)

IPV as a Traumatic Event

Longstanding Effects

- Physical health
- Mental health
 - Depression
 - Posttraumatic Stress Disorder (PTSD)
 - May persist long after abusive relationship ends

Trauma Survivors in Obstetrical Care

Re-traumatizing Childbirth

- Sexual trauma survivors
 - 12 x rate of reported traumatic childbirth
 - Affects bonding, parenting
 - Cycle of intergenerational trauma

Trauma Survivors in Obstetrical Care

- **Why the ↑ risk of traumatic childbirth?**
 - Multiple triggers for posttraumatic stress
 - Underlying symptoms exacerbated in pregnancy (flashbacks, anger, detachment)
 - Acute triggers at delivery (fear, pain, loss of control, etc)
 - Elements of routine OB care (internal exams, delivery interventions, power imbalance)

Trauma Survivors in Obstetrical Care

- **How to meet the long-term needs of abuse survivors?**
 - Effective abuse screening
 - Mental health referral
 - Trauma-informed OB/GYN care practices

But MANY abuse screening challenges

- ½ of cases – No abuse inquiry, per patient recall
- Dismal rates of abuse disclosure
 - (<30%, when OB asks)
- Many patients decline psychiatric referral in pregnancy

Abuse Screening Challenges

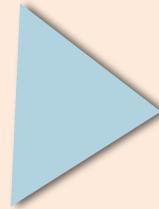
Main Question:

- How can women feel safe enough in brief clinical encounters to disclose an abuse history and access available resources at some point during their care?
- Disclosure matters for physician trigger awareness and delivery preparation

Importance of Survivor Voice

Research Questions:

- How to better ask about an abuse history?
- What improves disclosure?
- What interventions are warranted and helpful?



**Survivor
Perspectives**

Trauma Focus Group

- Trauma survivor focus group
- Collaboration with National Center for Trauma-Informed Care
 - Funded by Substance Abuse and Mental Health Administration (SAMHSA)
- 6 resilient female trauma survivors
- 3 hour audiotaped session

How do you want your obstetrician to ask about a history of trauma?

Trauma Focus Group

- Demographics
 - Age range:
 - 18-45+
 - Race/Ethnicity:
 - 4 Non-Hispanic, Black/African-American
 - 1 Cuban, Black
 - 1 Non-Hispanic, White

Trauma Focus Group

Demographics:

Prior trauma:	Childhood abuse only	1
	Childhood + adult trauma	4
	Adult trauma only	1
Type of trauma:	Sexual	5
	Physical	3

Trauma Focus Group

Demographics:

Recall being asked about trauma by obstetric provider	Yes	2
	No	2
	Don't recall	1
Disclosed trauma history to obstetrician	Yes	3
	No	2

Trauma Focus Group -- Results

How do you want your obstetrician to ask about a history of trauma?

- 5 essential content components
 - 1) Definition of trauma w/examples
 - 2) Explanation of helpful purpose/relevance of inquiry
 - 3) Routine nature of inquiry
 - 4) Confidentiality of information disclosed
 - 5) Availability of resources and interventions

Trauma Focus Group -- Results

How do you want your obstetrician to ask about a history of trauma?

2) Explanation of helpful purpose/relevance of inquiry

Survivors Worry that Obstetrician:

- Thinks she is defective
- Screening for those incapable of parenting or protecting child from abuse
- May call Child Protective Services → could lose parenting rights

Trauma Focus Group -- Results

How do you want your obstetrician to ask about a history of trauma?

5) Mention availability of helpful resources and interventions *up front*

- To be mentioned before disclosure (otherwise, why disclose?)
- Peer support = helpful intervention to offer

Survivor Voice: Implications

- Importance of explaining relevance of abuse inquiry in obstetrical care
- Offering resources/intervention for past abuse at time of inquiry → may improve disclosure
- Need additional patient engagement strategies to make disclosure safe whenever the woman is ready to disclose

Future Research: Guided by Survivor Perspectives

- Larger qualitative study with abuse survivors from different demographic groups
- Include women w/o trauma history
- Test of trauma-informed peer support as a safe, feasible intervention for abuse survivors

In Summary

- **Effective IPV Screening involves:**
 - **Clinician and researcher recognition of survivors' immediate safety needs and long-term trauma recovery needs**
 - **Consideration of survivors' perspectives in designing future research to address those needs**

Thank You

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