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.

• I have no conflicts of interest.
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

Ford-Gilboe et al. 2009
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)

Seng et al. 2002; Seng et al. 2008
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

Seng et al. 2008
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:

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<tr>
<th>Prior trauma:</th>
<th>Childhood abuse only</th>
<th>1</th>
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<tr>
<td>Childhood + adult trauma</td>
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<tr>
<td>Adult trauma only</td>
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</table>

<table>
<thead>
<tr>
<th>Type of trauma:</th>
<th>Sexual</th>
<th>5</th>
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<tbody>
<tr>
<td>Physical</td>
<td>3</td>
<td></td>
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### Trauma Focus Group

<table>
<thead>
<tr>
<th>Demographics:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall being asked about trauma by obstetric provider</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t recall</td>
<td>1</td>
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<tr>
<td>Disclosed trauma history to obstetrician</td>
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</tr>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
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
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

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
References


