

## Part 1

# Trauma Informed Care in Sexual and Reproductive Health

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# Objectives

- Define trauma-informed care
- List 3 Post Traumatic Reactions to genital exams
- Describe the neurobiology of sexual assault

# The Four “R’s” of Trauma Informed Care

- **Realize** the widespread impact of trauma
- **Recognize** signs and symptoms of trauma,  
(including in staff and clinical team members)
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practice
- **Resist** (actively) re-traumatization

(Ravi, A. (2017) *Am Fam Physician*  
SAMHSA (2014) HHS Publication No. (SMA) 14-4884 )

# Tarana Burke



“Empowerment  
through  
empathy”

Zahara Hill October 18, 2017 Ebony

*Well, for one thing, it's really important to tell survivors that you believe them, because this might be the first person they've told. You can say "I'm really sad to hear that."*

Schachter, C.L. (2008). Ottawa: Public Health Agency of Canada.

# Biology of Sexual Trauma

# Neurobiology of Sexual Violence

- Hypervigilance is an initial response when exposed to a predator/perpetrator
- This allows prey to assess a potential threat while minimizing the risk of detection by freezing
- The body is then prepared to attack or transition into a state of immobility

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# Neurobiology of Sexual Violence

The sympathetic nervous system:

- prepares the body for this “fight or flight” response
- increases the heart & respiration rates

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)



# Neurobiology of Sexual Violence

The amygdala and insula react to fearful stimuli:

- help regulate basic drives and emotions
- analyze potentially threats
- alert the rest of the brain to the concern
- increase heart rate and muscle tension

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# Neurobiology of Sexual Violence

The prefrontal cortex:

- is responsible for rational thought
- provides planned responses to experiences
- inhibits the amygdala's reactivity to fear

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# Neurobiology of Sexual Violence

- The amygdala has structural plasticity
- Fluctuating levels of cortisol disrupt the excitation and inhibition balance which causes dendritic growth
- This increases the firing rate of the amygdala and manifests as chronic hypervigilance

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# Neuroimaging Studies in Survivors Show

- Abnormal reactivity from the amygdala and structures that communicate with it
- Insufficient regulation from the prefrontal cortex
- This leads to hyperarousal & inability to suppress exaggerated fear responses to trauma-related stimuli

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# Cortisol And Norepinephrine

- Are necessary for a flight or fight response
- High levels impair cognitive functioning in the prefrontal cortex by inhibiting:
  - working memory
  - facilitated reasoning
  - decision making and behavior

As a result, rational thought, planning, and organization are limited

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# In Survivors of Sexual Trauma

The aberrant interaction of the prefrontal cortex, amygdala and insula is responsible for:

- impaired regulation of fear responses & inability to suppress exaggerated fear response to stimuli that seem trauma-related
- hypervigilance to threat-related stimuli
- hyperarousal

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# Neurobiology of Sexual Assault

Providers should be aware of chronic hypervigilant states and to foster an environment free of potentially fearful stimuli likely to trigger a defensive response

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# Adverse Psychosexual Impact Related to the Treatment of EGW and CIN

Impact on Sexual Life	CIN 2/3	Genital Warts
Caused Impairment	41.3%	69.0%
Reduced Sex Drive	43.5%	72.4%
Change in Frequency	52.2%	82.8%
Change in Pleasure	37.0%	57.1%
Reduced Orgasm	32.6%	41.4%

(Campaner, A. B.(2013) *J Sex Transm Dis.*)



# Adverse Psychosexual Impact Related to the Treatment of EGW and CIN

- People with a satisfying sexuality before the HPV diagnosis are less vulnerable to long-term negative consequences
- Vulnerability increases in those with sexuality concerns prior to diagnosis and in those who are unpartnered

(Campaner, A. B.(2013) *J Sex Transm Dis.*)

# Psychosexual Impact of EGW and CIN Treatment

- Loss of sexual desire
- More difficult mental and genital arousal
- Dyspareunia
- Less frequent sexual interaction than desired
- Reduction in the repertoire of sexual behaviors
- After HPV genital infection, many refuse further passive oral sex for fear of infecting their partner

(Campaner, A. B.(2013) *J Sex Transm Dis.*)

# Cancer Treatment Parallels to Childhood Sexual Abuse (CSA)

- How they feel physically during treatment
- What they are required to do during treatment (forced to do during CSA)
- How they feel emotionally during cancer treatment (feelings during CSA)
- The feelings they had re: abusers projected onto their cancer treatment providers

(Schnur, J. B. (2018) *Palliat Support Care*)

# Trauma Informed Practice

- Recognizes the broad health impact of trauma on individuals, children, and families
- Recognizes that trauma survivors can be re-traumatized by well meaning caregivers
- Assesses and potentially modifies every part of service is to include understanding of how trauma impacts the life of an individual seeking services

(Raja, S. (2015). *Fam Community Health*  
Earls, M. F. (2018) *N C Med Journal*)

# Reasons for Discomfort During Examination

Pelvic Exam	Survivors (n=37)	Controls (n=21)
Physical Discomfort	49%	90%
Examination of Sexual Organs	65%	33%
Previous Bad Experience	27%	24%

(Robohm, J. S. (1996) *Women Health*)

# Procedure-Related Triggers: Quotations

- *“Any time I was touched in my genital region, I had to suppress lots of feelings of anger and memories related to my sexual abuse as a child.”*
- *“The cervical scrap reminded me of the rape exam”*

(Schnur, J. B. (2018) *Palliat Support Care*)

# Themes heard in survivor interviews

The phrase “*shoved inside*” came up in a number of interviews when describing the Pap test

(Gesink, D (2015) *BMJ Open*)

# Reasons for Discomfort During Examination

Rectovaginal Exam	Survivors (n=35)	Controls (n=19)
Physical Discomfort	60%	90%
Previous Bad Experience	14%	5%

(Robohm, J. S. (1996) *Women Health*)



# Procedure-Related Triggers: Quotations

*“ When anything is inserted into my anus, is one of the worst time, as is any examinations of my lower regions”*

(Schnur, J. B. (2018) *Palliat Support Care*)

Experience During Visit	Survivors (n=42)	Controls (n=30)
Overwhelmed by emotion	62%	33%
Unwanted or intrusive thoughts	44%	17%
Memory triggered	45%	10%
Body memories triggered	43%	13%
Felt detached from body	55%	17%

(Robohm, J. S. (1996) *Women Health*)

# Memories During Visit

*“father ramming his fingers into my vagina.”*

*“the exam feels like an invasion of my person, like when I was sexually assaulted”*

*“...flashbacks of being raped as a child.”*

(Robohm, J. S. (1996) *Women Health*)

# Discomfort During the Gynecologic Examination

- Strongly associated with a negative emotional contact with the examiner
- Young age
- Dissatisfaction with present sexual life
- A history of sexual violence
- Depression, anxiety and insomnia

Hilden, M. (2003) *Acta Obstet Gynecol Scand*

# Gender

The study demonstrated that the psychological, social, and behavioral outcomes of ACEs were identical for men and women

(Gallo-Silver, L.(2014) *Permanente Journal*)

# Procedure-Related Triggers

- *“The radiation, I had to lay there naked and have people touch my pelvic area, I was not allowed to move or I might be greatly injured and I would have to start with the procedure all over again.”*
- *“Laying on my back trying to stay still”*

(Schnur, J. B. (2018) *Palliat Support Care*)

# A Patient's Perspective

- Clinicians proceed with an examination from body part to body part or organ system to organ system in a routine that is familiar and typical for them
- But it is unusual and extraordinary for the patient

(Gallo-Silver, L.(2014) *Permanente Journal*)

# Emotional Triggers: Control

*“The most difficult part of treatment was the feeling of not being in control, of being helpless in the face of something bigger and stronger than I was. I felt , once again, that I was powerless and that I wasn’t controlling my destiny, that the cancer was.”*

*“the most difficult part was having no control over what was happening.”*

(Schnur, J. B. (2018) *Palliat Support Care*)



# Hyper-reactive Response

- For a speculum examination to be performed, a person must overcome the involuntary contraction of the perineal muscles
- This can be more challenging for survivors of sexual violence who often have a hyper-reactive response

(Ades, V. (2019) Obstet Gynecol)

# Self Placement of Speculum: A guide

1. Let them know that only the blades are placed into the vagina and the handle is for the clinician's use only
2. Reassure that self-inserting the speculum will not cause harm
3. Warm speculum

(Wright,D. (2005) *J Clin Nurs.*)

# Self Placement of Speculum: A guide

4. Hand the speculum to the patient with the handle facing down
5. Consider moving away from the table during self-placement, to allow privacy

(Wright,D. (2005) *J Clin Nurs.*)

# Cumulative Trauma

*“I experienced a traumatic incident when I was younger and now I experience something else traumatic because I often feel like nothing can go right for me and that I’m being punished for something.”*

(Schnur, J. B. (2018) *Palliat Support Care*)

# Safety

- Recognize their need for physical and emotional safety
- Help patients feel they are in a safe space
- A rushed, harried, or patronizing provider can undo progress toward regaining a sense of safety

(Purkey, E.(2018) *Can Fam Physician*)

- *He just looked at me and he said, you know, I'm really sorry this happened to you. And that was the best thing he could have said."*
- *"I remember feeling comforted by her, probably by her words. She probably said, "It's okay to cry" . I remember her telling me that she was going to give me a phone number where I could call so I could talk to somebody about it, which she did."*

Schachter, C.L. (2008). Ottawa: Public Health Agency of Canada.

# Universal Trauma Informed Best Practices

*“I think they should have that same regard for everybody. Then they wouldn’t have to worry about making exceptions or treating us differently. They would have that regard and respect for everyone...If it’s good for people who’ve been abused, it’s good for everyone. It’s a win-win situation.”*

(Gesink, D (2015) *BMJ Open*)

# Believe in The Patient's Strength & Resilience

- One of the fundamental experiences of abuse is disempowerment, and even the most benevolent paternalism (often inherent in the medical system) recreates a cycle of helplessness
- Support a patient's evolution from passive victim to active, motivated participant

(Purkey, E.(2018) *Can Fam Physician*)



# “Be sure to warn the patient before you touch”

- A change in paradigm
- Now students are taught to explicitly ask permission and to specifically await consent before proceeding with the exam

(Keller, J. M. (2019) *J Sex Med*)

# Request Specific Permission

Specifically ask for permission

- Digital rectal examinations
- Testes examinations
- Retraction of the foreskin of the penis
- Inform a patient of what you will do during an examination or procedure

(Gallo-Silver, L.(2014) *Permanente Journal*)

# Childhood Sexual Abuse and Cancer screenings

- Positive relationships and experiences with healthcare have lasting effects for many CSA survivors
- They report using these positive relationships and experiences to counterbalance or even neutralize more negative medical experiences
- The goal is to establish a longitudinal relationship that is characterized by trust.

(Gesink, D (2015) *BMJ Open*  
Earls, M. F. (2018) *N C Med Journal*)

# Themes Heard in a Cancer Screening Environment

*“It doesn’t take any extra time to speak to someone with a kind voice or to smile at them. Even if it did take a few minutes to help someone feel safer, it may make the test itself go more smoothly, which could save time overall.”*

(Gesink, D (2015) *BMJ Open*)

# TIC in General Practice

*“The nurse was really respectful. A Pap smear is something that’s uncomfortable and you don’t want to be doing it, she’d talk you through it and make you feel like you have control for it to stop at any time, it was on your terms, not on her terms.”*

(Brooks, M (2018) *Australian Journal of General Practice*)

# Responding to Signs of Re-traumatization; PTSD & Dissociation

# Neurobiology of Sexual Assault

- Feelings of fear (62% women, 18% men)
- Concerns for safety (57% women, 17% men)
- Symptoms of post- traumatic stress disorder (PTSD; 52% women, 17% men)

(Cuevas, K. M. (2018) *J Am Osteopath Assoc.*)

# Risk Factors for Persistent PTSD

- Prior or repeat exposure to traumatic experiences
- Sexual violence as a child
- Overall life stress
- More severe acute traumatic stress symptoms
- Maladaptive coping responses
- Poorer social support

(Ades, V. (2019) *Obstet Gynecol*  
Bruce, M.M.(2018) *J Trauma Nurs*)



# PTSD in the Medical Office

A large percentage of survivors report:

- overwhelming emotions
- unwanted or intrusive thoughts
- traumatic memories triggered
- body memories
- feelings of detachment from the body

(Sharkansky E. Sexual Trauma: Information for Women's Medical Providers. National Center for PTSD. 2014.)

# PTSD Triggers

- Being touched
- The power differential between patient and provider
- The removal or absence of clothing
- Pelvic exams that involve placing an instrument into a bodily orifice

(Sharkansky, E. *US Dept of Veterans Affairs website*)

# Cancer Treatment Experiences of Sexual Violence Survivors

PTSD experiences in cancer treatment setting can include: intrusive thoughts, emotions such as shame, embarrassment, fear

(Schnur, J. B. (2018) *Palliat Support Care*)

# A Red Flag

Distress and pain during pelvic examinations may indicate a history of previous sexual violence, particularly in those with posttraumatic stress disorder

# A History of Sexual Violence and PTSD

- Report the highest levels of examination related fear, embarrassment, and distress
- Beliefs that the examination is unnecessary or unsafe or not useful compound this distress

Weitlauf, J. C., (2010) *J Womens Health (Larchmt)*,

# Trauma Symptom Clusters & Distress

- The intensity of pelvic examination–related distress is variable even among those with prior trauma and PTSD
- Trauma symptom clusters:
  - Traumatic re-experiencing
  - Avoidance/numbing
  - Traumatic hyperarousal

# Traumatic Hyperarousal

- Traumatic hyperarousal and hypervigilance is most highly associated with experience of distress during the pelvic examination
- Clinicians who perform the pelvic examination may benefit from education on identification and effective management of patients' physiological hyperarousal symptoms of trauma

# Nonverbal Indicators of Discomfort, Distress, or Dissociation:

- Rapid heart rate, change in breathing
- Pallor, flushing, sweating
- Muscle stiffness, inability to relax
- Cringing, flinching, pulling away, trembling
- Startle response
- Sudden strong emotions (anger, sadness, fear)

Schachter, C.L. (2008). Ottawa: Public Health Agency of Canada.



# PTSD Signs

- Shutting Eyes
- Not responding
- Tunnel Vision
- Obscured Vision

Sharkansky E. Sexual Trauma: Information for Women's Medical Providers. National Center for PTSD. 2014.

# If Symptoms Occur?

- Speak in a calm, matter of fact voice
- Control speech volume and speed
- Avoid sudden movements
- Reassure your patient that everything is okay
- Continue to explain what you're doing
- If possible, offer to stop the procedure

Sharkansky E. Sexual Trauma: Information for Women's Medical Providers. National Center for PTSD. 2014.

# If Symptoms Occur?

- Ask (or remind) the patient where they are
- Offer a drink of water, an extra gown, or a warm or cold washcloth for their face
- Go with the patient into a different room to provide a change of environment

Sharkansky E. Sexual Trauma: Information for Women's Medical Providers. National Center for PTSD. 2014.

# If Dissociation Symptoms Occur:

- Immediately stop the procedure if not unsafe to do so
- Wait for the patient to return to full consciousness
- This is to avoid examination or treatment while the patient is effectively unconscious, which can compound previous victimization

(Ades, V., (2019) *Obstet Gynecol*

Sharkansky E. (2014) Sexual Trauma: National Center for PTSD.)

# Preventing Dissociation Triggers

- Problem-solve with patients to identify what to avoid or modify in the future to prevent further triggering
- They may or may not be able to identify the trigger of a particular incident
- Learn from the individuals what techniques they use to stay present and grounded

Schachter, C.L. (2008). Ottawa: Public Health Agency of Canada.

# Patient Suggestions

*And they can say,*

- *“Yes, this treatment can trigger memories, and it can be really disturbing and distressful, and what you’re feeling is normal.”*
- *“You’re okay, it’s safe here”*
- *or validating the energy and the courage that it takes to go through (colposcopy, treatment)...*

Schachter, C.L. (2008). Ottawa: Public Health Agency of Canada.

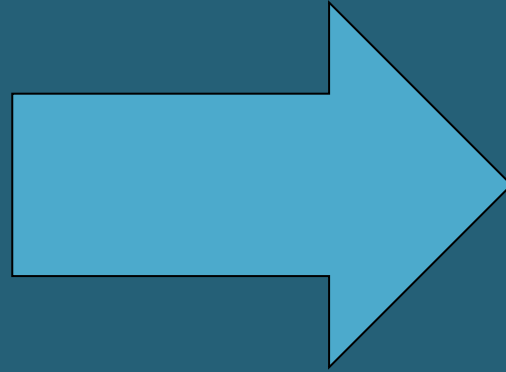
# Health Literacy; Use Plain Language

A trauma background can limit how much information people take in

(Brooks, M (2018) *Australian Journal of General Practice*)

# Examples of Plain Language

- Topically
- Detect
- Fertility
- Accurate



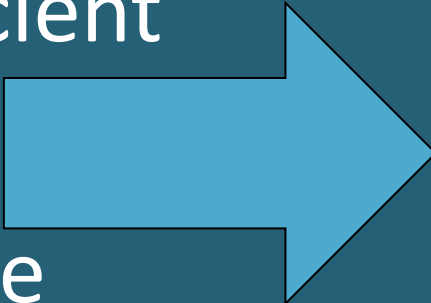
- On the skin
- Find
- Ability to get pregnant
- True, right, correct

The Plain Language Thesaurus for Health Communications

[http://depts.washington.edu/respcare/public/info/Plain\\_Language\\_Thesaurus\\_for\\_Health\\_Communications.pdf](http://depts.washington.edu/respcare/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf)

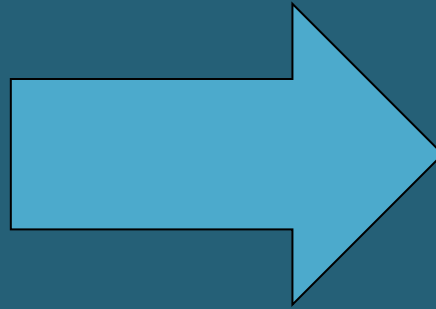


# Examples of Plain Language

- Acute
  - Adequate, sufficient
  - Adhere
  - Efficacy, effective
  - Adjacent
- 
- Sudden start, quick
  - Enough, the right amount
  - Stick to, follow
  - How well it works
  - Beside, next to, near, touching

# Examples of Plain Language

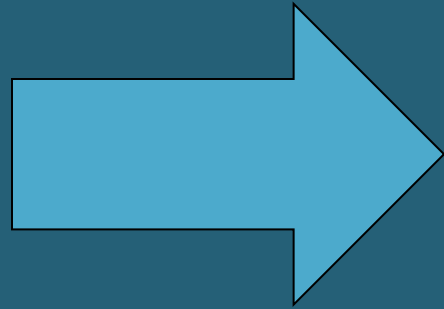
- Surveillance
- Susceptible
- Systemic



- Keep a close eye on, watch closely, monitor
- More likely to get, in danger of getting
- Through your body, in all parts of your body

# Examples of Plain Language

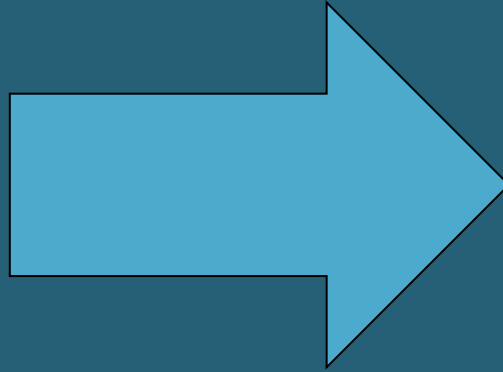
- Mitigate
- Monitor
- Prevalence
- Progression



- Make less harmful
- Watch for changes
- Number of people with the infection (e.g. 90 out of 100)
- Get worse, move forward, keep going on

# Examples of Plain Language

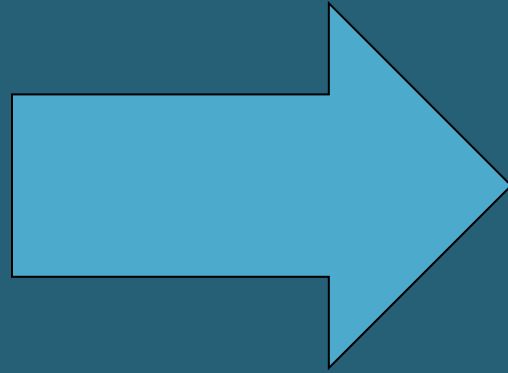
- Risk
- Adverse
- Aggressive
- Asymptomatic infection



- Chance
- Bad, dangerous, harmful
- Gets worse fast
- You have an infection, but you don't feel bad, no symptoms

# Examples of Plain Language

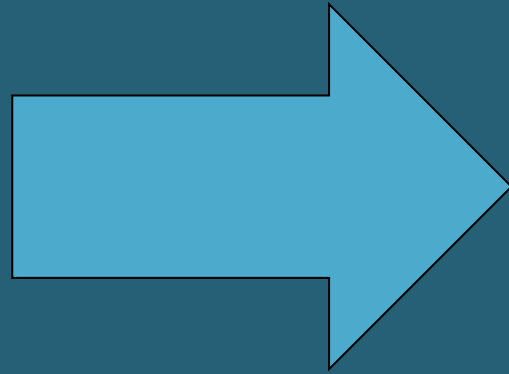
- Immunity, Immune system
- Fluctuate
- Localized



- The way your body fights off infection
- Change, go back and forth from high to low
- Only in one place, in a small area

# Examples of Plain Language

- Avoid
- Carcinogen
- Uterus
- Cervix



- Do not
- Can cause cancer
- The place where a baby would grow (picture), womb
- Lower part of the uterus

# Validated Assessment tool about TIC

Assess Health Professionals' Knowledge,  
Attitude and Practice Download survey tool:

[open.library.ubc.ca › media › download › pdf](https://open.library.ubc.ca/media/download/pdf)

(King, S. (2019) *Pediatr Qual Saf.*)

# Resources

- JBS International, Inc. and Georgetown University National Technical Assistance Center for Children's Mental Health: Trauma Informed Care: Perspectives and Resources <http://trauma.jbsinternational.com/traumatool/>
- National Center for Trauma-Informed Care: <https://www.samhsa.gov/nctic>
- National Child Traumatic Stress Network: <http://www.nctsn.org/>
- National Council for Behavioral Health: Trauma-Informed Primary Care Initiative <https://www.thenationalcouncil.org/trauma-informed-primary-care-initiative-learning-community>
- U.S. Department of Veterans Affairs National Center for PTSD: Sexual Trauma: Information for Women's Medical Providers: <https://www.ptsd.va.gov/professional/treatment/women/ptsd-womens-providers.asp>

(Ravi, A. (2017) *Am Fam Physician*)