

Trauma-Informed Care for Adolescents Seeking SRH Care

This is a collection of tips and best practices for providers serving teens and young adults who are accessing sexual and reproductive healthcare. Many of these tips focus on essential components of Trauma-Informed Care (TIC). If this is your introduction to TIC, check out the resources at the end of this tip sheet! Remember that providing health services through a trauma-informed lens is often an ongoing learning process that takes practice!

What is trauma-informed care?

Trauma-informed care means acknowledging the prevalence of current, recent, and past trauma and responding in ways that promote healing and recovery.

Why is TIC important in adolescent health?

During the adolescent years, teens and young adults are experiencing many “firsts” in their lives, including many “firsts” in their healthcare journey, which can often be daunting and traumatizing (e.g., first pelvic exam, first time coming out to an adult, first time testing positive for an STI, first time getting an STI swab test, etc.).

Key Characteristics of Trauma-Informed Care for Adolescents:

Respect

Patience

Sharing information

Building rapport

Respecting boundaries

Demonstrating awareness and knowledge of interpersonal violence

Fostering mutual learning and understanding nonlinear healing

Sharing control

Sharing control is especially important for adolescent patients since many young people feel they must comply with whatever a provider suggests. Let youth patients know at the beginning of the appointment that you both are working together to ensure their questions and concerns are addressed.

What is an activator?

An activator is something that initiates a memory or flashback to a prior event, usually a traumatic one. It could be a physical reaction that may mimic the initial reaction to the trauma. It could be activation through any of the five senses.

Common activators

- Not being heard when saying “stop,” or “no,” or “ouch”
- Pushing someone’s legs open
- Supine position with someone standing above
- Severe power imbalance
- Small rooms
- Rooms that are difficult to exit
- Observers/many people (e.g., student residents) in the room
- Tools prepared in room before patient consents
- Locking the door
- Saying “Just relax” or “open your legs wide”

Consent in healthcare

Informed consent is the autonomous authorization of a medical act or intervention. There are several important elements to consent, including:

- Ensuring competence and checking the capacity of the person to understand information and options presented to them
- Providing adequate disclosure of medically accurate information so patient can make voluntary, informed decisions
- Equalizing yes and no
 - Ensuring that youth patients are aware of the fact that they can say “no” to any of your suggestions, and being ready to accept their response and offer alternatives
- Checking in often and regularly on consent and comfort throughout an exam or procedure
- Only performing exams when absolutely necessary to avoid putting youth patients in unnecessary discomfort
- Individualizing the degree of exam sensitivity based on the need for clinical evaluation
- Note: An example of non-consent in healthcare that has been normalized: A patient asks you to stop an exam due to pain. You respond: “I’m almost done and *just* need a few more seconds to finish the exam”

Reasonable accommodations

- Positioning exam table for eye contact
- Allowing or offering a chaperone
- Using diagrams and/or models for visual aid
- Allowing or offering a hand-held mirror during exams and procedures
- Offering self-insertion for a speculum and self-swabbing for Pap/STI tests
- Using preferred language for genitalia
- **Use anticipatory guidance for all visits. This could look like:**
 - Describing all instruments beforehand
 - Describing all parts of the exam beforehand
 - Asking if the patient would prefer you to explain all parts of the exam throughout or not
 - Providing clear instructions for draping
- Allowing patients to use headphones, play music, watch videos, or use their phone for distraction
- Allowing patients to bring grounding items like a blanket, stuffed animal, etc.
- Debriefing afterward and encourage self-care after the appointment
- Keep hands out of pockets
- Avoiding medical jargon
- Going over exam results after patient has dressed
- Providing handouts with information about exams and procedures
- Reviewing your processes for initial and ongoing consent
- **Offering progressive visits**



If only part of the exam was completed due to pain or discomfort, reassure the patient that it's okay and schedule another appointment to finish later, or come up with another plan

Language for Trauma-Informed Care

Avoid this language:

Exam “bed”

“Just relax”

Exam “sheet”

“You will feel my touch”

“Beautiful”

“Open your legs”

“Fantastic job”

Instead, use trauma-informed language:

Exam “table”

“Let this muscle fall/fall down into the table”

Exam “drape”

“This is my hand on your inner thigh and now on the outside of your vagina”

“Everything looks healthy”

“When you’re able, let your knees fall off to the side”

“How are you feeling? What during that exam was helpful? What can I do differently next time?”

Refrain from using “for me.”

For example, do not say:

- Scoot down for me
- Turn to the side for me
- Take a deep breath for me
- Push for me

Language for Creating a Safe Space

Before an exam begins, while the patient is still fully clothed, describe the exam procedure and the positions they will be in. This helps ensure that the patient is fully informed as to what they're consenting to.

Example Script:

"For a pelvic exam, a provider needs to be able to see the vulva, vagina, and the cervix. To be able to have enough visibility to check for redness, irritation, discharge, etc. and to insert a speculum, patients can scoot to the edge of the exam table, and relax their knees to the side. It can feel awkward or uncomfortable getting to that position, but it actually helps soften pelvic muscles, which can make the exam more comfortable for some people. If you're not able to do that, we can talk about some alternative positions that could be more comfortable for you."

You can start the conversation by saying, "Do you feel safe? And how can I make you feel safe?" Ask open-ended questions to offer a space to talk about past traumas. For example:

- "Has anything happened to you in your life that you feel has affected your well-being? If you have any questions about that or want to talk about it, I am here for you."
- "This is a safe space to talk. I'll take your lead on what you'd like to discuss."

AMAZE videos



Puberty: What is Doctor Confidentiality?



Yearly Checkup: Everything You Need to Know



The Gynecologist: What to Expect



Accessing Sexual Health Care for Minors

Trauma-Informed Care Trainings and Resources

Adolescent Sexual and Reproductive Health Education Project (ARSHEP)

If you're interested in virtual trainings on youth-adult partnerships, trauma-informed pelvic clinical practice, and other SRH topics such as contraceptive justice for your team, email karen.torres@advocatesforyouth.org

Sex Ed To Go: Trauma Informed Sex Education

SPARK: Principles of Trauma-Informed Care for Adolescent Patients

National Coalition for Sexual Health

Trauma-Informed Care Begins Before the Visit

Let Patients Lead During the Visit

Wrap Up and Bring Closure

Cardea Training Center

Trauma-Informed Care in Healthcare Services

Healing, Resiliency, and Trauma-Informed Care & Practice, Dr. Tami DeCoteau
Youth at the Center: Effective and Equitable Support at Adolescent Healthcare Clinics
Across Washington State