

# Clinician Guide for Trauma-Informed Care

A guide for clinical services providers performing physical examinations in sexual and reproductive health settings.

Trauma refers to experiences that cause intense physical and psychological stress reactions. It results from events or circumstances that are experienced by an individual as physically and/or emotionally harmful or threatening and can include:

- Adverse childhood experiences
- Medical maltreatment or invasive procedures
- Personal experience of, or exposure to substance use disorder
- Physical, sexual, and emotional violence
- Poverty
- Racism, discrimination, and oppression
- Separation from, or loss of, a loved one
- Community violence, exposure to war or terrorism
- Sex and gender-based violence, including marginalization

Trauma is experienced by everyone differently. Trauma can have lasting adverse effects on an individual's functioning; physical, social, emotional, spiritual wellbeing; and long-term health.

Adopting a trauma informed approach in a clinical setting can:

Help healthcare providers deliver comprehensive care to their patients by having a complete picture of a patient's life—past and present.

Improve patient engagement, shared decision making, and health outcomes.







Assure patients they can share their concerns fully with their provider, who will work in partnership with them to decrease the effects of trauma or work to prevent re-traumatization.


Avoid causing additional harm to patients who may have experienced trauma.

This occurs when a person re-experiences a previously traumatic event—either consciously or unconsciously. Common activators of the stress response, or triggers, can include:

- |                |                  |
|----------------|------------------|
| Imagery        | Sensations       |
| Lighting       | Smells           |
| Memory         | Thoughts, words, |
| Physical space | or feelings      |

SAMHSA's six principles to guide a trauma informed approach:

-  Safety
-  Trustworthiness and Transparency
-  Peer Support
-  Collaboration and Mutuality
-  Empowerment, Voice, and Choice
-  Cultural, Historical, and Gender Issues

 **Realizes** the impact of trauma and potential for recovery

 **Recognizes** signs of trauma

 **Responds** by integrating knowledge of trauma into policies, procedures, and practices

 **Resists** re-traumatization



NATIONAL COALITION FOR  
**SEXUAL HEALTH**

# Trauma Informed Care Roadmap

Providing TIC involves understanding, recognizing, and responding to the effects of all types of trauma. **TIC does not require clinicians to ask for disclosures of trauma from their patients or be experts in treating trauma symptoms.** Instead, trauma informed principles can be applied to all clinical interactions to establish trust and help patients feel empowered.

The following roadmap can help clinical services providers implement a trauma informed approach which avoids re-traumatization, builds trust with patients, and takes a **Universal Precautions Approach** to patient care before, during, and after a physical exam. A Universal Precautions Approach means that clinical services providers:

Approach all patients as if they may have experienced trauma.

Explain how stress and trauma can impact mental and physical health.

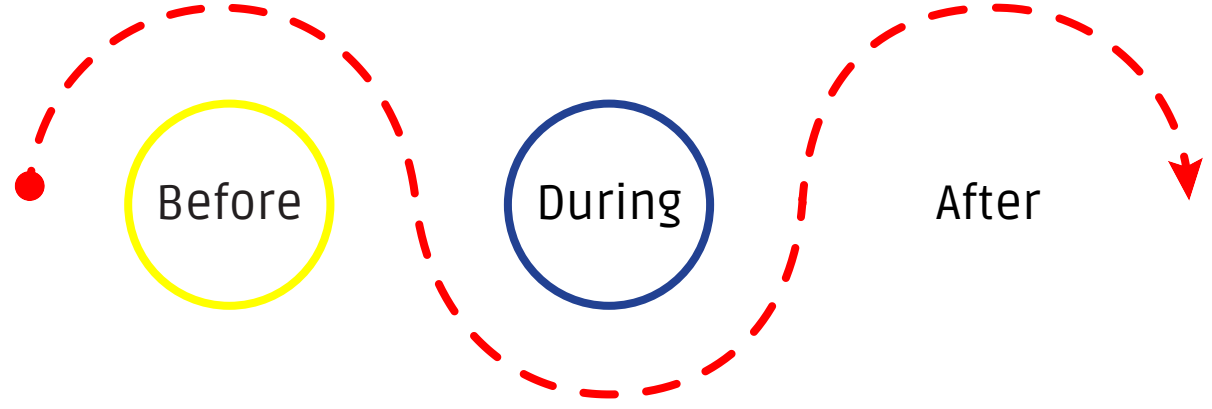
Use open-ended questions and ensure patient-centered communication.

Use collaborative care delivery, referring to trauma informed providers when possible.

Be diligent about professional self-care and watch for signs of vicarious trauma.

Make small changes to language or behaviors to increase patient comfort, wellbeing, and control, and to reduce re-traumatization.

Even if not prompted, patients may disclose their traumatic experiences.



Disclosures can happen before, during, or after an exam. **In the event of a disclosure:**

Offer validation, empathy, and acknowledgment of the disclosure:

"Thank you for trusting me with your story. I really appreciate the courage it took to share that with me."

Confirm confidentiality and let the patient know they can say as little or as much as they feel comfortable with:

"Things we talk about in this room stay in this room unless I'm concerned about your wellbeing, like if you are going to hurt yourself or others."

Confirm the patients' wellbeing in their daily life:

"Please let me know if you do not feel safe at home or in any other environment so I can help."

Ask about how the disclosure impacts today's visit and ask how the patient would like the information documented:

"Given what you've just shared with me, is there anything I can do to make you feel more comfortable today? How would you like me to, if at all, document this in your records?"

Offer trauma informed resources:

"I want you to know that you are not alone, and that there are many options for support. If you'd like, I can provide you with some options for resources that can help give you the support you deserve."

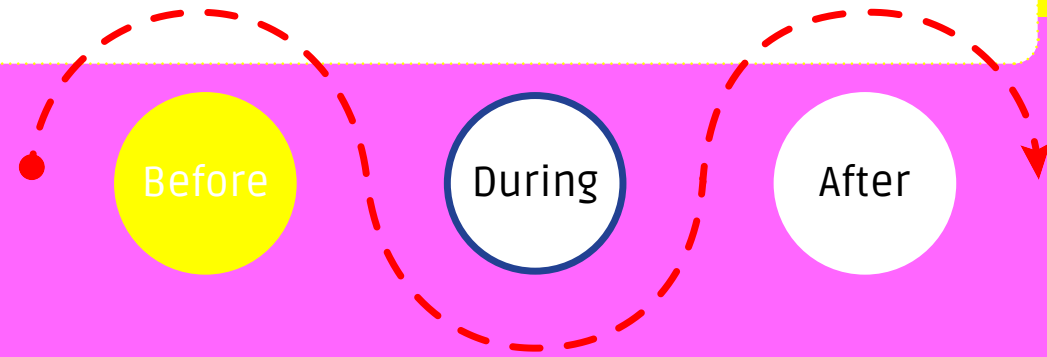
Avoid re-traumatization:

Do not multitask when patient is disclosing. Do not minimize or dismiss the trauma, show pity, or tell the patient they need or should get help.

# Roadmap: Before the Exam

## Key Considerations

- Make sure the patient's goals drive the visit.
- Check in with the patient's comfort level and if they have any questions.
- Validate the patient's experiences, and avoid minimizing or multitasking if/when trauma is disclosed.
- Establish rapport and complete discussion before the patient undresses.



## Trauma Informed Actions

- **Consider the physical environment:** Create a more trauma-informed exam space by maintaining a comfortable temperature, natural light, plants, and multiple options for seating
- **Offer a support person:** 2020 ACOG guidance recommends a support person be present for all breast, genital, and rectal exams. Ensure the patient gives prior consent before they join.
- **Establish rapport:** Introduce yourself before the patient undresses, and ask what types of accommodations they may want. This can include, but is not limited to, translation services, extra time to undress, or calling in a trusted friend or family member.
- **Discuss the patient's goals:** Ask what information or questions are the most important to cover, inquire about patient concerns, ask for patient preferences around communication and documentation for the visit.
- **Ask how you can best support the patient:** Ask the patient about how past medical experiences may impact today's visit.
- **Discuss the process of the exam:** Let the patient know if you recommend a physical exam, give clear instruction for undressing (what clothing should be left on, removed, how to position drape). Present clear expectations for when you'll be back and how you'll enter.
- **Repeatedly assure the patient they are in control:** Continuously ask the patient their comfort level, remind them of their choices, and let them know they are in control. Let the patient know it is normal and common for patients to stop or pause the exam at any time.
- **Observe for signs of distress:** Look for wringing hands, rapid breathing, sweating, avoiding eye contact, shaking, tensing muscles. If you see signs of distress, stop what you are doing, check in with the patient, assure them they are in control, ask if they would like to proceed.

## Sample Phrases

"You are welcome to invite a support person to join us in the room. Our policy also requires that we invite a chaperone from our clinic during the exam."

"How can I make you more comfortable during today's visit?"

"Are there any prior experiences with pelvic exams you'd like to share with me today? Are there any terms for body parts or wording I should avoid using today?"

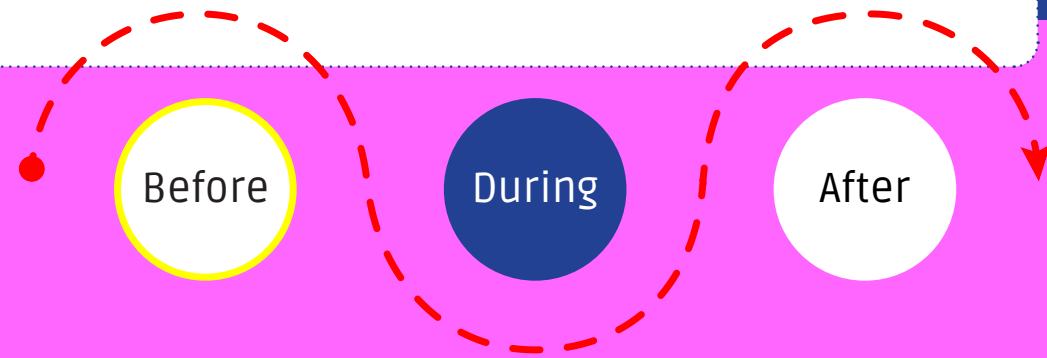
"I'd like to move to the physical exam now. I recommend that we do a pelvic exam, which will take about 5 minutes. How does that sound to you?"

"Please tell me if you feel uncomfortable or want to stop or pause the exam. You are in control of what we do here today."

# Roadmap: During the Exam

## Key Considerations

- Be in constant communication with the patient about the exam or procedure.
- Ask for permission for every step of the exam or procedure.
- Allow the patient to be in control as much as possible.
- Avoid words and phrases that can be triggering.
- Watch or listen for distress during the exam, and stop immediately if you notice discomfort.



## Trauma Informed Actions

- **Explain the steps of the exam and describe what you are going to do and why:** Do not assume your patient is comfortable or understands the procedure. For example, for a pelvic exam, be clear if you will be performing an external, internal speculum or bimanual exam, or all three.
- **Ask questions and gain permission at every step of the exam or procedure:** Check in often. Remind the patient that they are in control and have the ability to stop the exam at any point in which they do not feel comfortable.
- **Whenever possible, allow the patient to be in control:** Ask the patient to move their legs out to your hands as far as is comfortable instead of pushing knees apart, ask them to show you areas of concern, assure them that they are in control of the exam pace. Offer self-insertion of the speculum or specimen swabs whenever possible.
- **Be mindful of re-traumatizing or offensive words and phrasing:** Use patient-friendly words to describe the tools and method you are using (e.g., “leg rests” instead of “stirrups”). Never use words like “relax” or “open wide,” knowing these could be potentially distressing for sexual assault survivors. Offer to complete the exam without leg rests if the patient would be more comfortable.
- **Watch for discomfort or distress:** Look for gripping the exam table, sweating, poor eye contact, subject changing, shaking, heavy breathing, avoiding touch, recoiling, or moving away from you. Listen carefully for words like “ouch” and “stop” which indicate pain and rescinding consent. If you notice any of these, stop immediately.
- **Stop the exam immediately if the patient is in distress:** Let them know they are in control. Help with grounding by offering water or a cool cloth. Ask how you can support the patient and offer to stop the exam.

## Sample Phrases

“I’m going to start with an abdomen exam, if it’s okay, then move to your pelvic exam. Once I do that, I’ll start with the outside, and move to the internal exam. I’ll let you know before I place the speculum.”

“Let me know when I can begin.”

“I’m going to step out so you can change. For this exam, you can take everything below your waist and cover yourself with a sheet. I’ll knock to check if you’re ready before I come back in.”

“Whenever you’re ready, move your knees out to the sides to meet my hands.”

Throughout the exam, ask:

“How are you doing?”

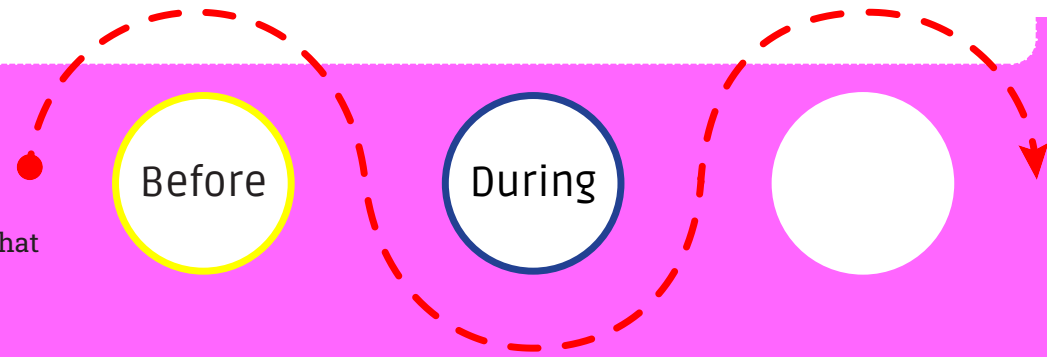
“Is it okay if I do this?”

“Would you like to take a break?”

# Roadmap: After the Exam

## Key Considerations

- Make a plan with the patient following the exam or procedure.
- Never leave the patient with unanswered questions or concerns, even if what you find is “normal.”
- Give the patient time to share anything else they would like you to know.
- Ensure the patient has all of their questions answered before leaving the clinic.



## Trauma Informed Actions

Leave the room so the patient can dress. Return and review the exam with the patient when they say they are ready.

Invite them to share what went well, what to document for future exams, and what they think could work better for them next time. Note if you noticed any discomfort, knowing that they may have been uncomfortable without your noticing.

Outline any next steps or follow-up appointments. Provide the patient with names and locations of the providers you may be referring them to. Explain the type of visit they can expect to have with that type of provider.

Don't assume patients with limited questions don't want to discuss. They may need time or space.

Explain when the patient will hear from you and how they can contact you after they receive their results. Ask for preferences around how they receive results or information.

Offer a list of resources and supports, including trauma informed providers where possible. Ask if they would like any other resources.

Document visit findings and the treatment plan in clear and simple language. If the patient disclosed any traumatic experiences, ask them if they would like that included in their chart. Share with them that the information in their chart can be seen by other clinicians on the health care team.

## Sample Phrases

“You came in today because [insert main concern here]. This is what we found.”

“Your exam did show abnormal discharge. We sometimes see this in patients, and while I'm not overly concerned about it, here are some solutions and next steps we can discuss.”

“We will send a sample for laboratory testing and be in touch with results in 3-5 days. Once you get your results, you can reach me at...”

“We talked today about getting you support for the past experiences you shared. Here are some resources. Let me know if you have trouble accessing them or need something else, okay?”

“Do you need any other resources we didn't talk about today?”

“What questions do you have for me?”

# Self-Assessment Checklist

Use the action steps to assess your progress in implementing a trauma informed approach and to identify ways to help make your clinical exams more trauma informed—before, during, and after the exam.

For each action step, ask yourself:

1. Did I complete this step?
2. If not, why?
3. What would help me to do this next time?



Before

## Before the Exam

- Consider the physical environment
- Offer a support person
- Establish rapport with patient
- Discuss the patient's goals
- Ask how you can support the patient throughout the visit
- Discuss the process of the exam
- Repeatedly assure the patient they are in control
- Observe for signs of distress

During

## During the Exam

- Explain the steps of the exam and describe what you are going to do and why
- Ask questions to gain permission at every step of the examination or procedure
- Whenever possible, allow the patient to be in control
- Be mindful of potentially re-traumatizing or offensive words and phrasing
- Watch for discomfort or distress
- Stop the exam immediately if the patient is in distress

## After the Exam

- Allow the patient to dress before finishing the appointment
- Discuss and recap the visit
- Make an action plan for a follow-up
- Share the timeline for any follow-up tests or procedures
- Let the patient know how to contact you for further discussion
- Provide referrals/helpful resources
- Confirm documentation preferences