CREATING SAFE SPACES: WHY
TRAUMA-INFORMED CARE IS CRUCIAL
TO TEEN HEALTH

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Trauma: psychosocial outcomes, epigenetic & cellular changes

BIOBEHAVIORAL STUDIES OF VIOLENCE & ABUSE
• Nearly **3 in 10 women and 1 in 10 men** in the US have experienced rape, physical violence, and/or stalking by an intimate partner

• All report **at least one impact** related to the experience, including:
  - being **fearful** or concerned for safety,
  - PTSD symptoms,
  - **injury** and/or need for health care,
  - contacting crisis hotline,
  - need for **housing services, victim’s advocacy** and/or **legal services**, or
  - missed at least one day of **work or school**.
BACKGROUND: ABUSE, TRAUMA

- Greatest risk: **ages 16-24**
- **1/3 of adolescent and young adult women experience abuse** in intimate relationships and **1/5-1/7 experience reproductive coercion**
- Assessment for reproductive coercion during family planning clinic visits was associated with a 70% reduction (Project Connect)
- Women and girls are particularly vulnerable to **social capital loss** related to reproductive coercion and relationship abuse, contributing to multiple domains of health disparity
OMG WHY DO YOU WANT TO WORK WITH TEENAGERS?!?!!
• AAP: “Adolescence, these years from puberty to adulthood, may be roughly divided into three stages: early adolescence, generally ages twelve and thirteen; middle adolescence, ages fourteen to sixteen; and late adolescence, ages seventeen to twenty-one.”

• APA: “There is currently no standard definition of “adolescent.” Although often captured as an age range, chronological age is just one way of defining adolescence. Adolescence can also be defined in numerous other ways, considering such factors as physical, social, and cognitive development as well as age.”
DEVELOPMENTAL PERSPECTIVE

- Attachment theory (Ainsworth & Bowlby, 1991)
  - Proposes that humans learn to “relate” through the earliest interactions between infant & caregiver
- Secure base concept
- Attachment between individuals
- Ongoing process, can be adaptive or maladaptive
RELATIONSHIP PERSPECTIVES

- Investment model (Rusbult, 1983)
  - Satisfaction: belief that the relationship is good *in some way*
  - Commitment: the tendency to remain in relation
  - Alternatives: possibilities outside the relationship
  - Investments: resources gained within the relationship
“[Girls] get confused in relationships, and they’re stuck, and they’re, like, What am I supposed to do? Should I stay here and be with somebody although they’re abusing me, like, emotionally and physically?” (Banister, et al, 2003, p. 26)

• Implies power imbalances in social framework
• Suggests social space constraints

“[men] feel as though they have to have that dominant role where the girl won’t disrespect them. If their girlfriend’s not giving them this image like [they’re] almighty powerful, they want to put this image up to make the girl have less confidence in herself and more confidence in her boyfriend or husband.” (Johnson, et al, 2005, p. 175)

• Social framework “rules” for male/female, boyfriend/girlfriend
• Injurious versus “play fighting”; gender-based acceptance of violence and abuse among teens in romantic relationships (Cercone, Beach, & Arias, 2005; Foshee, Bauman, Linder, Rice, & Wilcher, 2007; Sears, Byers, Whelan, & Saint-Pierre, 2006; Sears, Byers, & Price, 2007).

• Sexuality/sexual decision-making as a nexus of control (Banister & Schreiber, 2001)

• Emotional/verbal abuse depends heavily upon context and relationship (Sears, Byers, Whelan, & Saint-Pierre, 2006)
SEXUAL/REPRODUCTIVE COERCION, ABUSE, AND VIOLENCE

• Reproductive coercion/sexual abuse often incorporates either physical or emotional abuse (Banister, Jakubec, and Stein, 2003; Kreiter et al., 1999; Foshee, Bauman, Linder, Rice, & Wilcher, 2007)

• Sexuality/sexual decision-making may be a nexus of control and self-efficacy for intimate partners (Banister & Schreiber, 2001; Halpern-Felsher, et al, 2004)
EMOTIONAL AND PSYCHOLOGICAL ABUSE

• Often difficult to identify or define; depends heavily upon the context and the relationship in which it occurs (Sears, Byers, Whelan, & Saint-Pierre, 2006)

• May occur in 90% of dating relationships (Foshee, Bauman, Linder, Rice, & Wilcher, 2007; Halpern, Oslak, Young, Martin, & Kupper, 2001; Hanson, 2002; Hines & Saudino, 2003; Munoz-Rivas, Grana, O’Leary, & Gonzalez, 2007)

• Adolescents may have increased vulnerability to the ill-effects of behaviors such as threats, insults, coercion, and degradation (Banister, Jakubec, & Stein, 2003; Burton, Halpern-Felsher, Rehm, Rankin, & Humphreys, 2013)
PHYSICAL HEALTH AFTER IPV: LINKED TO...

• frequent headaches
• chronic pain
• activity limitations
• asthma
• irritable bowel syndrome
• diabetes \textit{(NISVS, 2011)}
• \textbf{AND to…}

• Arthritis, STI’s, ulcers, stroke, heart disease, disordered sleep, substance use, and complications of pregnancy \textit{(Coker, A., Smith, P., Bethea, L., King, M., McKeown, R., 2000; McFarlane, J. Parker B., & Soeken, K., 1994, 1996, 1996; CDC, 2008)}

• Women under chronic stress also display \textit{sustained secretion of cortisol} \textit{(Epel et al., 2000)}
MENTAL HEALTH AFTER IPV

• Powerful emotional responses & increased psychological trauma—creating **chronic stress** (Cercone, Beach, & Arias, 2005; Lewis, Travea, & Fremouw, 2002)

• Adverse mental states such as **depression & anxiety** and **ongoing fear** (Walker, Newman, & Koss, 2004; Burton, Halpern-Felsher, Rankin, Rehm, & Humphreys, 2013)
BIOBEHAVIORAL COMPLEXITY

Adolescence and young adulthood: health, growth, development

- Relationships
- Reproductive health
- Behavior changes
- General health

Health behaviors and health outcomes: Chicken and egg?

- Sleep
- Exercise
- Social support
- Depression

Image credit: UPenn School of Nursing
WHAT IS “BIOBEHAVIORAL IMPACT”? 

(diagram acknowledgments: Dr. C. Jackson-Cook and Dr. A. Montpetit)
ALLOSTATIC LOADING

McEwen BS, Gianaros PJ. 2011.
**Telomere attrition:** abused women EXHIBIT SHORTENED TELOMERES—literally accelerates cellular aging  
(Tyrka, et al., 2010; Kananen, et al., 2010; Epel, et al., 2004; Humphreys, Epel, et al., 2011)
**CONCEPTUAL MODEL: CHRONIC STRESS & ALLOSTATIC LOADING**

*Use of MZ twin study design eliminates cofactor and improves data interpretation*
The goal of the EMBODY study is to examine relationships among epigenetic alterations, acquired chromosomal changes, biologic stress measures, and biobehavioral characteristics in identical, female twin pairs who are discordant for an experience of TDV.

EMBODY = Effect of Multiple factors in a Biobehavioral study Of Dating among Young women

Aims:
Examine relationships among the following types of characteristics of late adolescent, female, MZ twins discordant for TDV:

- Epigenetic
- Telomeric
- Biobehavioral
SAMPLE AND METHODS

- 14 Female, monozygotic (identical) twin pairs and 2 affected singletons ages 18-21
- Recruitment via twin registry
- Classical twin study design (discordant)
- Self-report instruments, serum sampling
- Mean telomere length, methylation, micronucleus formation
TDV & TRAUMA:

• High prevalence of TDV in population: many concordant pairs had to be excluded; affected singletons (single twins) were included

• Range of CADRI abuse scale scores: 25-89 (scale: 25-100)

  • 14/16 affected individuals had not disclosed!

• Support for allostatic loading model r/t ongoing symptoms: sleep disturbance, anxiety, & depression

  • Beck Depression Inventory-II: SEVERE in affected women (n=16) M=32, SD=8.5; MODERATE in unaffected (n=11) M=26, SD=5
Trauma-informed Primary Care

SCREENING
Inquiry about current & lifelong abuse, PTSD, depression and substance use.

ENVIRONMENT
Calm, safe, empowering for both patients and staff.

FOUNDATION
Trauma-informed values, robust partnerships, clinic champions, support for providers and ongoing monitoring and evaluation.

RESPONSE
Onsite and community-based programs that promote safety and healing.

PRINCIPLES OF TRAUMA-INFORMED CARE

Recognizing the impact of violence on:

individual **development** and **coping** processes

Supporting empowerment through:

**partnership** between provider + patient/client, maximizing individual’s opportunity to **choose** and navigate path to survivorship, & supporting individual’s need for **safety** and **nonjudgmental** support in care provision

DEVELOPMENTAL APPROPRIATENESS

Seeking independence

Seeking connection
DRAMA, DRAMA, DRAMA!

Drama is about navigating the social fabric…it’s going to be present!

- Marwick & Boyd: drama is a spacemaking label
- Frenemies: both negative & positive influence
- Gender role enactment
- “Face-work” and perception
- Checking own beliefs & emotional responses in a larger context
- The “eye-roll” test

…drama has value, but shouldn’t run the show.
• Strengths-based
• Combines direct service action with community supports
• Ignores “at-risk” categories
• “Problem free is not fully prepared” (-Karen Pittman)
• Especially important in areas where youth feel devalued—such as romance/sexuality!
INTEGRATING PREVENTION & POSITIVE YOUTH DEVELOPMENT

Teens are amazingly:

• Resourceful
• Strong
• Thoughtful
• Demanding
• Integrated
• Tech savvy
• Enmeshed
EMPOWERMENT MODEL

Application of knowledge & skill

Empowerment

Authority

Provision of information

Education

Restructuring system

Restructuring service provision

Development of service

Self-confidence
SCREENING: THERE’S NO “RIGHT” WAY

• If you don’t ask, you won’t find out.
• Intervention doesn’t mean resolution.
• Always consider the person first, attend to zir situation and condition.
• Break down barriers to screening with colleagues!
• Examine your own thoughts & understanding of IPV & reproductive coercion.
• Just ask: Is there anyone in your life who hurts or frightens you? Makes you feel uncomfortable?
**Medical Power & Control Wheel**

**Escalating Danger**
- Violating Confidentiality: Interviewing her in front of family members, telling colleagues issues discussed in confidence without her consent, calling the police without her consent.

**Violent Victimization**
- Normalizing Victimization: Failing to respond to her disclosure of abuse, acceptance of intimidation as normal in relationships, belief that abuse is the outcome of non-compliance with patriarchy.

**Increased Entrapment**
- Ignoring the Need for Safety: Failing to recognize her sense of danger, being unwilling to ask, "Is it safe to go home?" or "Do you have a place to go if the abuse escalates?"

**Trivializing and Minimizing the Abuse**
- Not taking the danger she feels seriously, expecting tolerance because of the number of years in the relationship.

**Blaming the Victim**
- Not respecting her autonomy: "Prescribing" divorce, sedative medications, going to a shelter, couples counseling, or the involvement of law enforcement. Punishing her for not taking your advice.

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WHEN SCREENING, KEEP IN MIND...

• A person is more likely to disclose abuse when:
  • perceives screener as actively listening and concerned.
  • understands the reason for screening.
  • feels assured that disclosure will not be reported back

**Note:** A negative response to screening does not mean that abuse is not present. It may indicate the person is not comfortable disclosing yet.
CONSIDER SRH NEEDS

- Is reproductive coercion occurring?
- How to best attend to SRH in the context of the current situation?
- Does ze need medications, ECP, LARC, something else..?
- Provide a warm referral if possible!

National Dating Violence Hotline
Call: 1.866.331.9474
Text: 22522
Recognize need for safety while still IN the relationship, regardless of context

Consider individual situation & relationship dynamics

Locate resources: different for different populations

Identify hazards: weapons, social contacts, financial instability
WHAT QUESTIONS?

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