

TRAUMA-INFORMED ABORTION CARE:

Clinical Case Studies for Facilitators

Notes for facilitators: These case studies are for small group work and discussions. Use these case studies together with the trauma-informed care direct observation form. You do not need to use all the cases; choose the cases that are most useful to your participants. The small group leaders or the facilitator can use the bullet points to generate more discussion about the case. Do not share the bullet points for the cases with participants before the discussion.

Clinical Case Study 1: Provision of trauma-informed care for survivors of sexual violence who need abortion or contraceptive services

Maria is a 17-year-old refugee in “Camp Imagineria” who was married at 13 years of age and has two children under the age of five. She has been living in “Camp Imagineria” with her husband and children for three years. In the counseling session she informs you that she is pregnant but does not want to be. She does not know her last menstrual period and is unsure how far along she is in pregnancy. She feels generally very distressed and overwhelmed but does not specify why.

Maria needs a pelvic examination to determine the age of the pregnancy and what kind of services you can offer her. How would you like to proceed?

Notes for facilitators: Small group discussions may include some or all of the following points:

- Ask about exposure to violence or coercion in or outside of Maria’s home
- Use the LIVES method
- Follow the 10 steps for trauma-informed examination when examining Maria
- Discuss Maria’s options for abortion with her
 - Provide trauma-informed abortion care if she chooses

- Ask Maria if she would like to discuss contraception with you
- Discuss referrals to additional supportive services

Clinical Case Study 2: Provision of trauma-informed care for survivors of sexual violence who need abortion or contraceptive services

Maya is a 22-year-old refugee who lives with her husband in Imaginaria Refugee Camp. Maya was referred to you by a psychosocial support organization. She discloses that she was raped 14 weeks ago and fears that she is pregnant and does not know what her options are. She does not know her last menstrual period and is unsure how far along she is in pregnancy.

Maya needs a pelvic examination to determine if she is pregnant and what kind of services you can offer her. How do you intend to proceed?



Notes for facilitators: Small group discussions may include some or all the following points:

- Ask if Maya sought care or received any treatments at the time of the rape and manage clinical interventions appropriately
- Talk to Maya about her perception of her own safety
- Follow the 10 steps for trauma-informed examination when examining Maya
- Discuss Maya's options for abortion with her in accordance with the law
- Provide trauma-informed abortion care if she chooses
- Ask Maya's permission if she would like to discuss contraception with you.
- Discuss referrals to additional supportive services for survivors of sexual violence
- Talk to Maya about abortion self-care

Clinical Case Study 3: Provision of trauma-informed care for survivors of sexual violence who need postabortion care services

Amina is a 17-year-old unmarried woman living in Imaginaria Refugee Camp with her three younger siblings. They had to flee their home due to nearby fighting and have been separated from their parents for many months. There are many peacekeepers stationed around the camp and

Amina became friends with one man. After several weeks of a casual friendly relationship, the man forced Amina to have sex with him against her will and she became pregnant.

Amina comes to the health center with some vaginal bleeding and feeling feverish and unwell. Upon examination, you find she has a fever of 38°C and a tender lower abdomen but no rebound tenderness or abdominal guarding. Although her last menstrual period was 11 weeks ago, her uterus size is about 8 weeks. Additionally, she reports that three days ago she swallowed some traditional herbs and put two pills in her vagina that she got from a local woman.

Amina requires an assessment including a pelvic examination to determine what kind of services she needs and what services you can provide for her. How do you intend to proceed?



Notes for facilitators: Small group discussions may include some or all the following points:

- Assess for and manage shock if indicated
- Make sure Amina has adequate pain control
- Give antibiotics as indicated
- Follow the 10 steps for trauma-informed examination when examining Amina
- Provide trauma-informed postabortion care with MVA
- Ask if Amina sought care or received any treatments at the time of the forced sex and manage clinical interventions appropriately
- Talk to Amina about her perception of her own safety
- Ask Amina if she would like to discuss contraception with you
- Discuss referrals to additional supportive services for survivors of sexual violence
- Talk to Amina about abortion self-care