



Pregnancy, Alcohol and Trauma-informed Practice


Background/Evidence

One in three women will experience abuse or violence in her lifetime and a significant percentage of women with previous and current experiences of abuse and violence will use alcohol or other drugs to cope, or as a way to stay safe by appeasing an abusive partner ^[1, 2].

Among women using alcohol or other drugs, especially those who find it difficult to stop during pregnancy, there is a high prevalence of abuse and violence. Research with 80 birth mothers of children with Fetal Alcohol Spectrum Disorder (FASD) reported that 95% of the women had been seriously sexually, physically, or emotionally abused at some point in their lives and a further 80% currently lived with partners who did not want them to stop drinking ^[3].

Violence-informed and trauma-informed services take into account the dynamics of abuse and violence and the impact of trauma, and integrate this knowledge into all aspects of service delivery ^[4,5]. Violence- and trauma-informed care recognizes that many women accessing services have experienced violence or are currently in an abusive relationship, and that great care must be taken to ensure that their physical or emotional safety is not further jeopardized ^[6]. Working in a violence- and trauma-informed way does not require disclosure of violence/abuse nor does it require treatment of trauma; it is about working in ways that do not re-traumatize but instead support a woman's safety and healing ^[7, 8].






Pregnancy can also be a time when women are more vulnerable to violence in their relationships. Research suggests that, for many women, abuse may begin or worsen during pregnancy ^[9]. Pregnant women may find themselves more dependent on their partners for physical, emotional, and financial support, and less able or willing to leave their relationship ^[6]. In addition to the effects of alcohol on a fetus, experiencing abuse during pregnancy can lead to serious injury and poorer pregnancy outcomes ^[10].

Establishing safe, trusting and empowering relationships is key in the provision of violence- and trauma-informed care. Motivational interviewing shares many common elements with violence- and trauma - informed care, with both practices emphasizing respect, listening, women as experts in their own lives, collaboration, suspending judgment, focusing on strengths, and supporting autonomy ^[11, 12]. Facilitating the empowerment of young women and their friends and peers to work to keep each other safe from relationship violence, sexual harassment or sexual assault in social drinking situations through the use of ‘bystander interventions’ is another promising practice ^[13].

What You Can Do To Help

- 1. Help women make the links between their alcohol use and current or past experiences of violence and trauma.** You may want to suggest that women ask themselves:
 - Do I feel safe in my current relationship?
 - Do I avoid certain topics out of fear of upsetting my partner?
 - Do I ever drink alcohol in response to my partner’s treatment towards me?
 - Do I ever drink to help cope with fear?
 - Do I ever feel pressured or manipulated by my partner to use alcohol or other drugs?
 - If I quit drinking alcohol, what would my partner do? Would I be supported?
 - Do I ever drink to not have to think about things that happened to me in my past?
 - Have I ever found myself in an unsafe situation when I was drinking?

It is important that women who are in unsafe relationships have safety plans and are aware of their options. It is important to respect each woman’s wishes on what she wants to see happen with the relationship. Motivational interviewing approaches can help when working with her on this issue, especially if staying in the relationship means she cannot keep her children.



2. Help women understand the links between their current relationship and making changes to their alcohol use. Some women find it helpful to hear about what other women have experienced and you could consider sharing information such as:

- some women find it harder to not to drink, or to drink less, if their partner is drinking heavily
- some women find it hard to feel like they deserve to be healthy and happy if their partner is always making them feel bad about themselves
- many women find that getting help for the violence in their relationship is the first step towards changing their drinking


After making any of the above statements, you can consider asking her how this information fits with her experience, or what she thinks/feels about what you have just shared.

3. If women are pregnant, you may want to let them know:

- you may feel more pressure (from yourself and others around you) to change your drinking patterns right away to reduce potential harms to your developing baby, such as Fetal Alcohol Spectrum Disorder. For some women, this makes it easier to make changes. For others, it makes it harder
- many alcohol and drug treatment programs have policies that allow pregnant women to skip the waitlist and get priority placement
- if you are unable to stop drinking at this point, reducing your alcohol intake as much as you can will help your baby. There are also other things you can do to have a healthier pregnancy, for your sake and your baby's, such as eating as nutritiously as possible, receiving ongoing prenatal care, and cutting down or quitting smoking
- some women may also appreciate assistance and advocacy with "system" issues. They may want to know that:
 - an abusive partner may threaten to tell Child and Family Services (CFS) about your drinking or mental health concerns to get custody of your child. It may be best to contact them yourself early in your pregnancy to ask for resources or support. If you have supports and a plan in place before you give birth, you will be much more likely to maintain custody of your baby
 - in many hospitals, you can request that your information be blocked in the hospital system, so your partner doesn't know you're there when you go in to give birth. You can call the hospital ahead of time to discuss this

4. If women want information about increasing their safety, you may want to let them know that:

- if you are in immediate danger, call 911

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- if you are in an abusive relationship, or you know someone who may be, call 1-877-977-0007
 - information on protection planning and a list of resources and supports available across MB can be found at <http://www.gov.mb.ca/fs/fvpp/index.html>

5. If women are wanting to heal from trauma, you can share that:


Most women find it important to make sure they are safe in their current relationship before starting to heal from abuse or violence in the past. Some options you may consider include:

- contacting a sexual assault or community-based victim service program. There you can expect to receive non-judgmental crisis support, advocacy, information, emotional support, referrals, accompaniment to the hospital in case of injuries and medical attention, support if you choose to report to police, and accompaniment and support in court processes
- talking to family or friends
- seeking medical assistance from your family doctor, a clinic or hospital
- considering counselling or support groups, including those with an understanding of trauma and the links between abuse, substance use and mental wellness
- accessing traditional healing practices known to return strength and self-efficacy to Indigenous people
- looking into community agencies and partners who offer cultural services and programming, if you are interested
- recognizing that women do heal with courage, new skills, time and support
- you have a right to access services that provide safe environments that respond effectively to the interconnections between violence, trauma, mental wellness and substance use

6. If women are drinking heavily in social situations (e.g., bars, parties, dates), you may want to have a conversation about ways to reduce their risk of having unwanted sexual experiences.

Some issues that you might discuss include:

- one in every four women over 16 will have unwanted sexual experiences at some point in her life, usually from someone she knows. It often happens in a party or date situation, and likely involves alcohol or drug intoxication. It is never the fault of the woman who has been violated, no matter how much she had to drink, what she was wearing, what she was doing, her sexual history, or anything else about her
- there are things that friends and bystanders can do to help keep women more safe from a potential assault. This includes both female and male friends and strangers. Everyone deserves to have fun and make it home safely. Things a friend or bystander can do:

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- if you're going out drinking and plan on hooking up, make decisions in advance with your friends about how much you want to do with who – and then support each other in those decisions
 - if you're going out drinking, designate someone to stay sober and ensure everyone comes and goes together
 - put an 'app' on your phone that allows you to quickly respond to a friend's need for help
 - intervene if you see a man pressuring a woman to leave a party with him. You may want to ask her privately if she's okay, and if there's something you can do to help.
 - if necessary, you can enlist the help of a friend to create a diversion. Say or do something if a male friend is trying to take advantage of someone's intoxicated state to have sex with them. For example, you can remind him that "she's too drunk to give consent." Or simply distract, redirect or interrupt his behaviour
 - be sure to ask women about how these points fit with her experience, or what she thinks/feels about what you have just shared

Resources & Tools for Service Providers

Manitoba Trauma Information and Education Centre

<http://trauma-informed.ca/>

The Manitoba Trauma Information and Education Centre (MTIEC) was established in 2011 and is a program of Klinik Community Health Centre in Winnipeg. On their website you will find many resources for service providers working with adults who have experienced or been affected by trauma, which provide ways to work from a trauma-informed perspective, set policies, and encourage interactions with clients that facilitate healing and growth. The MTIEC also provides training for service providers and hosts the Manitoba Trauma Collaborative, an on-line community of practice.

Trauma Informed Practice (TIP) Guide

<http://www.bccwh.bc.ca/publications-resources/documents/TIP-Guide-May2013.pdf>

Developed by the BC Centre of Excellence for Women's Health, this guide is intended to support the translation of trauma-informed principles into practice. Included are concrete strategies to guide the professional work of practitioners assisting clients with mental health and substance use concerns.

Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services

<http://jeantweed.com/wp-content/themes/JTC/pdfs/Highlights%20-%20TI%20Practices%2037.pdf>

This resource on trauma-informed practices were developed by the Jean Tweed Centre in Ontario and provide guidelines to help substance use services provide safe environments that respond effectively to the interconnections between trauma and substance use, including utilize safe, sound, respectful, trauma-informed practices in their work with all substance-involved women.



Guiding as Practice: Motivational Interviewing and Trauma-Informed Work with Survivors of Intimate Partner Violence

<http://www.mittrainingtoday.com/article.pdf>

This article describes trauma-informed services and the potential that Motivational Interviewing (MI), an evidence-based, client-centered, and guiding communication style, holds for utilization within trauma-informed work. A case story is provided which demonstrates primary MI skills that can be used to create a climate of safety and trust, and effectively elicit and strengthen clients' motivation for change.

Centre for Addiction and Mental Health. Bridging Responses: A Front-Line Worker's Guide to Supporting Women Who Have Post-Traumatic Stress.

http://www.camhx.ca/Publications/CAMH_Publications/bridging_responses.html

Many women who seek help from front-line services have experienced past violence and trauma but may not recognize that many of their difficulties might be associated with responses to complex post traumatic stress. This resource for front-line staff who work with women offers information and tools to help recognize responses to post-traumatic stress in women's lives, and to establish a level of confidence that encourages women who have survived abuse and violence to consider referrals to appropriate services or resources.

Coalescing on Women and Substance Use: Trauma-informed Online Tool

<http://www.coalescing-vc.org/virtualLearning/documents/trauma-informed-online-tool.pdf>

This virtual toolkit on trauma-informed approaches in Canada provides an overview of key issues and themes in practice and policy, and highlights promising practices, and tensions. It also provides links to recommended readings, curricula and training resources, and web resources for working with women, understanding the connections between substance use, mental health and trauma, and strategies for developing trauma-informed practices and services.

SHE Framework: A Safety and Health Enhancement Framework for Women Experiencing Abuse. A Toolkit for Health-Care Providers and Planners

http://www.bcwomens.ca/nr/rdonlyres/8d65cade-8541-4398-b264-7c28ced7d208/37000/she_framework_may20091.pdf

Developed by the Woman Abuse Response Program at BC Women's Hospital and Health Centre, this workbook provides a step-by-step guide for health-care providers and planners to audit their service for its potential to either support and empower women experiencing abuse/violence or, conversely, compound the harms they are experiencing in their relationships.

Trauma-informed Care Toolkit

<http://www.ccsa.ca/Resource%20Library/CCSA-Trauma-informed-Care-Toolkit-2014-en.pdf>

Developed by the Canadian Centre on Substance Abuse, this document defines trauma-informed care and outlines practices for those working in the substance abuse treatment field.



Empowering Non-Status, Refugee, and Immigrant Women Who Experience Violence: a woman-centred approach to managing the spectrum of needs from settlement to empowerment

<http://www.bwss.org/wp-content/uploads/2010/07/NSRIW-MANUAL.pdf>

Developed by Battered Women's Support Services, this guide aims to assist service providers to be better equipped to respond to women's experience of violence, their experience of immigration and the gaps in laws and policies that govern Non-Status, Refugee, and Immigrant Women's lives. This includes promoting women-centred advocacy, culturally relevant programming, research and law reform.

Historic Trauma and Aboriginal Healing

<http://www.ahf.ca/downloads/historic-trauma.pdf>

Developed by the Aboriginal Healing Foundation, this document proposes a model to describe the intergenerational transmission of historic trauma and examines the implications for healing in a contemporary Aboriginal context.

Girls, Women, Alcohol and Pregnancy Blog

<https://fasdprevention.wordpress.com>

The purpose of this blog is to share news, research findings, new resources and perspectives on FASD prevention across Canada. This is an active site with frequent new posts and an archive section to support practitioners in their work.

Resources & Tools to Share with Women

Family Violence Prevention Program

<http://www.gov.mb.ca/fs/fvpp/> or 1-877-977-0007

Information on resources available in Manitoba, facts and support for specific audiences, including women, men, children and youth, older adults, people in same-sex relationships, and Indigenous people. The website also has practical tips on how to support a family member or friend who might be living with family violence. Calls to the toll-free line are answered by staff at one of ten women's shelters across the province and callers can get information and support, and arrange intake to shelter if needed.

Safe Relationships: Pregnancy demands a harm-free home

<http://www.healthbeforepregnancy.ca/safe.htm>

Part of Best Start's 'Health Before Pregnancy' Workbook, this section encourages women to take a close look at their relationship, and to identify abusive behaviour from a partner.

Women: What do these signs have in common? Recognizing the effects of abuse-related trauma.

http://knowledgex.camh.net/amhspecialists/resources_families/Pages/women_recognize_trauma.aspx

Developed by the Centre for Addiction and Mental Health, this webpage outlines some common effects of trauma and how they develop, and how one can link a woman's reactions to abuse-related trauma. It discusses what can make a woman feel worse, as well as some of the factors that can lead to healing.



Women, Abuse and Trauma Therapy: An information guide for women and their families

http://knowledgex.camh.net/amhspecialists/resources_families/Documents/Women_Abuse_Trauma.pdf

Created by the Centre for Addiction and Mental Health, this guide is for women who are in therapy, or who are looking for a therapist to help them deal with the long-term effects of prolonged or repeated experiences of abuse and violence. It aims to help women feel more confident about seeking help, and to gain control over the healing process.

From Evidence-to-Practice: Self-Assessment and/or Discussion Questions

Violence- and trauma-informed care is about seeing every aspect of your service from the perspective of a woman who has experienced *or is experiencing* violence or abuse, and making it as safe as possible for her to access the supports she needs, when she is ready. Ask yourself and your colleagues the following questions, trying to put yourself in the shoes of a woman impacted by abuse who is accessing your service:

Who is the first person she will encounter when she calls or comes into your program?

- Will her interaction make her want to keep coming back?

What if she's late for her appointment because her partner wouldn't let her leave the house (but she doesn't say this is the reason)?

- Will she be respectfully rescheduled, for the same day if possible?

What questions will she be asked during her first visit? Will they be open or close-ended?

- Will she feel she has choices in how much personal information she has to share? Will that first conversation form the basis of safe, trustworthy, collaborative, and empowering relationships with staff that maximize her choice?

What will happen if she discloses abuse or violence?


- Will she be listened to with empathy and respect? Will you try to provide the support and information she says she needs, wherever possible? Will you connect her to resources that can provide the supports you are unable to?

What will happen if she never discloses abuse or violence?

- Will she still be given access to information about anti-violence services and supports? Will symptoms of trauma (eg. anger, lack of trust, apprehensiveness, etc.) be recognized as such?

What will discussions about her substance use or mental health be like?

- Will they take into consideration that abuse or violence often underlies the development of concerns in these areas? Will she be supported in making the links



between her experiences? Will conversations about her inability to reduce or quit using substances, especially during pregnancy, be non-judgemental?

How will her coping strategies and adaptations in the face of violence, abuse and trauma be viewed?

- Will they be seen as strengths?

If she is physically examined, what will that be like?

- Will she be informed about how she will be touched and why, and asked if this is okay? Will her choices about physical contact be respected?

How will her personal information be used?

- Will it be kept confidential, used to provide her appropriate care, and shared only with her permission? Will she be told this before she is asked any questions?

What will the physical space be like?

- Will she feel comfortable? Will posters and other resource information reflect her age, culture, ability, and other aspects of who she is?

Will her culture or ethnicity be taken into consideration?

- Will she be asked how she culturally self-identifies? Will her cultural practices and views be respected? Will she be connected to community agencies and linked to cultural services and programming? Will she be asked what cultural healing practices she may want to be connected to?

How is violence- and trauma-informed practice supported in the work environment?

- Do all staff receive training on:
 - the dynamics and impacts of abuse and violence?
 - the effects of intergenerational trauma on First Nations women?
 - the intersection of violence and abuse with substance use, trauma and other mental health concerns?
 - how to ensure safety and avoid retraumatization?
- Do staff receive ongoing support in providing violence- and trauma-informed care? Are there written policies in place about violence- and trauma-informed practice? Do prospective staff interviews include questions about violence and trauma knowledge? Do staff performance reviews include violence- and trauma-informed skills? Does the agency collaborate with local anti-violence services to provide integrated services for women?



Referrals

Family Violence Prevention Program

<http://www.gov.mb.ca/fs/fvpp/> or 1-877-977-0007

The Family Violence Prevention Program (FVPP) supports special services for abused women and their children and for men living with family violence. There are 33 agencies across Manitoba that provide help for people affected by family violence: 10 women's shelters, nine women's resource centers, four residential second-stage housing programs and fourteen specialized programs. Contact the Family Violence Prevention Program to receive guidance on making the most appropriate referral.

Directory of Adult Addictions Services

<http://www.gov.mb.ca/healthyliving/addictions/adult.html>

All provincially funded addictions agencies are listed on this website including their contact information, purpose and eligibility criteria.

Directory of Youth Addictions Services

<http://www.gov.mb.ca/healthyliving/addictions/youth.html>

All provincially funded addictions agencies are listed on this website including their contact information, purpose and eligibility criteria.

Provincial Central Intake – Youth Addictions Service

1-877-710-3999

Mental health information and services:

In Winnipeg: Clinic Crisis Line: 204-786-8686 or 1-888-322-3019

Outside of Winnipeg: Manitoba Farm and Rural Support Services: 1-866-367-3276

Public Health Services

<http://www.gov.mb.ca/health/publichealth/offices.html>

This website provides contact information for all public health offices in Manitoba.

Healthy Baby Program

The [Manitoba Prenatal Benefit](http://www.gov.mb.ca/healthchild/healthybaby/mpb.html) provides pregnant women with a net income of less than \$32,000 with a monthly cheque to help buy healthy foods during pregnancy. To download an application form visit: <http://www.gov.mb.ca/healthchild/healthybaby/mpb.html> or phone Healthy Child Manitoba at (204) 945-1301 or toll free 1-888-848-0140.

Healthy Baby Community Support Programs are offered across the province for women who are pregnant or have a baby under the age of one. These drop-in, group programs offer information, support and resources on prenatal and postnatal nutrition and health, breastfeeding, parenting tips and lifestyle choices and the opportunity to connect with other parents. For a complete list of programs visit:

<http://www.gov.mb.ca/healthchild/healthybaby/csp.html>



InSight Mentor Program

This program is a long term, intensive outreach program for women who are pregnant or recently postpartum and using substances. It provides case management support and advocacy for women and their families using a harm reduction and trauma informed approach. The program is available in six Manitoba communities. For more information on the program and contact information visit <http://www.gov.mb.ca/healthychild/fasd/insight.html> or phone the Healthy Child Manitoba Office at (204) 945-2266 or toll free 1-888-848-0140.

Manito Ikwe Kagiikwe (The Mothering Project)

Phone: (204) 589-9409

This program is a single access site located at Mount Carmel Clinic in Winnipeg. It provides vulnerable mothers obstetric supports, nutrition and food preparation classes, parenting and child development support, addiction support and trauma informed programming.

Motherisk

www.motherisk.org or 1-877-FAS-INFO (1-877-327-4636)

Includes up-to-date information for professionals and mothers about alcohol, drugs, and pregnancy. A toll-free helpline is available 9am to 5pm with information in English or French based on continuing research and study by Motherisk's specialized team of physicians, psychologists, pharmacologists and counselors.



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