A Trauma-Informed Framework for Working with Abortion Seekers

Trauma is the personal experience of a harmful event that causes emotional pain or distress, and stress taxes coping resources and can exacerbate trauma.1 Abortion stigma is a type of social stigma that is associated with those who provide, support, or receive abortions, and this stigma can cause great stress.2 While credible research suggests that an abortion is not typically a source of trauma, stigma-related stress can potentially exacerbate existing or historical trauma for those seeking abortion who have a history of trauma exposure.3,4,5

Six Steps

# 1

## Approach

Approach each person as though they have a trauma-exposure history, respectful of the stress that stigma and access barriers can bring to the abortion-seeking experience, which can exacerbate any existing trauma.

# 2

## Acknowledge

Acknowledge, as a service provider, that access to abortion is a necessary component of person-centered care, and provider bias in this area can impede the commitment to patients and clients. Acknowledge obligations as service providers to support abortion seekers as they make the right decisions for themselves.

# 3

## Center

Center a focus on human rights and self-determination at the forefront of interactions with people who are seeking abortion services.

# 4

## Offer

Offer nonjudgmental, unbiased, evidence-informed resources to anyone seeking abortion information or services

# 5

## Facilitate

Facilitate the elimination of barriers to services and connect people to resources. Avoid referrals to Crisis Pregnancy Centers, as they are stigmatizing, biased and inaccurate.

# 6

## Provide

Provide compassion and validate the experiences of people seeking abortion care.

# The use of a trauma-informed framework in any health or social service setting can reduce anticipatory stress and help avoid the exacerbation of any existing trauma. [socialwork.buffalo.edu/TIF-abortion](http://socialwork.buffalo.edu/TIF-abortion)

# References

1. Bowen, E., & Murshid, N. S. (2016). Trauma-informed social policy: A conceptual framework for policy analysis and advocacy. American Journal of Public Health, 106(2), 223–229. doi:10.2105/AJPH.2015.302970

2. Lazarus, R. S., & Folkman, S. (1984). Coping and adaptation. In W. D. Gentry (Ed.), Handbook of Behavioral Medicine (pp. 282–325).

3. Ely, G. E., Polmanteer, R. S. R., & Kotting, J. (2018). A trauma-informed social work framework for the abortion seeking experience. Social Work in Mental Health, 16(2), 172-200.

4. O’Donnell, A. T., O’Carroll, T., & Toole, N. (2018). Internalized stigma and stigma related isolation predict women’s psychological distress and physical health symptoms post abortion. Psychology of Women Quarterly, online first: <https://doi.org/10.1177/0361684317748937>

5. Quinn, D. M., Weisz, B. M., & Lawner, E. K. (2017). Impact of active concealment of stigmatized identities on physical and psychological quality of life. Social Science & Medicine, 192, 14-17.