

Pregnancy, Alcohol, and Trauma-informed Practice

Information for Service Providers

Current or past experiences of violence and trauma are one of the major reasons why a woman may continue to drink throughout her pregnancy. Being a "trauma-informed" service provider means learning to see every aspect of your service or program from the perspective of a woman who has experienced or is experiencing violence or trauma.

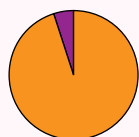
WHAT IS TRAUMA?

Trauma can result from early experiences in life such as child abuse, neglect, and witnessing violence as well as later experiences such as violence, accidents, natural disaster, war, and sudden unexpected loss. Trauma results from experiences that overwhelm an individual's capacity to cope.

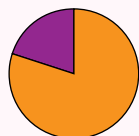
- Post-Traumatic Stress Disorder (PTSD) is a diagnosis used to describe one type of mental health response that can result from trauma.
- Using substances to cope is very common amongst women with current or past experiences of trauma.

A STRONG RELATIONSHIP: VIOLENCE, TRAUMA AND FASD

In a study of 80 mothers who had given birth to a child with FASD:



95% had been seriously sexually, physically, or emotionally abused as a child or adult



80% had a major mental illness, with the most prevalent (77%) being Post-Traumatic Stress Disorder (PTSD)



72% felt unable to reduce their alcohol use because they were in abusive relationship

CHANGING THE CONVERSATION

Working from a trauma-informed perspective means changing how we think and talk about alcohol use during pregnancy.



"Why is this woman continuing to drink alcohol and placing her child at risk of FASD?"



"Even though she knows the facts, there's a reason she's still drinking. I wonder..."

"She doesn't care about her baby."



"She's making decisions to keep herself and her baby safe."

"I just need to show her how bad drinking during pregnancy is."



"I need to show her that it's safe for her to share what's happening in her life and that I am able to support her."

"Her drinking is a problem."



"Her drinking is an attempt to cope with problems."

"What is wrong with this woman?"



"What happened to this woman?"

References

1. Astley, S.J., Bailey, D., Talbot, T., Clarren, S.K. (2000). Fetal alcohol syndrome (FAS) primary prevention through FAS Diagnosis: II. A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol & Alcoholism*, (35) 5: 509-519.
2. Poole, N. and L. Greaves, eds. (2012). *Becoming Trauma Informed*. Centre for Addiction and Mental Health Toronto, ON.
3. Royal College of Nursing. (2008). *Informed Gender Practice: Mental health acute care that works for women*. National Institute for Mental Health: London, UK.
4. Urquhart, C. and Jasiura, F. and the TIP Project Team. (2013). *Trauma-Informed Practice Guide*. BC Provincial Mental Health and Substance Use Planning Council.

5. 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 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- 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 retraumatize 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 simply 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].

It is the re-establishing of safe, trusting and empowering relationships that is so 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.
- There are Stopping the Violence counselors and other anti-violence workers in most communities in BC that can help you to figure out what your options are.
- 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 the Ministry of Child and Family Development (MCFD) about your drinking or mental health concerns and to get custody of your child. It may be best to contact MCFD yourself early on 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 in BC, you can ask to use an 'alias' when you are admitted, 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
- If you are not in immediate danger, contact VictimLink BC
- Information on safety planning and a list of Stopping the Violence Counseling programs across BC can be found through the Ending Violence Association of BC
- BC Society of Transition Houses has a list of transition houses across BC

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 counseling or support groups, including those with an understanding of trauma and the links between abuse, substance use and mental wellness.
 - Traditional healing practices known to return strength and self-efficacy to Aboriginal people are accessible.

- There are 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

7. 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 experience.

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:
 - 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 intoxicated 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.

Selected Resources/Tools

For service providers:

Trauma Informed Practice (TIP) Guide

<http://www.bccewh.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 in British Columbia

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

<http://www.jeantweed.com/LinkClick.aspx?fileticket=3-jaLM6hb8Y%3d&tabid=107&mid=514>

This resource on trauma-informed practices were developed by the Jean Tweed Centre 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 vignette 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.

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.

For women:

You may find the following resources helpful to share with women.

Ending Violence Association of British Columbia (EVA BC)

<http://www.endingviolence.org/node/1115>

Website includes information on the types of violence and abuse, warning signs, and safety planning. It also provides information about services across the province that support survivors of sexual assault, relationship violence, child abuse and criminal harassment. These include Stopping the Violence Counseling and Outreach, Community-Based Victim Services Programs, and Sexual Assault/Woman Assault Centres.

BC Society of Transition Houses

<http://www.bcsth.ca>

Website includes information on transitional housing across BC, where women, youth and children who have experienced or are at risk of violence can access safe shelter. As well, information is available on Children Who Witness Abuse (CWWA) programs in 90 communities

in BC, which help youth and children understand and cope with violence against their mother and the effects of this violence on themselves.

VictimLink BC

1-800-563-0808 or go to <http://www.victimlinkbc.ca/>

Information about services available in your community is available 24 hours a day, 7 days a week in more than 110 languages, including 17 North American aboriginal languages. Victim service workers can provide information and referrals to all victims of crime and crisis support to victims. Even if you're not sure if you have been a victim of crime, you can call VictimLink BC for assistance. Your call will be completely confidential.

Making Connections for Women with Experiences of Abuse.

<http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Making+Connections.htm>

This program is designed to support communities in offering support groups to women with experiences of violence, substance use and/ or mental health concerns. Support group locations around BC can be found at this website, as well as a downloadable workbook for women.

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.

Aboriginal Culture as Intervention

<http://www.addictionresearchchair.ca/creating-knowledge/provincial/sharing-the-role-of-aboriginal-traditional-culture-in-healing-from-addictions/>

The project is a conversation with the Saskatchewan community about the role of Aboriginal culture in the journey of healing from addictions. The website includes videos, songs, poetry, written narratives, drawings and music all shared by people who want to tell the story of their healing journey from addictions and how choosing a healthy sense of self as an Aboriginal person is fundamental to the continued journey of wellbeing.

From Stilettos to Moccasins

<http://www.youtube.com/watch?v=1QRb8wA2iHs>

Created as part of a Canadian research project, this song and music video shows how Aboriginal women view healing from trauma, finding their culture and the role of identity and stigma in their healing journey from substance use problems.

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 Lori Haskell and 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.

Circle of 6. App for iPhone and Android and Teen Healthy Relationship Toolkit.

<http://www.circleof6app.com>

A free app and 'Healthy Relationship Toolkit' that aims to prevent violence before it happens, by allowing young women to quickly and easily call on the help of their friends.

From Evidence-to-Practice

Self-Assessment and 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?
- Or will she feel that no-one here will understand what she's going through and that she is more alone than ever?

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 re-scheduled, for the same day if possible?
- Or will she be made to feel that she's done something wrong, just as she is often made to feel in her relationship?

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?
- Or will she feel cornered by intrusive questions and that she has to hide the truth?

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?
- Or will she be told what to do? Worse, will she be placed in a potentially unsafe situation by having someone talk to her partner, or make a report to the police without her permission? Will she leave feeling even more isolated, unsafe, and responsible for her situation?

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?
- Or will it be assumed that her partner is supportive and she is safe? And that her symptoms of trauma are simply “problem behaviours” or “low self esteem”. Or that her continued alcohol use means she doesn’t care about her baby?

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?
- Or will they be treated as entirely separate issues? Will she be judged for not being able to reduce or quit using substances, especially during pregnancy?

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

- Will they be seen as strengths?
- Or will they be seen as deficits?

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?
- Or will she feel she has no control over how and where she is touched, an experience that may have also been part of her abuse?

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?
- Or will information be shared with other agencies without her consent or knowledge?

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?
- Or will she feel like she doesn't belong there? That she is intruding in someone else's space?

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?
- Or will assumptions be made about her because of her culture or ethnicity? Will she be referred elsewhere because she appears to be of a “different” cultural background? Will it be assumed she is Caucasian because she looks “white”? Will she feel uncomfortable sharing her cultural identity?

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

- Does all staff receive training on the dynamics and impacts of abuse and violence? On the effects of intergenerational trauma on First Nations women? On the intersection of violence and abuse with substance use, trauma and other mental health concerns? Does staff learn how to ensure safety and avoid retraumatization? Do they 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?
- Or is it up to individual service providers to learn the knowledge and skills required to provide violence and trauma-informed care? Do they have to do it on their own time

Referrals

Alcohol & Drug Information & Referral Service

1-800-663-1441 Lower Mainland: (604) 660-9382

This service is available to people across B.C. needing help with any kind of substance use issues 24 hours a day. It provides multi-lingual information and referral to education, prevention and treatment services and agencies around the province. There are programs in some BC communities that provide women-only services, and that prioritize pregnant women.

BC Association of Pregnancy Outreach Programs

<http://www.bcapop.ca/>

Pregnancy Outreach Programs (POPs) are located all over BC and provide free prenatal and early parenting support to women who experience health or lifestyle challenges during pregnancy, birth and the transition to parenting. The website provides information, resources, and contact information for programs across the province. 1-604-31-8797

First Nation, Métis and Inuit Specific Programs

If you are living in a First Nations community, contact your local health centre, community health nurse, or community health representative. If you are living outside your First Nations community or feel uncomfortable accessing service through your First Nation, contact your local BC Aboriginal Friendship Centre, Pregnancy Outreach Program, or your local health authority's public health nursing or mental health and substance use team.

BC Association of Friendship Centre's <http://www.bcaafc.com/bc-friendship-centres>

First Nations Health Authority <http://www.fnha.ca/about/regions>

Metis Nation BC - <http://www.mnbc.ca/>

Here to Help <http://www.heretohelp.bc.ca/>

A website of the BC Partners for Mental Health and Addictions. Self-help resources in multiple languages.

Local BC Public Health Unit

Go here to find out the services that are available in your area – search for maternal child health services.

Vancouver Coastal Health Authority - http://www.vch.ca/locations_and_services

Island Health Authority - <http://www.viha.ca/locations>

Interior Health Authority - <http://www.interiorhealth.ca/FindUs/Pages/default.aspx>

Fraser Health Authority - http://www.fraserhealth.ca/find_us/

Northern Health Authority - <http://www.northernhealth.ca/OurServices/ContactUs.aspx>

Mental Health Information Line: 310-6789 (no area code needed)

A provincial line that is answered 24/7/365. It provides empowering emotional support, information on appropriate referral options and a wide range of support relating to mental health concerns. The Here to Help website provides additional information, screening self-tests, and self-help resources related to mental health and substance use.

Motherisk

www.motherisk.org 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.

Options for Sexual Health BC (<https://www.optionsforsexualhealth.org/>)

Provides services on sexual health, birth control and pregnancy through clinics, education programs and the 1-800-SEX-SENSE information and referral line. See their [clinic finder](#).

References

1. BC Society of Transition Houses, *Report on Violence Against Women, Mental Health and Substance Use*, 2011: Vancouver, BC. p. 44.
2. Gatz, M., Russell, L. A., Grady, J., Kram-Fernandez, D., Clark, C., Marshall, B., *Women's recollections of victimization, psychological problems, and substance use*. Journal of Community Psychology, 2005. **33**(4): p. 479-493.
3. Astley, S.J., et al., *Fetal Alcohol Syndrome (FAS) primary prevention through FAS Diagnosis: II. A comprehensive profile of 80 birth mothers of children with FAS*. Alcohol and Alcoholism, 2000. **35**(5): p. 509-519.
4. Dechief, L. and E. Poag, *Violence and Trauma Informed FASD Prevention Training: Evaluation Report*, 2010, Healthy Child Manitoba Office.
5. Fallot, R. and M. Harris, *Creating Cultures of Trauma-Informed Care: A self-assessment and planning protocol*, 2009, Community Connections: Washington, DC.
6. Cory, J. and L. Dechief, *SHE Framework: A Safety and Health Enhancement Framework for Women Experiencing Abuse. A Toolkit for Health-Care Providers and Planners*, 2007, Woman Abuse Response Program, BC Women's Hospital & Health Centre: Vancouver, BC.
7. Poole, N., et al., *Trauma Informed Practice Guide* May 2013, British Columbia Centre of Excellence for Women's Health and Ministry of Health, Government of British Columbia: Victoria, BC.
8. Poole, N. and L. Greaves, eds. *Becoming Trauma Informed*. 2012, Centre for Addiction and Mental Health Toronto, ON.
9. Harris-Britt, A., Martin, S. L., Yun, L., Casanueva, C., & Kupper, L. L. , *Posttraumatic Stress Disorder and associated functional impairments during pregnancy: Some consequences of violence against women*. Journal of Clinical Psychology in Medical Settings, 2004. **11**(4): p. 253-264.
10. Plichta, S.B., *Intimate partner violence and physical health consequences*. Journal of Interpersonal Violence, 2004. **19**(11): p. 1296-1323.
11. Motivational Interviewing and Intimate Partner Violence Workgroup, *Guiding as Practice: Motivational Interviewing and Trauma-Informed Work with Survivors of Intimate Partner Violence*. Partner Abuse, 2010. **1**(1): p. 92-104.
12. Urquhart, C. and F. Jasiura, *Collaborative Change Conversations: Integrating Trauma-Informed Care and Motivational Interviewing with Women*, in *Becoming Trauma Informed*, N. Poole and L. Greaves, Editors. 2012, Centre for Addiction and Mental Health Toronto, ON. p. 59-70.

13. Burn, S.M., *A situational model of sexual assault prevention through bystander intervention*. Sex Roles, 2009. **60**(11-12): p. 779-792.