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Meet me where I am: Understanding how unresolved traumas impact teenage pregnancy

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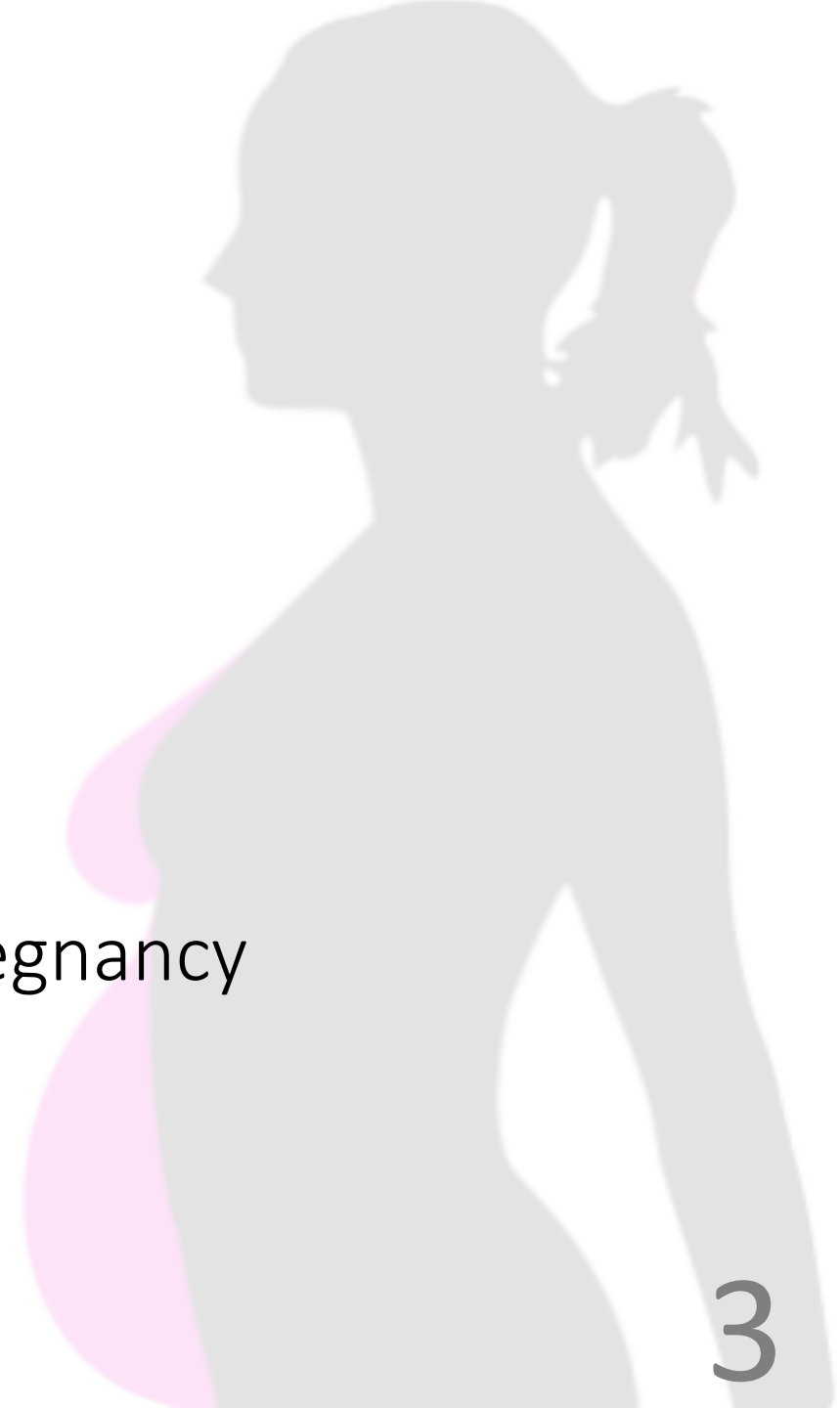
Major Concerns

- (1) How does teen pregnancy and unsafe termination of pregnancy lead to negative health consequences, which turns into another trauma?
- (2) How is trauma reinforced or re-enacted in youth facing crisis pregnancy unplanned and unsupported?
- (3) What are the social determinants that keep the girls/young mothers/child in the trauma cycle? What are some protective factors that can help to prevent the trauma cycle?



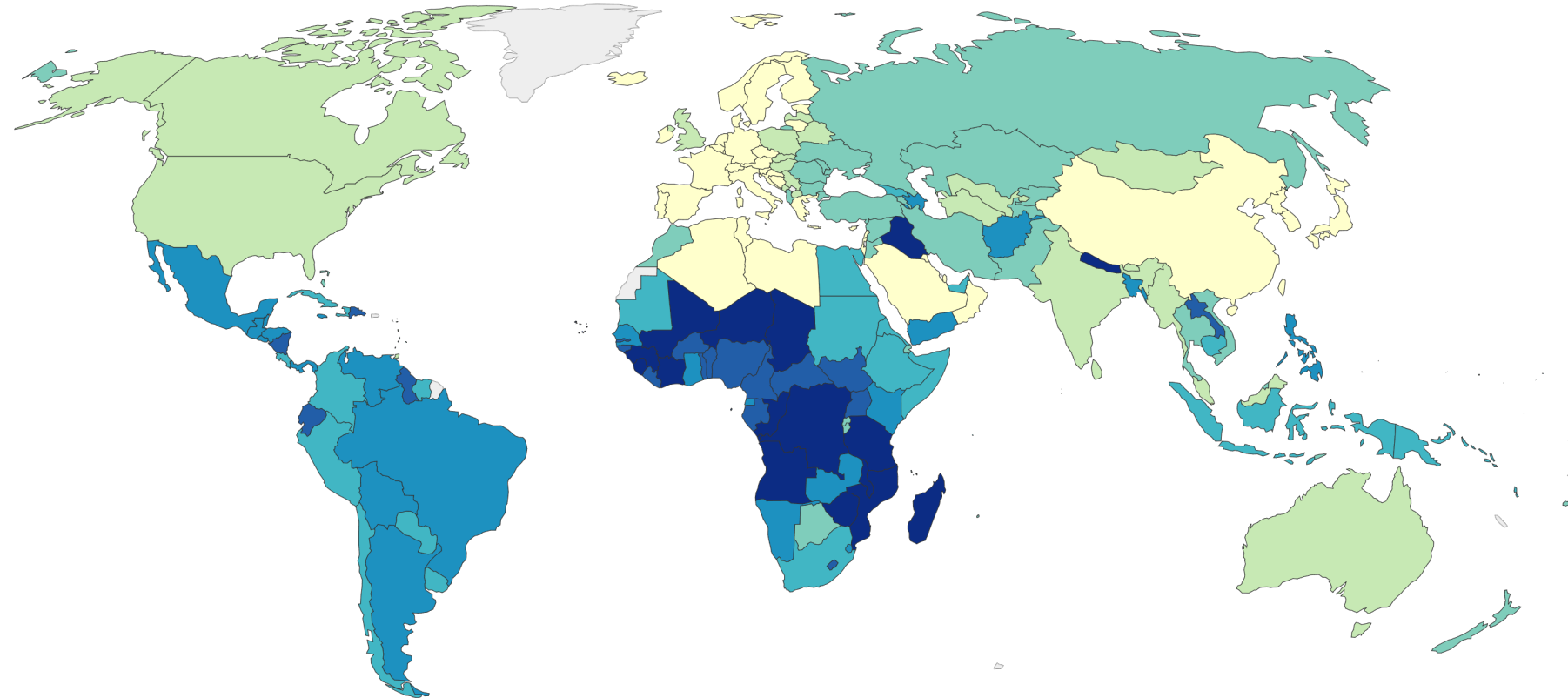
Content of Presentation

- About teen pregnancy
- Teen pregnancy as a trauma
- Physical and psychosocial impacts of teen pregnancy
- Trauma-informed care on teen pregnancy
- Contemporary challenges



Adolescent birth rate in women aged 10–19 years, 2016

Number of livebirths per 1,000 women aged 10–19 years (defined as the adolescent fertility rate).



Teen pregnancies are a global phenomenon



Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2016 (GBD 2016) Health-related Sustainable Development Goals (SDG) Indicators 1990–2030. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2017.

Key facts about teen pregnancy

- About 16 million girls aged 15–19 years and about one million girls younger than 15 years give birth every year (WHO, 2014).
- it is estimated that some three million teenage girls undergo unsafe abortions, which may result in consecutive reproductive problems or even death (WHO, 2014)
- Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally (Neal et al., 2015).
- Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, 3.9 million are unsafe, contributing to maternal mortality, morbidity and lasting health problems (Darroch et al., 2016).
- Adolescent mothers (ages 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm delivery and severe neonatal conditions (WHO, 2016).

General causes of teen pregnancy

- Lack of information about sexual and reproductive health and rights
- Inadequate access to services tailored to young people
- Family, community and social pressure to marry
- Sexual violence
- Child, early and forced marriage, which can be both a cause and a consequence
- Lack of education or dropping out of school





母親的抉擇
Mother's Choice

Consultancy Project on the Managed
Care for Pregnant Girls Services of
Mother's Choice (HKU-SWSA, 2017)

207

call log reports completed between 2014-2016

49

sets of clinical case notes for category "Red" (i.e., high risk) clients



Demographic

母親的抉擇

Mother's Choice

1 in 4 Previous pregnancy (27.0%)

1 in 5 Had induced abortion (21.3%)

1 in 10 Previous diagnosis of mental illness (10.1%)

Economic dependency on their families and putative fathers may have increased their stress and reduced their personal resources for facing such a traumatic experience



(HKU-SWSA, 2017)



Demographic

母親的抉擇

Mother's Choice

Average age of menarche **12.4 years**

Average age of first sexual encounter **16.5 years**

Average number of sex partners **2.5**

14 (6.8%) Had an experience of sexual harassment or rape

8 (3.9%) Had a previous diagnosis of sexually transmitted disease (STD)

26 (12.6%) Had a history of drug abuse



(HKU-SWSA, 2017)

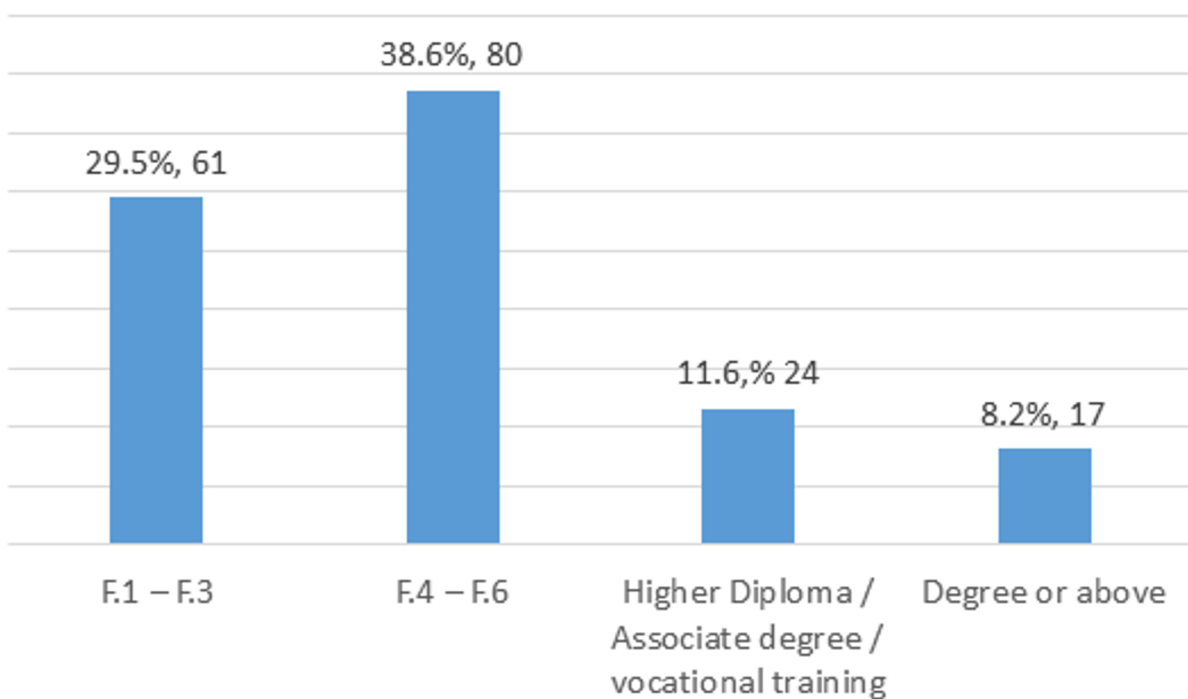


Demographic

母親的抉擇

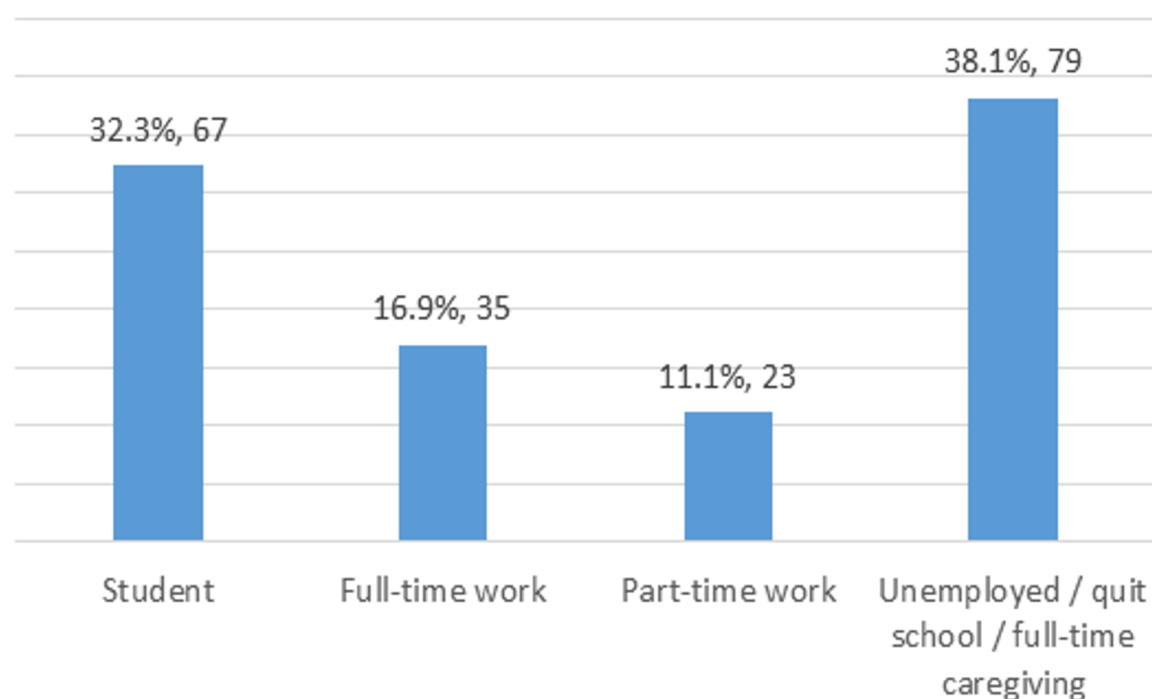
Mother's Choice

Education (% , n)



Education level

Current occupation (% , n)



Employment status



(HKU-SWSA, 2017)

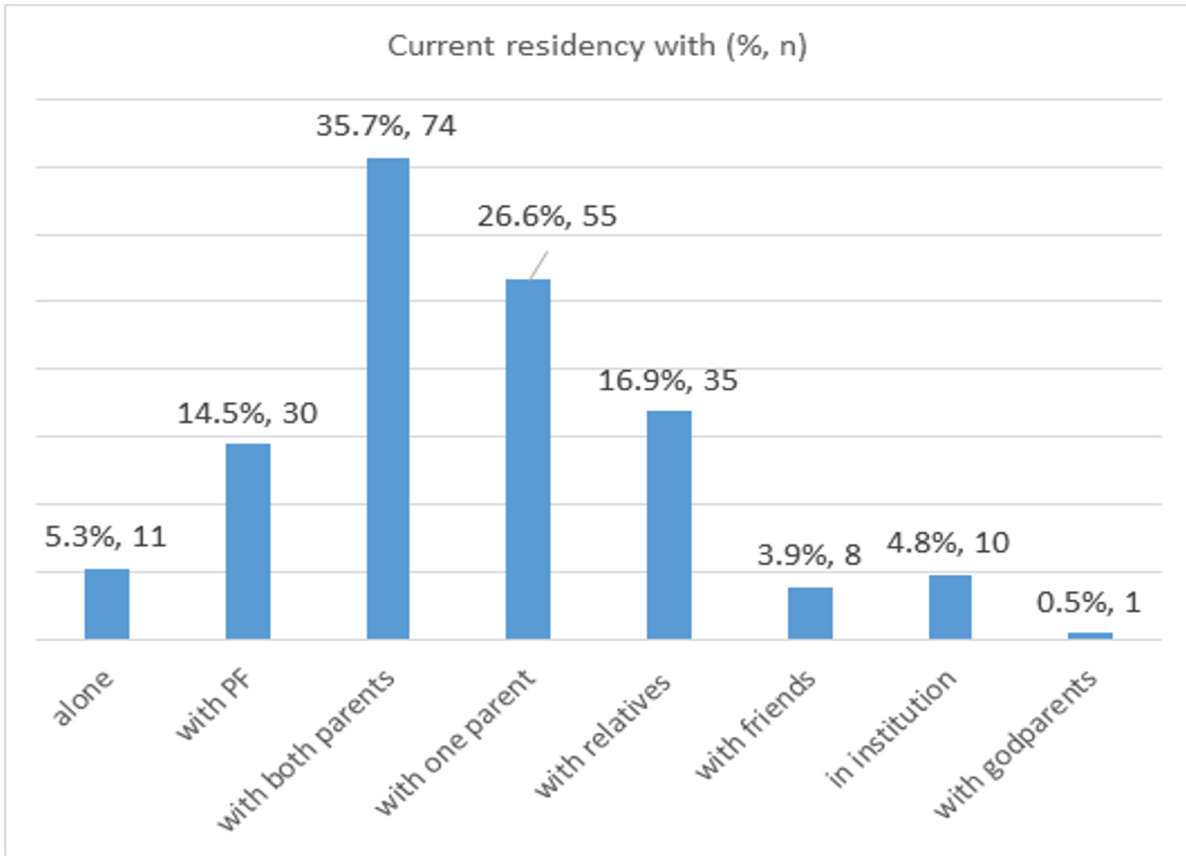


Demographic

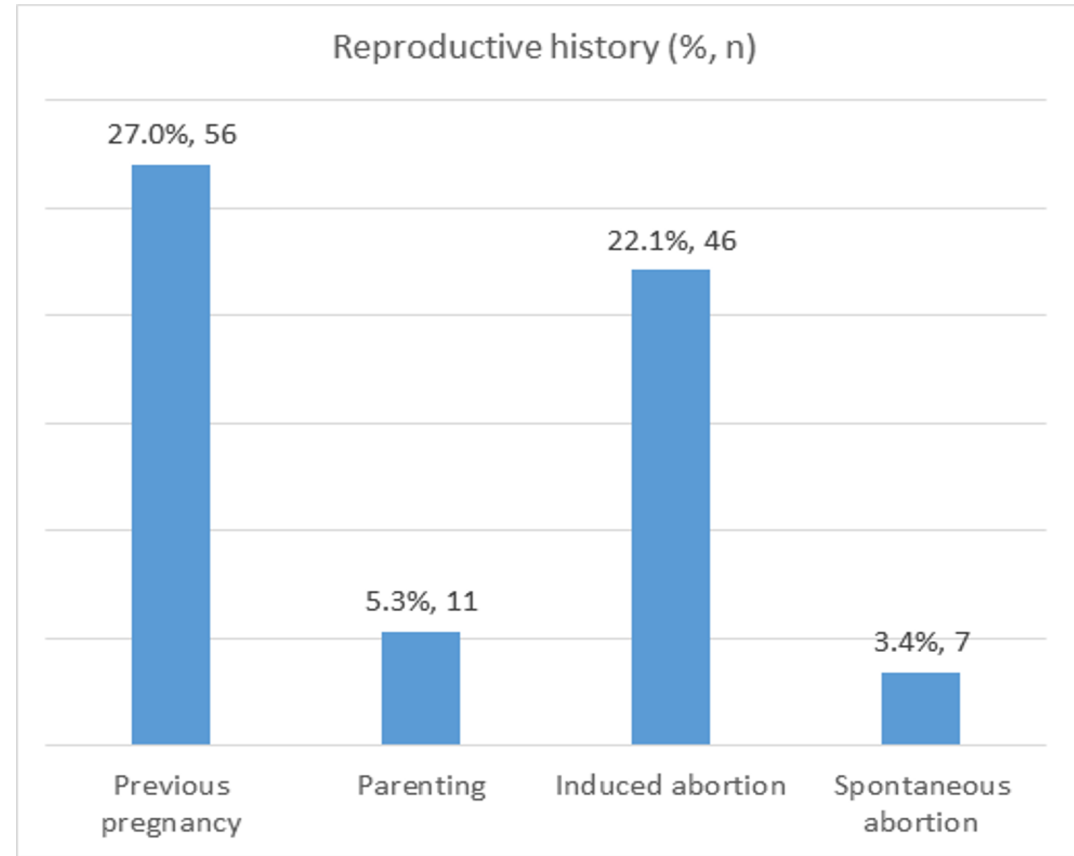
母親的抉擇

Mother's Choice

Current residency with (% , n)



Reproductive history (% , n)



Co-residency with

Reproductive history



(HKU-SWSA, 2017)

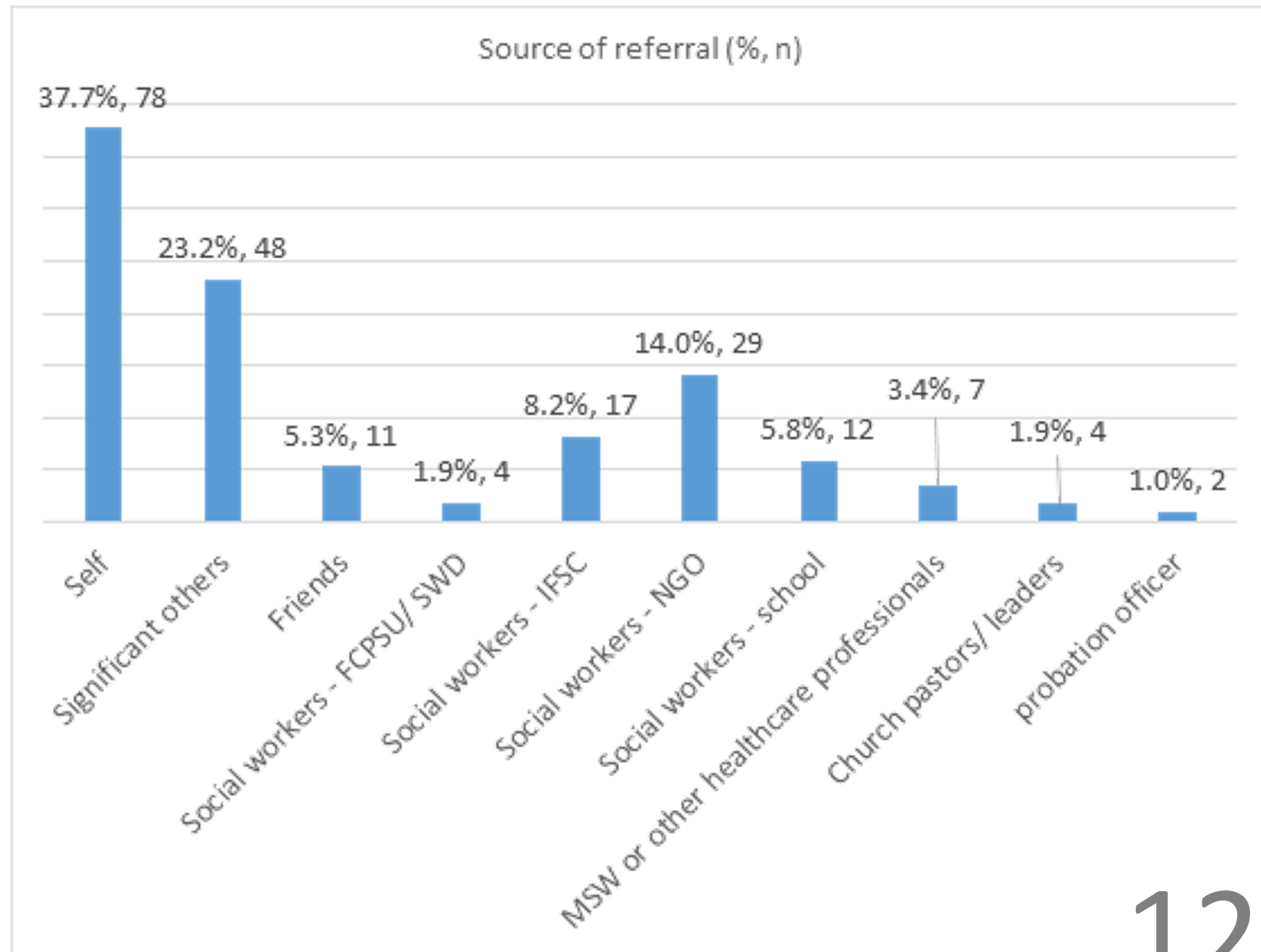


Demographic

母親的抉擇

Mother's Choice

Source of referral



(HKU-SWSA, 2017)

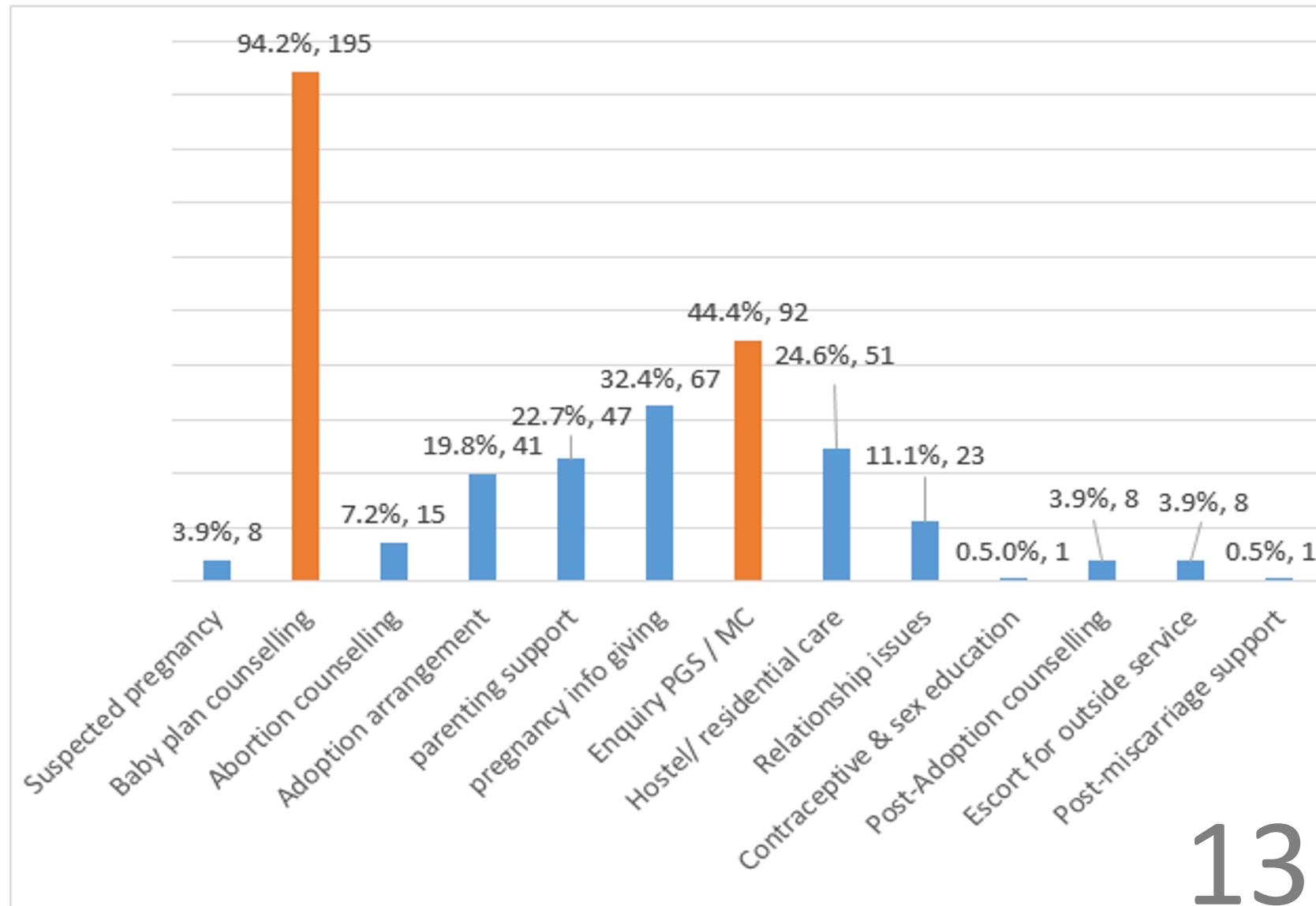


Presenting service needs

母親的抉擇

Mother's Choice

Service to be sought



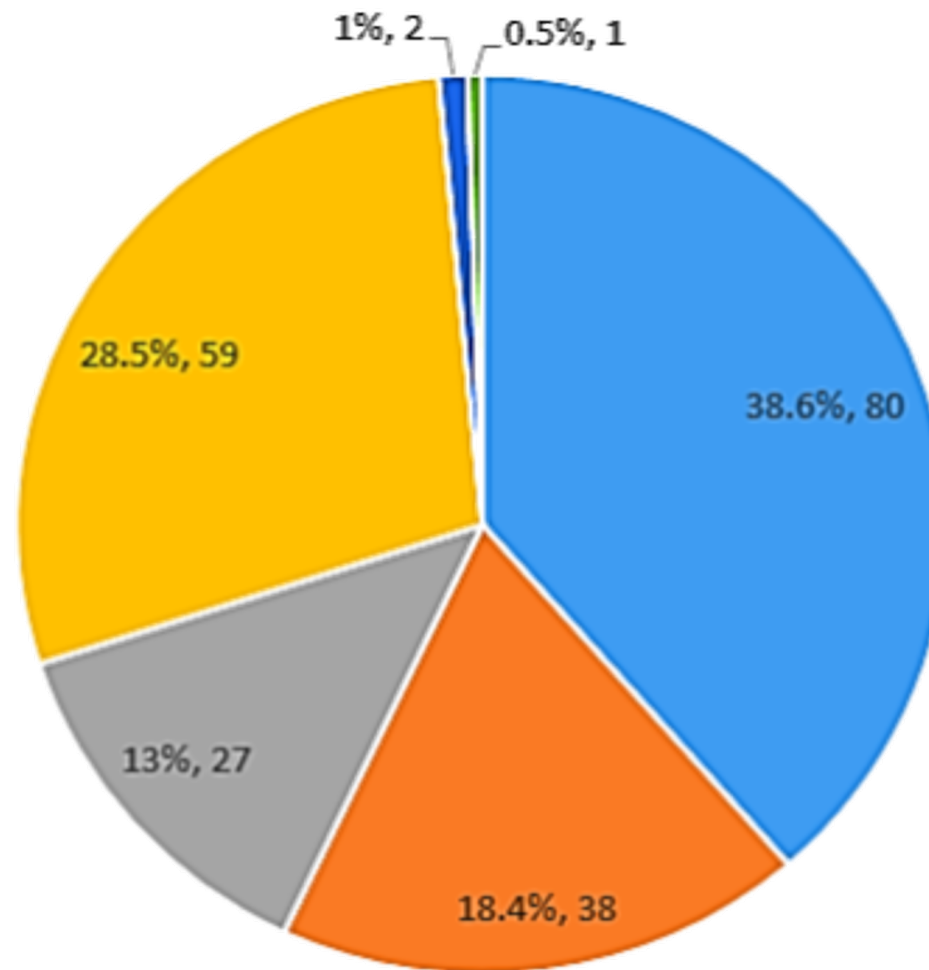
(HKU-SWSA, 2017)



Initial baby plan

母親的抉擇

Mother's Choice



(HKU-SWSA, 2017)

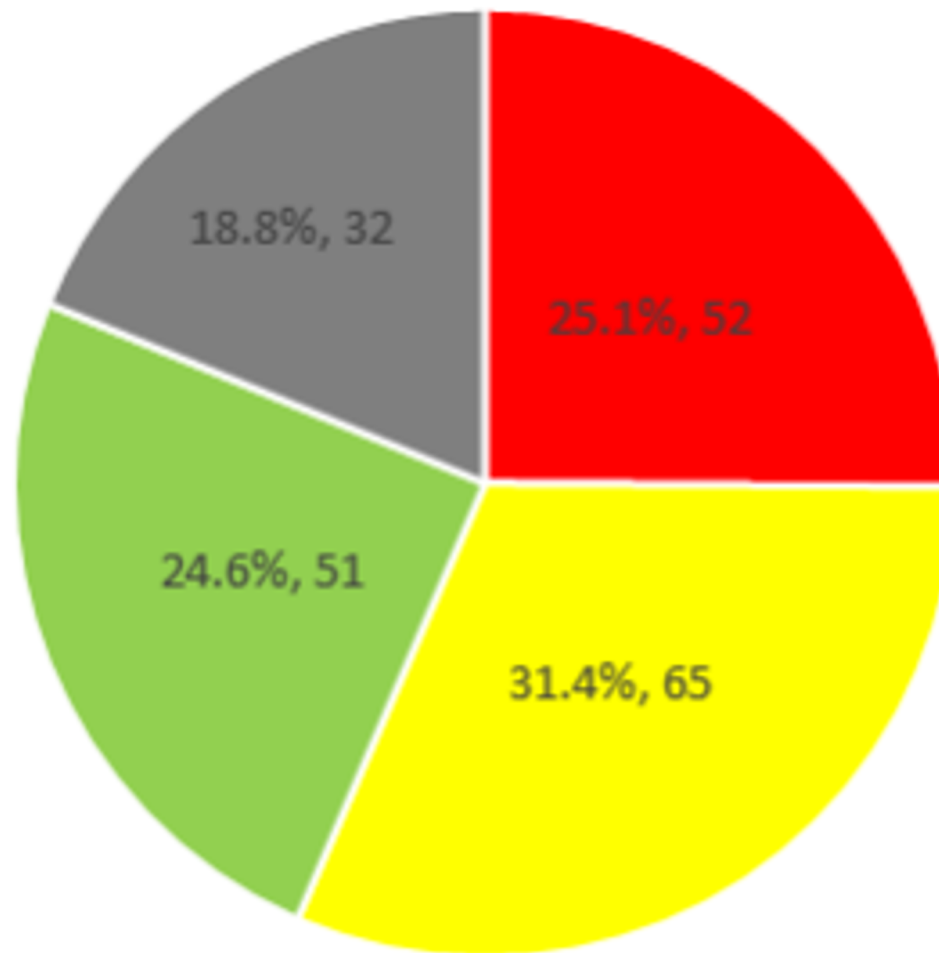
■ Parenting ■ Adoption ■ Abortion ■ Undecided ■ Unknown ■ Not applicable



Clinical risk assessment

母親的抉擇

Mother's Choice



■ RED ■ YELLOW ■ GREEN ■ Unknown (98,99)



(HKU-SWSA, 2017)



Physical and mental well-being

母親的抉擇

Mother's Choice

Physical

Mental

Chronic health conditions

- High blood pressure
- Diabetes mellitus
- → complications in childbearing and delivery

Chronic health impacts of illicit drugs

- Bladder dysfunction because of ketamine

Previous induced and spontaneous abortions

- Especially those not handled by recognized medical professionals, became a concern for the childbearing process

Mental conditions

- Antenatal depression
- Antenatal anxiety
- PTSD
- Not ready to be parent

Previous ACEs

- Sexual abuse
- Physical abuse
- Parental death
- Parental divorce

Previous induced and spontaneous abortions

- PTSD



(HKU-SWSA, 2017)



Suicidal assessment

母親的抉擇

Mother's Choice

6 (2.9%) displayed suicidal ideation in the previous week of assessment

13 (6.3%) had attempted deliberate self-harm in the past

21 (10.1%) had a previous diagnosis of mental illness, with depression being the most common (57.1%)

(*Missing values were prevalent)



(HKU-SWSA, 2017)



Statutory order

母親的抉擇

Mother's Choice

19 (9.2%) had a known child protection order

1 (0.5%) had a known probation order

Legal issues involved under-aged pregnancy or unconsented sexual intercourse



(HKU-SWSA, 2017)



Summary of clinical service profile

母親的抉擇

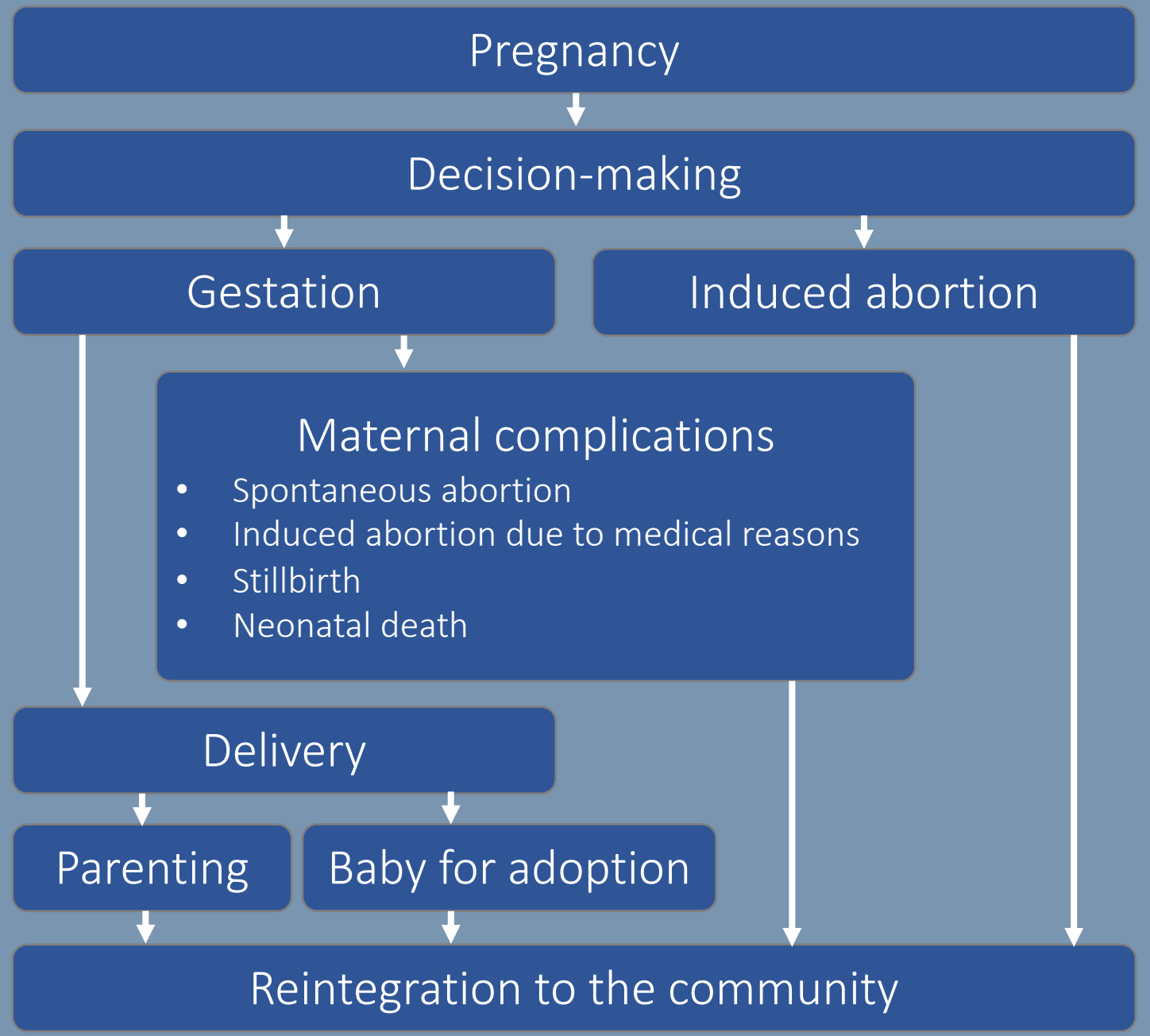
Mother's Choice



(HKU-SWSA, 2017)



TEENAGE PREGNANCY





TEENAGE PREGNANCY

Unanticipated

Unintended

Involuntary

Intense

Coerced

Loss of control

Stressful Life Event

Adverse Childhood Experience

Childhood Trauma



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Stressful life events:

Teen pregnancy & motherhood as an unspoken stigma



Teenage pregnancy and motherhood

- Renders sexual activity visible
- Signifies them as having engaged in 'unnatural passions'.

Girls are perceived as

- Being 'weak willed' as a result of their engagement in 'premature' sexual activity
- Female sexual desire is still rendered silent and therefore also shameful.

The stigma of teenage pregnancy leads to a

social death for young mothers.

Individual and Family Unusualness

- Negative events or history of negative events (e.g. illness or crime)
- Different from the norms of society

Public Attitude

- Other's negative perceptions, attitudes, emotions, and avoidant behaviors toward the pregnant teens and their families
- Others' belief that the unusualness of the family is somehow unhealthy, or different from general social norms
- Others's belief that the teens are directly or indirectly contaminated by the problematic family members or situations.

Self, Family, and Social Stigma

Emotional
Consequences

Social
Consequences

Interpersonal
Consequences

Adverse Health Outcomes

Stressful life events:

Physiological and physical outcomes ?

Maternal mortality

- Pregnancy mortality rate is doubled in teen moms than those in their 20s
- Globally, 45% of all induced abortions are unsafe.
- Barriers to legal and safe abortions (Hung, 2010)

Common fatal complications

- Sepsis and hemorrhage
- Especially when done at a later stage of pregnancy

Non-fatal complications

- Infertility, chronic inflammation of the reproductive tract, and pelvic inflammatory disease
- May accompany women for an indefinite period of their lives



Stressful life events: Mental health outcomes

Posttraumatic stress disorder (PTSD)

- Mainly because of their high risk for community and interpersonal violence exposure.
- A study found that on average, teenage mothers had experienced >5 traumatic events, including physical attacks by a partner, neglect, abuse by a parent, incarceration, and traumatic loss.
- Compared with adult mothers, adolescent mothers are 2 to 3 times more likely to be victimized by their partner, the father of their child, or a family member.

Substance abuse

- Estimates of drug use among pregnant adolescents range from 11%-52%.

Suicidal ideation

- ~19% of 15-19-year-olds report having thoughts of suicide, and ~9% have made a suicide attempt.
- A few available studies of suicidality in adolescent mothers found rates ranging from 11%-30%.



Stressful life events:

Mental health outcomes – Depression & PPD

Baby blues

- When a woman experiences symptoms for 1-2 weeks after giving birth.
- These symptoms include mood swings, anxiety, sadness, overwhelm, difficulty concentrating, trouble eating, and difficulty sleeping.

Depression

- Being a teen mom is a risk factor for depression.
- If a mom has a baby before 37 weeks or experiences complications, depression risks can increase.

Postpartum depression

- Involves more severe and significant symptoms than baby blues.
- Teen moms are twice as likely to experience PPD as their adult counterparts.





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Unanticipated

Unintended

Involuntary

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Loss of control

Stressful Life Event

Adverse Childhood Experience

Childhood Trauma

Complexity of ACE: Risk factors for teen pregnancy

Neglect

- Physical
- Emotional

Abuse

- Physical
- Emotional
- Sexual
- IPV

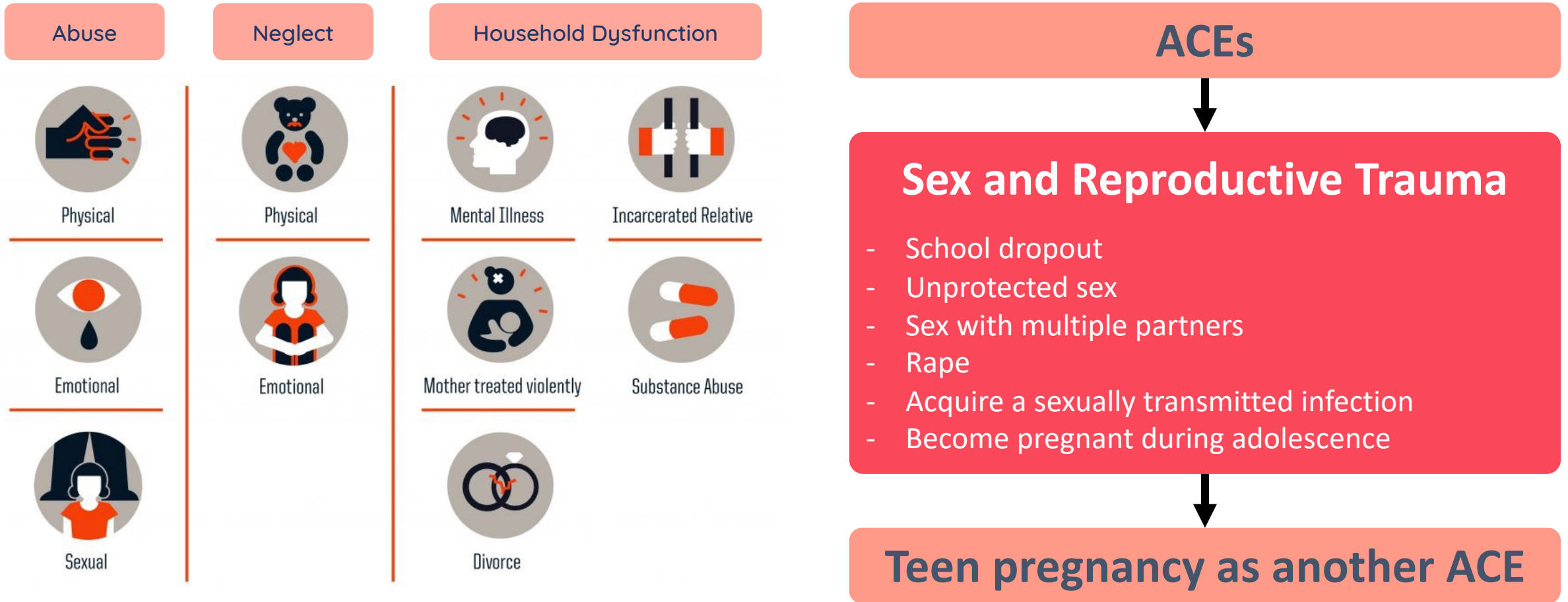


Household Dysfunction

- Substance abuse
- Mental illness
- Domestic violence
- Divorce
- Incarceration

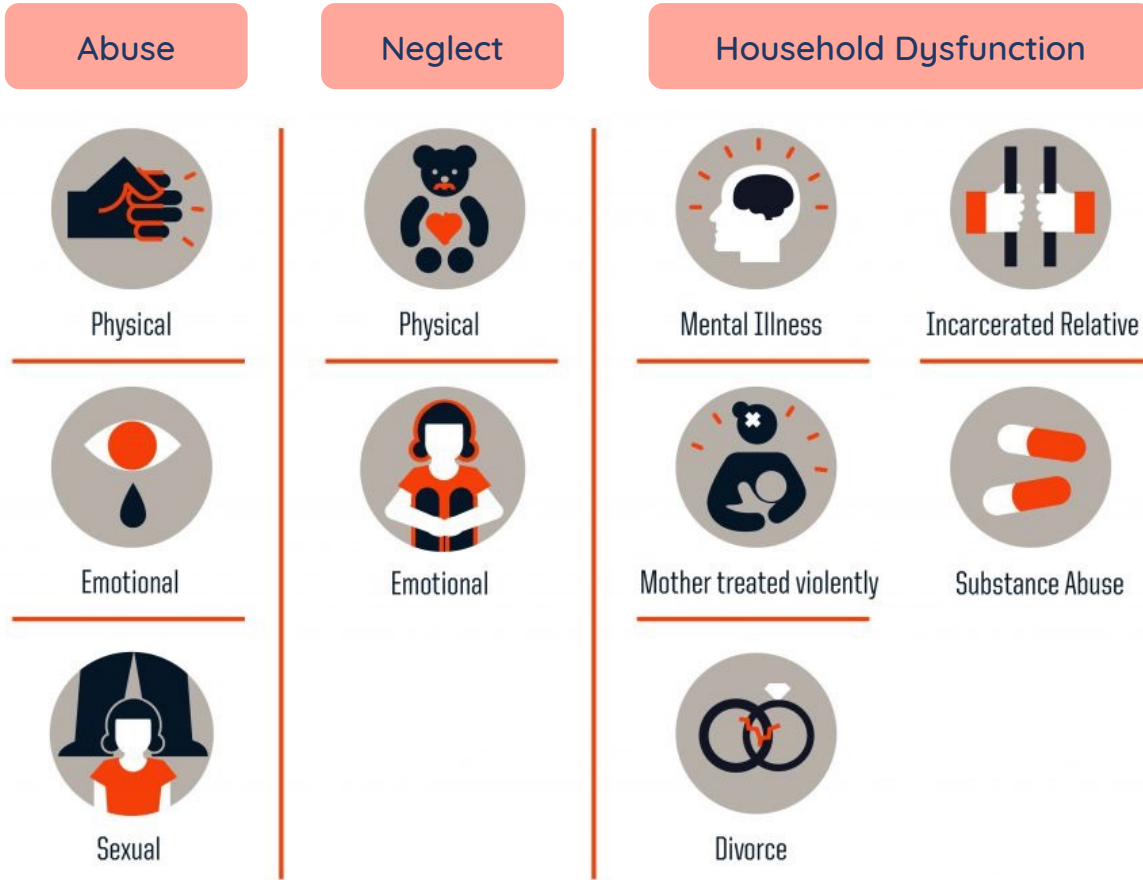
Complexity of ACE:

ACEs and teen pregnancy as trauma cycle



Complexity of ACE:

ACEs and teen pregnancy as trauma cycle

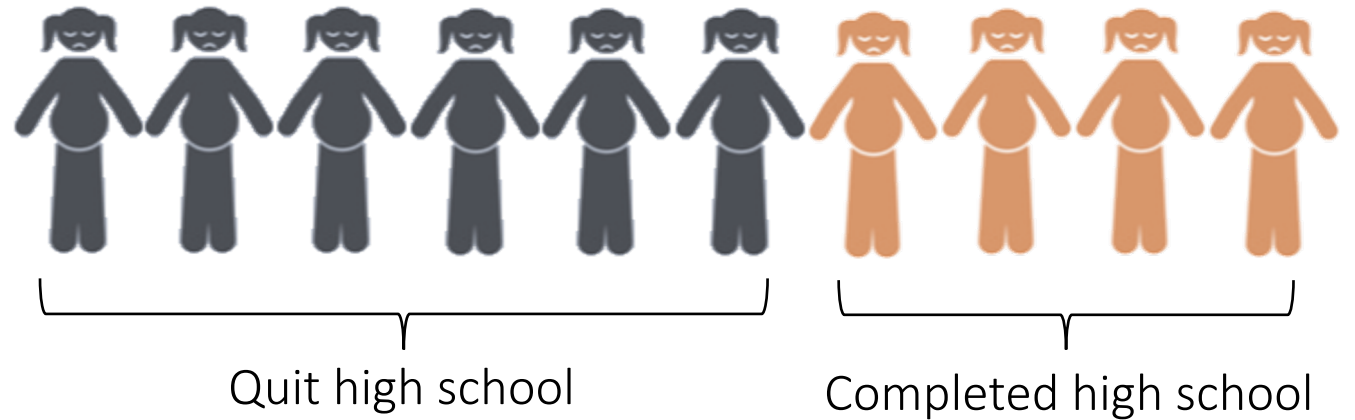


- Previous trauma renders an individual more susceptible to future trauma.
- Risk of teen pregnancy rose from 16% in those with 0 ACEs to 53% among those with 8 ACEs.
- Teen mothers with more ACEs exhibited more problems at midlife (e.g., family issues, financial and job problems, and stress).

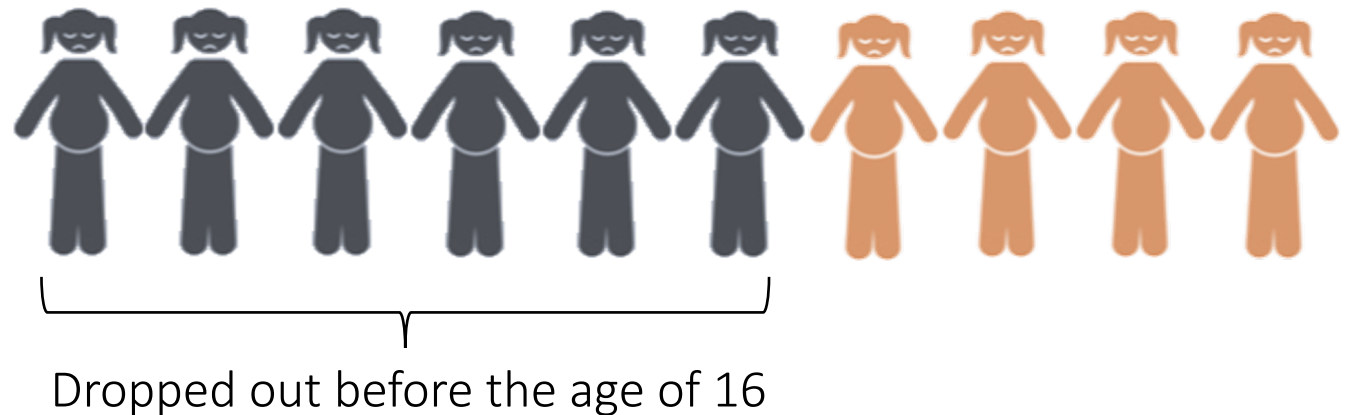
Complexity of ACE:

Discontinuation or deferral of education

Completion of High School
in U.S. Teen Mothers
(Shuger, 2012)



Completion of High School
in H.K. Teen Mothers
(Woo & Twinn, 2004)





TEENAGE PREGNANCY

Unanticipated

Unintended

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Loss of control

Stressful Life Event

Adverse Childhood Experience

Childhood Trauma

Gestation be considered as Trauma in adolescent girls:

- Trauma

- Exposure to an event which was perceived as intensely threatening to mind, body, or spirit, accompanied by feelings of helplessness, powerlessness and horror.

- Types of trauma

- **Type I (Simple)**: Single incident, short-term, unexpected, high threat, overwhelming (i.e., rape, natural disasters, surgery, illness, car accidents, violent assault, shooting, industrial accident).
- **Type II (Complex)**: Exposure to a series of traumatic events, or ongoing conditions of deprivation; more likely to be human in origin (i.e., childhood physical and/or sexual abuse, combat, p.o.w, kidnapping, torture, organized sexual exploitation, spousal abuse, intimate partner violence).

Teen pregnancy as developmental trauma

- A broad range of adverse events that occur in childhood, such as being abandoned, rejected, betrayed, abused (physically, emotionally, or sexually), witnessing violence or death, being coerced, or having threats to **bodily integrity**.
- Multiple domains of impairment

Socio-emotional

- Self-regulatory
- Attachment
- Anxiety
- Depression
- Addiction
- Aggression
- Social helplessness
- Eating disorders
- Dissociative

Physical

- Cardiovascular
- Metabolic disorder
- Immunological disorders
- Sexual disorders

Cognitive

- Sleep disorders
- Concentration



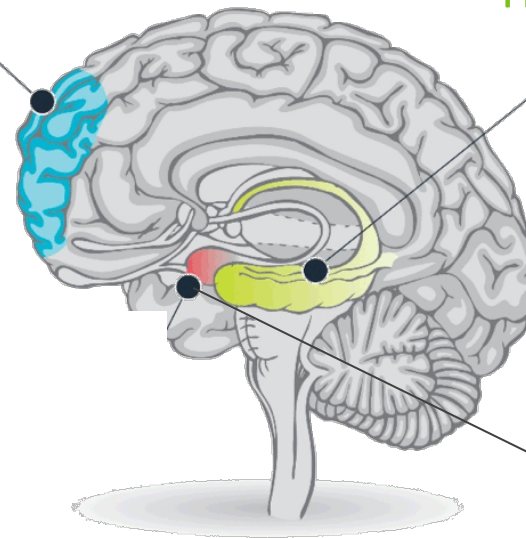
Trauma and adolescent brain

- Childhood trauma leads to reductions in brain volume and gray matter loss in the **hippocampus**, **prefrontal cortex**, **amygdala**, corpus callosum, & visual cortex
- Deficits in the amygdala & hippocampus are associated with problems in emotion and motivation control, executive functioning, impairment in memory and fear conditioning.

- Impair the ability to concentrate or focus attention
- weaken impulse control and produce reckless behavior
- impair modulation of emotional reactions, including increased irritability, impaired decision-making, and lack of insight
- impair the ability to inhibit cognitive interference, e.g. inhibiting inappropriate memories or inappropriate dimensions

Prefrontal Cortex

Regulates thoughts, Emotions, behavior



Hippocampus

Stores learning And memory

Amygdala

Reacts to stress and Emotional arousal

The hippocampus shuts down and cannot store memories in the normal way

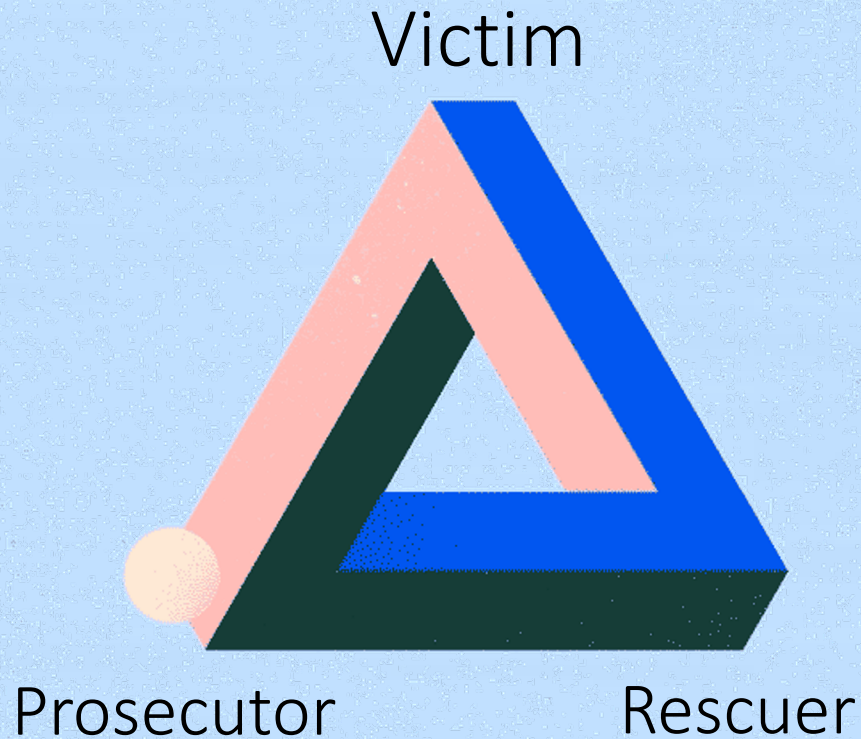
The threat level is so high that the amygdala is fully activated and overwhelms the brain

Re-enactment of trauma

- A process that includes compulsively repeated thoughts, attitudes, and patterns of behavior. The goal of reenactment is to resolve and heal a past traumatic experience or series of experiences.
- When people recycle the events and relationships from childhood, repeating old wounds by placing themselves at emotional risk or in physical danger in a compulsive mimicry of the past.
- Can be defined as an unsuccessful attempt to resolve the intense survival energy mobilized for defense against a perceived life-threatening experience.
- Re-enactment of trauma occurs vertically across generations as well.
- Rates of abuse and teenage pregnancy are higher in offspring of teen mothers.
- Such risk factors begin another cycle of trauma.



Teenage mothers in trauma triangle



Victim is disempowered, and often feels taken advantage of. The Victim typically embodies hopelessness and helplessness, feeling as if they have no control over their internal and external worlds.



Prosecutor is the part that holds anger around the traumatic event. These feelings of anger and brutality can be directed inward or outward when in the Perpetrator role.



The Rescuer abandons themselves and experiences feelings of unworthiness. Focuses on what other people are thinking or feeling and attempts to control things by managing others. Are typically unaware of their own feelings, needs, or preferences.

Teenage mothers in trauma triangle

Transmission of trauma across generations

- Higher risk of low birth rate, pre-term birth, and still birth
 - Correlated with low number of prenatal visits, late initiation of and/or inappropriate prenatal care
- Adolescent pregnancy reinforces the vicious cycle of poverty and ill health: Adolescent mothers in many places leave or are made to leave school, and are less likely than their peers to develop vocational skills
- Higher risk of abuse rates
- Offspring of teen mothers are more likely to have externalizing problems
- Higher risk of daughters of teen mothers becoming teen mothers themselves

Breaking the trauma cycle

Protective factors of teen pregnancy

Use of
contraception

Higher self-esteem

School continuation
(attaining at least
secondary school
education)

Higher level of
maternal education

Involved and strict
parenting during
early adolescence

Low childbearing
intentions during
early adolescence

Trauma-informed care

“A program, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist retraumatisation.”
(SAMSHA, 2012)

Aims to promote feelings of psychological safety, choice, and control. Every contact with a teen girl and her family matters.



Trauma-informed care in teen pregnancy

- Teen pregnancy prevention programmes generally focus on providing sexual health education, ensuring access to youth-friendly health care services, and engaging youth, families, and communities
- Trauma-informed approach (TIA) is a way of addressing vital information about sexuality and well-being that takes into consideration adverse life experiences and their potential influence on sex and reproductive decision making.
- A trauma-informed approach to sex and reproductive health is critical to promoting lifelong sex and reproductive health and well-being for anyone who has had adverse childhood and/or adult experiences.

Trauma-informed care in teen pregnancy

Guided principles

Safety

- Ensuring physical and emotional safety of youth and staff in program activities and setting

Trustworthiness and transparency

- Fostering trust among youth and staff by communicating expectations and boundaries, and following through on actions

Peer and family support

- Building trust and rapport among youth with similar experiences by providing opportunities for youth to connect with other youth or family members with lived trauma experience

Collaboration and mutuality

- Recognizing that everyone has a role to play in a trauma-informed approach and reducing power differences that might exist between staff and youth and among all levels of staff

Empowerment, voice, and choice

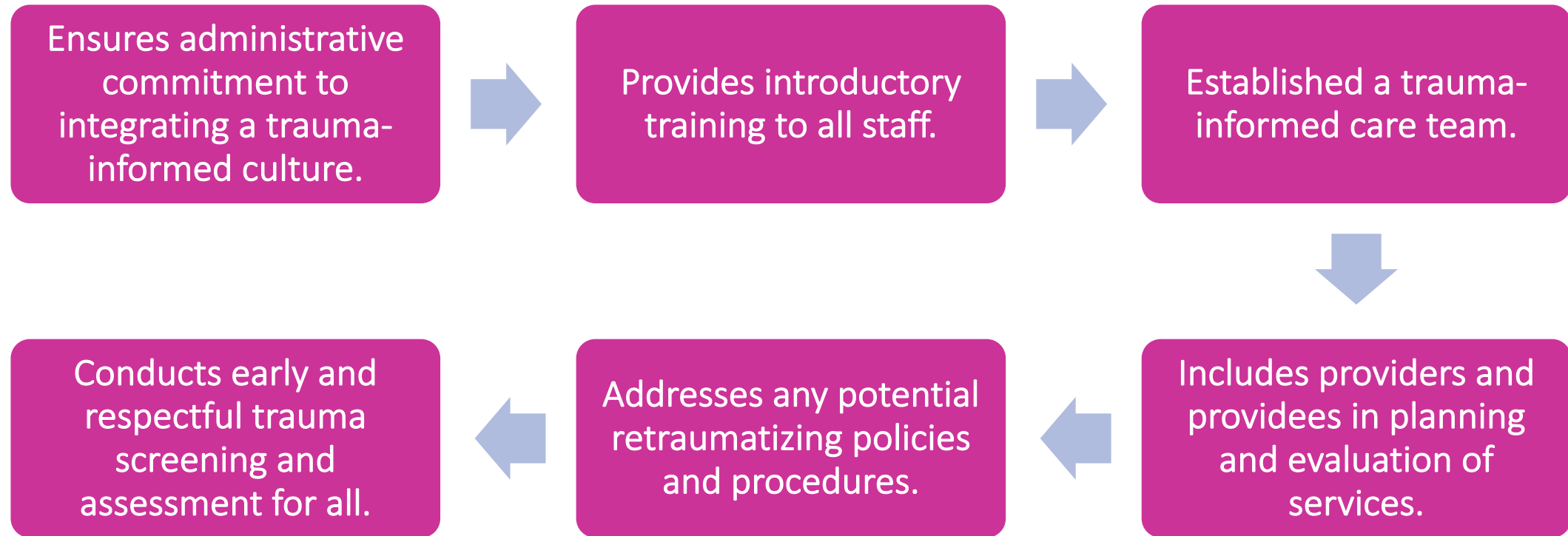
- Giving youth choice and control whenever possible

Cultural, historical, and gender issues

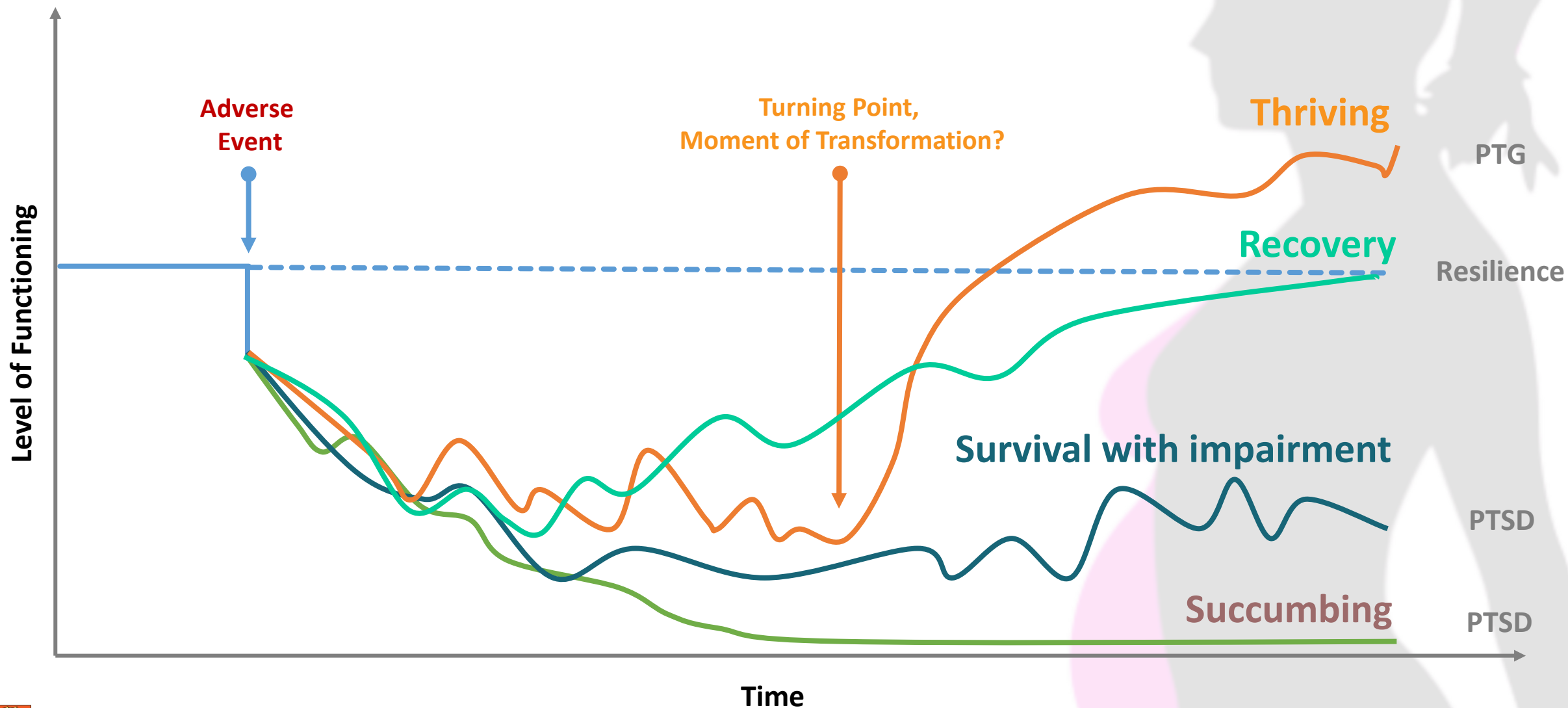
- Moving past cultural stereotypes and biases and incorporating processes that respond to staff members' and youth's cultural needs

The road to trauma-informed care

A call for a change in organizational culture, where an emphasis is placed on understanding, respecting and appropriately responding to the effects of trauma at all levels (Bloom, 2010).

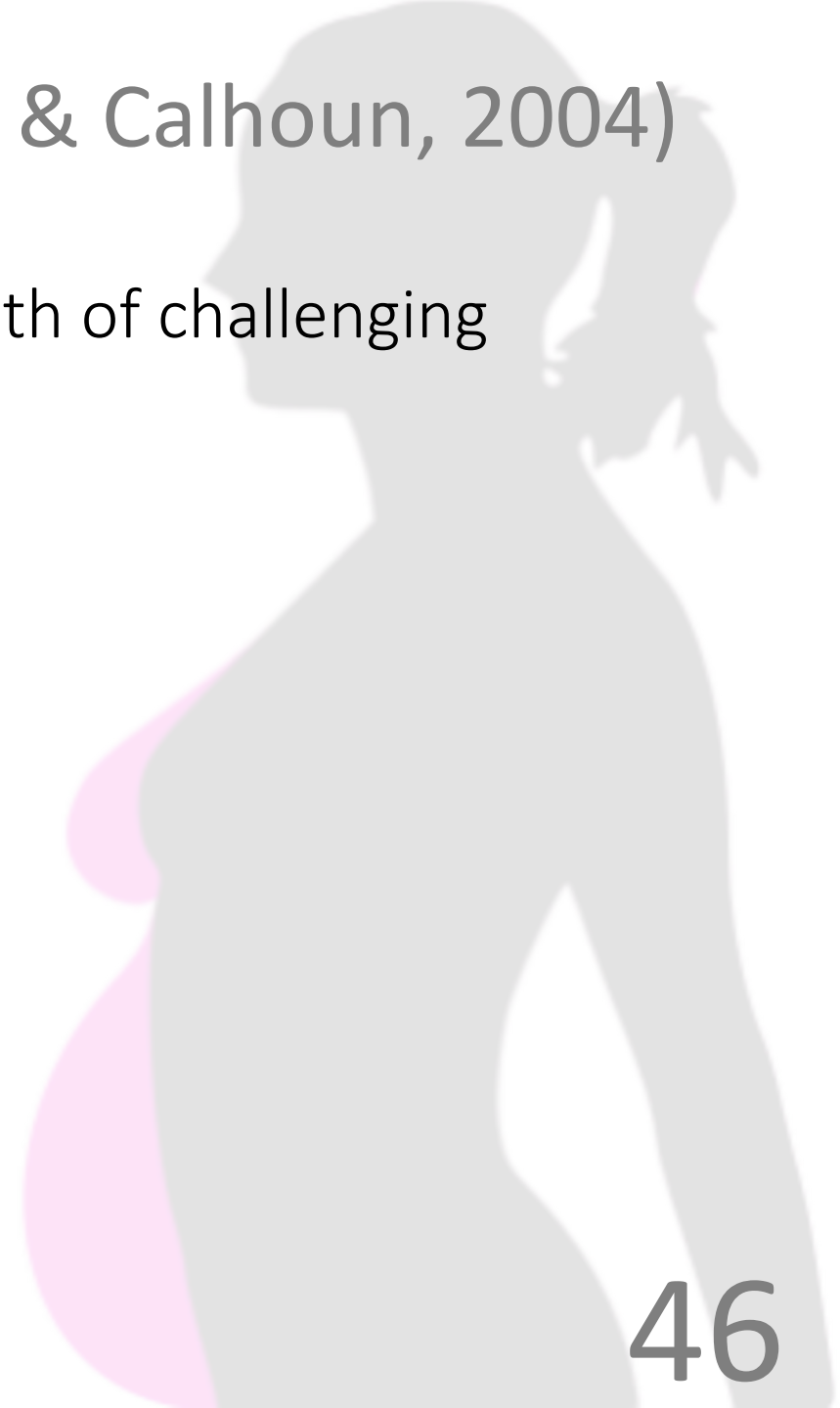


The possibility of post-traumatic growth

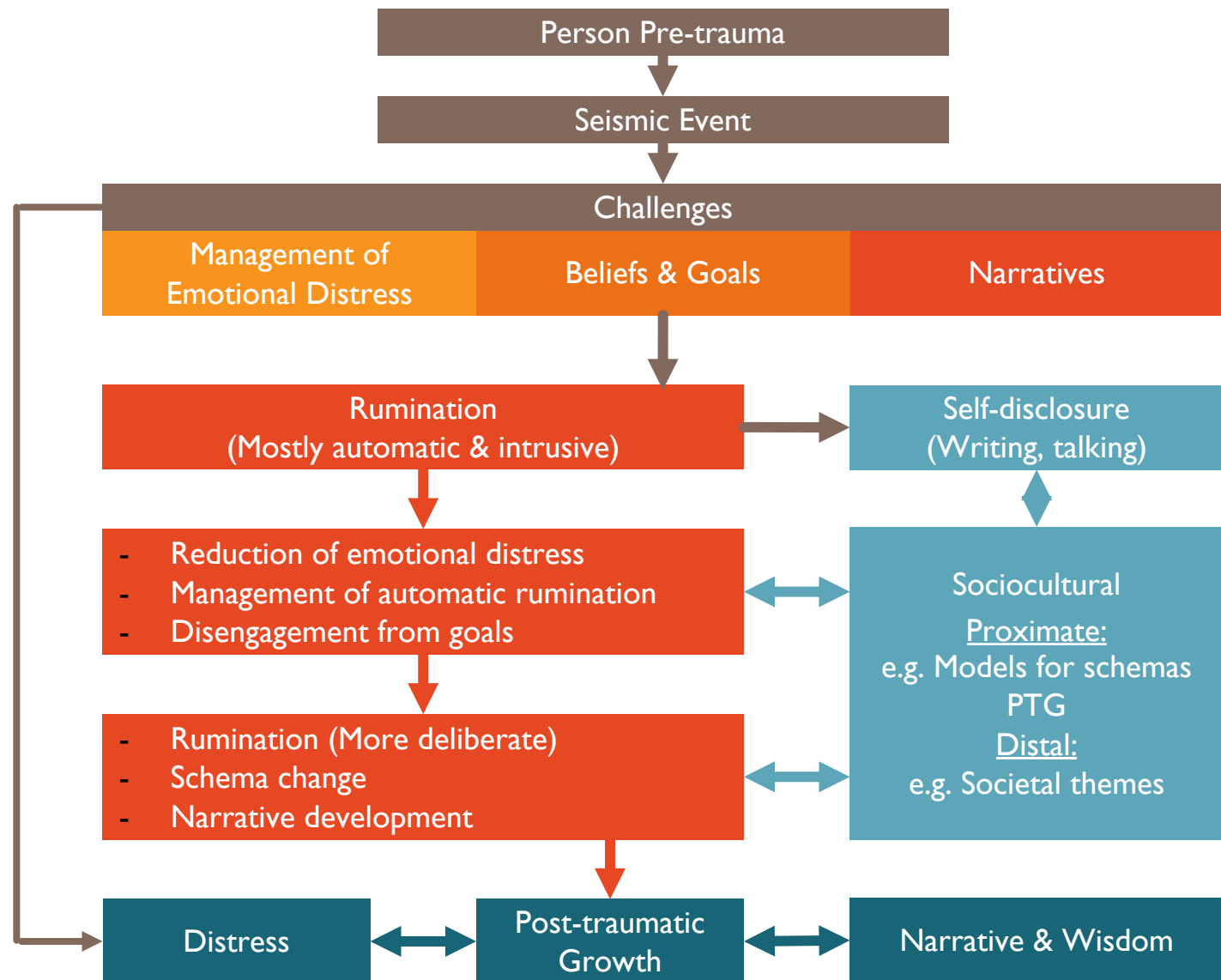


Post-traumatic growth (Tedeschi & Calhoun, 2004)

- Positive psychological transformation in the aftermath of challenging life experiences
- 3 Themes of Post-traumatic Growth:
 - Change in self-perception
 - Change in relationships with others
 - Changed life philosophy



POST-TRAUMATIC GROWTH (TEDESHI & CALHOUN, 2004)



Transforming from trauma: ENSIT model

Components	Description
Engaging	Making connections, developing collaborative relationships, exploration of concerns, problems, strengths and resources, contracting and goal setting
Nurturing	Facilitating unconditional self-acceptance and self appreciation as well as education on techniques in nourishing the body, mind and spirit to get prepared for transformative changes
Shifting	Facilitating reconnection of the physical, mental and spiritual domains, normalization and validation of experiences / distress, expanding and balancing
Integrating	Anchoring of learning and integrating changes in the physical, mental and spiritual domain into the total being of the self
Transforming	Both a process and an outcome. Helping participants searching for their idiosyncratic meaning and purpose, enhancing their ability to embrace pain and live in the moment, transforming from the role and identity of a victim to a survivor



Transforming from trauma: Meaning reconstruction

- Traumatic events can disrupt or shatter a person's "assumptive world," or the set of beliefs that an individual holds about the world and about the self.
- Some losses, perhaps those that are more traumatic, will shatter a person's worldview and begin cognitive processes that leave them searching for meaning (Gillies & Neimeyer, 2006; see Janoff-Bulman, 1992).
- Finding some benefit, or something positive to come from the negative experience of loss, is seen as a key tenet for successfully creating meaning within cognitive and trauma theories (Gillies & Neimeyer, 2006).



Transforming from trauma: Meaning-making

Meaning making in response to loss can be said to include the ideas of

Sense making

- the process of finding or creating a sense of understanding regarding a trauma/loss

Perspective taking

- the process of exploring alternative perspective regarding the trauma/loss

Benefit finding

- the creation of meaning structures that underscore positives resulting from a trauma/loss

Identity change

- the positive or negative reconstruction of self



Clinical Implications

1. Helping the teen find or create meaning both in the stressful / loss event and in their current life
2. Exploring ongoing emotional attachment or relationship with the babies and how this connection can serve as positive and healing
3. Attending to explicit meanings discussed by clients as well as implicit meanings observed
4. Encouraging the construction of meaning, along with integration of meaning into a newly constructed life narrative

Clinical Implications

5. Facilitating the construction of meaning on both a personal and interpersonal level
6. Discussing meaning in terms of individual contexts, as well as broader cultural contexts, and
7. Using the narrative approach as a guiding concept to facilitate re-authoring of an individual's story of life after the trauma.



Thank you

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