HKCSS - Good Practice Sharing on Trauma Intervention Unwed Teen Pregnancy Dec 6, 2007

Pregnant Girls' Services Mother's Choice

Unwed Teen Pregnancy

- I Findings of survey
- II Services provided by Mother's Choice
- III Emotions & Reactions when facing crisis pregnancy
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I Findings of Survey

FPAHK- Report of Youth Sexuality Study 2006

- On Sexual Knowledge, Attitude & Behavior toward SEX
- 4400 youths were polled
 - F.1 F.2 (M- 460, F- 437)
 - F.3 F.7 (M- 1,052, F- 1,277)

Youths aged 18-27 (M- 611, F- 594)

Sexual Attitude

Acceptance of other's behavior	F.3 – F.7	Youths aged 18-27
1) Pre-marital Sex	M - 53 %	M - 71%
	F - 44%	F - 69%
2) Cohabitation	M - 70%	M - 75%
	F - 68%	F - 78%
3) Extra-marital Sex	M - 21%	M - 21%
	F - 9%	F - 9%
4) Multiple Sexual Partners	M - 20%	M - 26%
	F - 7%	F - 11%
5) Abortion	M - 24%	M - 27%
	F - 26%	F - 35%

Sexual Activity

	F.1 – F.2	F.3 – F.7
Had Dating	M – 46%	M – 60%
Experience	F - 46%	F - 63%
	F.3 – F.7	Aged 18-27
Sexual Intercourse	M – 13.2%	M – 47.3%
Experience	F - 8.2%	F - 39.1%
First sexual	M – 6.8%	M – 5.2%
Intercourse	F - 4.7%	F – 4 %
below 15		

Had sexual intercourse in the past 6 months	F.3- F.7	Aged 18-27
Common used contraceptive method - NONE	M – 16.8% F – 10.1%	
Had used any contraceptive method - NONE	M – 19.4% F – 14.3%	
Had sought contraceptive advice- NONE		M – 65% F <i>–</i> 61%

How can you have good sex in marriage if you haven't experienced it before? Everyone's doing it, so What

Together forever? You're kidding!!

If I don't do it, I won't be an Adult.

That's the use of being a writing

If I don't have sex, he/she will leave me.

Having sex will prove that I'm in LOVE

Lack of sexuality knowledge & myths + Increased openness in sexual attitude & activity

Having Sexual Intercourse + didn't think about the consequences

→ Crisis pregnancy

Il Services provided by Mother's Choice



III. Emotions when facing

Crisis Pregnancy

"I can't let my parents know, they'll kill me!"

"I can't support myself, I want to finish school!"

"My boyfriend will break up with me if I don't have an abortion."

"Getting pregnant was an accident, I am not ready!"

"There is no other way!"

"It isn't really a baby. It just a "blob of tissue"."

Emotional Reactions:

- Shocked, Frightened
- Frustrated, doesn't know what to do
- **Angry** with self and others
- Feeling helpless, lost and alone
- Seeks help, but still feels WOrried
- Has strong sense of Shame which weakens their analytical ability
- Baby plans are easily affected by significant others.

* Feelings and Reactions differ from person to person.

IV 3 choices when facing

Crisis Pregnancy

Before delivery

Should I...

AME

Parent?

Abort?

Relinquish for an Adoption?

A difficult DECISION to make...

Depends on ...

- Religious Beliefs or personal feelings of morality
- Family support system
- Partner, friends, social network
- Financial status
- Level of education / employment
- Physical/ emotional/ mental Health
- Personal goal / future plan

It makes a difference ...

- The more the client feel IN CONTROL of the decision (Not feeling pressured)
- The more **SUPPORT** the client have from others.
- The more INFORMED the client is about the details of the choice and possible consequences. (Not feeling uncertainty or ambivalence)

Therefore, we should

- RESPECT client's choice.
- DON'T make the decision for them.
- Understand the IMPACTS of 3 choices to the clients
- Understand and inform the client about the PROS & CONS of all 3 choices
- Utilize the RESOURCES

3 Choices

Things to think about before **Parenting**:

- Are you ready to be a **PARENT**?
- Is your family **SUPPORTIVE**?
- Can you continue **YOUR STUDIES**?
- Do you have the **FINANCIAL ABILITY**?
- Are you ready to handle **SOCIAL STIGMA**?
- Will your FUTURE PARTNER accept your child?

<u>Assessment on -</u>

- Maturity & reliability of the birth mother
 - Understand the role, responsibility and the influences of being a parent, willing to take up and commit.

<u>Readiness</u>

Attitude & value towards being a mother (or single parent)

• <u>Availability</u>

- Living place (home safety, space & hygiene)
- Baby's stuff (e.g. baby cot....)
- Financial ability (or with other support)

• <u>Support</u>

 Family or other sources of supports on child caring, financial, and emotional support

Baby Caring Skills

Basic skills in taking care of the baby, such as feeding, bathing, changing clothes & diapers.

Difficulties and pressures - **PARENTING**

- Physical changes
- Psychological changes
- Financial Expenses
- Child care arrangement
- Relationship with partner & his family
- Role change
- Change of lifestyle
- Time management

Abortion

- According Section 47,
- Offences Against the Person Ordinance,
- Termination of pregnancy requires
 - 2 registered medical practitioners to agree and sign with the following reasons:
- Risk to the life of the pregnant woman or injury to her physical or mental health may be greater than if her pregnancy was terminated
- There is a substantial risk that if the child is born, he/she may suffer from severe physical/mental disabilities.

Methods of Abortion

Suction Curettage Saline Induce Labor

under 12 weeks under 12 weeks over 12 weeks over 12 weeks

Legal Abortion can be performed at:

- Family Planning Association
- Some private hospitals
- Some public hospitals (referral letter is required)

Having an abortion under <u>24 weeks</u> is considered legal in Hong Kong

Difficulties and Pressures - ABORTION

- Physical complication
- Emotional / Psychological effects
- Relationship
- Financial cost

Cost of abortion

Physical

- Heavy bleeding
- Pelvic infection -> infertility
- Perforation of uterus -> injury of intestines/ bladder
- Injury to cervix
- Drug allergies





Anniversary syndrome

- Feeling regret, sad, lost, angry, confused, depressed, guilty.
- Miss the baby

Initial reaction :

RELIEF

Cost of abortion

Relationships

- Distrust
- Blame each other
- Keep the history of abortion as a secret

Financial

• \$3000 - \$20,000

Adoption

- Through a legal procedure to relinquish the parental right of the child.
- The child will then be adopted by a legal parents.

Adoption means....
Wanting a <u>BETTER FUTURE</u> for your child
Admitting you are not ready to be a parent but want your child to have <u>GOOD LIFE</u>
Being able to continue with your Personal Goals









Becoming an Adoptive Family:

- At least 25 years old and mature enough to make a lifelong commitment to adopt a child and to take up parental responsibilities.
- In good physical and mental health without serious illness or disability and thus be able to raise a child to independence.
- Reasonably educated in order to provide the necessary guidance to the child.
- With steady employment and financial sufficiency and a stable accommodation to bring up a child.
- A married couple in a stable marriage to provide the child with a stable, loving home and has no criminal record.

Difficulties and pressures - ADOPTION

- Emotional / Psychological
- Relationship change
- Separation with the baby

PARENTI NG vs. ADOPTI ON vs. ABORTI ON

Parenting	Adoption	Abortion
Delivery of the	e baby	Termination of pregnancy
 RESPONSIBILITIES Finances Teaching and Raising Persevering Giving all of yourself 	 Hospital expenses for delivery No extra Financial Expense Separate with your child 	 Abortion FEE Physical harm Mental burden
Your dream and personal goals will be POSTPONED	Opportunity to achieve your PERSONAL GOALS	
 Watch your child GROW Notice his/her EVERY CHANGE. 	Have HOPE for your CHILD'S FUTURE	

Posttraumatic Stress Disorder (PTSD)

http://psyweb.com/Mdisord/AnxietyDis/posttraumatic.jsp

 Must have been exposed to a traumatic event or experience involving intense fear, horror, or helplessness. The event or experience must involve a threat of death, serious injury, or physical integrity. The event or experience may be to yourself or to others around you.

Symptoms of PTSD in 3 ways

- Re-experiencing the trauma
 - Persistent avoidance
 - Increased arousal
- A. The event or experience must be re-experienced in at least 1 of the following:
- 1. Distressing recollections of the event or experience that is both intrusive and reoccurring.
 - 2. Dreams that are reoccurring and distressful.
 - 3. Reliving the event or experience in the form of flashbacks, hallucinations, or illusions.
 - 4. If exposed to any aspect of the event or experience a intense psychological distress followed.
 - 5. Reacting in a physiological manner to any aspect of the event or experience
- NOTE: 4 and 5 may be from internal or external cues.

- B. Avoiding any thing associated with the trauma and a numbing of responsiveness. Indicated be at least 3 of the following:
- 1. Avoiding any thoughts or feelings about the trauma, including not wishing to engage in any conversation about the event or experience.
 - 2. Avoidance of places, persons, or things that set off feelings about the trauma.
 - 3. Can not recall import face about the event or experience.
 - 4. A marked disinterest in significant activities.
 - 5. Feelings of being detached or alienation from others.
 - 6. Changes in range of affect. (E.g., loss of loving feelings)
 - 7. Feelings of no real future.

- C. Persistent indicators of increased arousal, at least 2 of the following:
- 1. Problems with falling or staying asleep.
 2. Irritability or outbursts of anger, sometimes unexpected and for no apparent reason.
 3. Having problems concentrating.
 - 4. Hypervigilant.
 - 5. Response to being startled is overstate.
- A, B, and C must be for more than 1 month.
- Must be impairment in important areas of functioning. (E.g., work, social life, ...)
- ACUTE: Symptoms less than 3 months long. CHRONIC: Symptoms longer than 3 months. WITH DELAYED ONSET: Onset of symptoms start 6 months after event or experience.

V Post Abortion Counseling

- A post-abortive woman may experience a number of following symptoms:
- 1) Guilt
- 2) Anxiety
- 3) Avoidance behaviors
- 4) Psychological "numbing"
- 5) Re-experiencing events related to the abortion e.g. thoughts/flashback/nightmares
- 6) Preoccupation with becoming pregnant again
- 7) Anxiety over fertility and childbearing issues
- 8) Interruption or disruption of the bonding with present and/or future children
- 9) Self-abuse/ self-destructive behaviors
- 10) Anniversary reactions

Factors preventing a woman from mourning the loss of her aborted child

- No external evidence that a baby ever existed.
- No formal leave-taking or ritual for the mother, such as a funeral.
- No or insufficient support because usually few people are told about the abortion.
- Not given permission to grieve openly.
- Carries the guilt of ending her baby's life can't forgive herself.
- Experience rejection and judgment to talk about it.
- No resources to help.
- Wasn't informed about the impacts after abortion.

The Purpose of PAC

To provide a safe place for clients:

- To share the pain and emotions of past abortion experience (s)
- To deal with the grief issues associated with the abortion.
- To experience acceptance.
- To learn new skills in coping with ongoing reminders.

The Healing Journey

- 1) Remembering the Pain (Process the emotions)
- They might have been denying and repressing the painful emotions connected with the abortion experience for months or years.
- Provide an environment in which the woman can talk and share about the experience.

2) Identifying and Releasing the Anger

- They might have a serious resistance to verbalizing their anger → unresolved trauma
- Encourage the client to stop denying the pain and anger.





3) Grieving the Loss

- The bonding process between the mother and child begins very soon. But the need to grieve the loss of an aborted child is almost nonexistent / ignored.
- Help client to grief by naming the baby, writing out her feelings for her child, and even having a quiet, private memorial service.....
- Denial → Anger → Bargaining → Depression → Guilt / Shame → Acceptance

親愛的逸峰:

我不要你是經過考慮,而不是草率的決定, 只是我沒有想到失去你是如此痛苦;後悔和 內疚從來沒有離開我。每次想起你,我都和 你傾吐,你聽見嗎?你聽到媽媽每次向你講 「對不起」嗎?

我不會也不可能忘記你,只希望在以後的日 子裏可以在掛念逸峰之餘,繼續過正常的生 活,相信逸峰也希望媽媽生活得開心!逸 峰,媽媽不會忘記你,常常都會想起你,在 三個日子會特別掛念你,就是5月14日、6月 30日和2月5日!

我不是好媽媽, 愛逸峰就不會放棄逸峰, 但希望逸峰體諒媽媽的苦處!如果你見到 媽媽,就知道失去你令我多麽痛苦!我知 道,任何人種,任何動物,任何時間,任 何空間,母親永遠最愛自己的孩子。假如 母親做出傷害子女的事,一定有她的苦 衷!逸峰!請原諒媽媽的自私! 逸峰,對不起!我愛你!

媽媽 上 0608

4) Learning new ways to deal with the ongoing reminders

- Affirm them for their perseverance, courage and honesty.
- Encourage ongoing support, care and growth. Remind them that healing is a process.
- Develop skills or tools for the future.

VI Post Adoption Follow up

A woman who had relinquished her child for adoption may experience:

- Grief the emotional response to loss
 feelings of sadness, hopelessness, depression, numbress, anger and even guilt.
- In some serious cases: depression, emotional disturbances, withdrawal from society, psychosomatic illnesses and low self-esteem. Many of those affected succumb to substance abuse and have difficulty in forming healthy relationships.

Factors preventing a woman from mourning the loss of her adopted child

- the pregnancy and relinquishment were most often kept secret, preventing any open acknowledgment of the loss.
- The grief was not socially supported and could not verbalize her grief. She had to suppress and deny her pain.

grief resolution process

GOAL: To reestablish emotional equilibrium.

- 1) Accept the reality of the loss
- 2) Experience the pain of grief
- 3) Adjust to the environment from which the lost person is missing
- 4) Withdraw emotional energy and reinvest it in another relationship

Ways to heal...

- Preparing gifts, letter, photos for the baby
- Creating/ having rituals / memorials e.g. writing letters/ articles/ poems
- Retrieving any and all documentation, from the relinquishment paper to the original birth certificate, if available. Also, letters and photos from the time of the pregnancy and relinquishment might be helpful.
- To have someone else / support validate your pain and loss through understanding

對不起,我愛你!

我放棄你 並不是你有什麼問題,只是 我沒有能力養育你

我不敢希望你能原諒我這位沒有能力的父 親,沒有盡父親的責任,在此向你說句

對不起!

這些都是我所不願意的。



- 聲明書上寫上「我願意放棄對你的任何 權利和責任」,在簽署後,內心出現的痛 苦就好比千萬把刀在我的心裏不停狠 狠地割,我永遠也無法忘記這種痛苦
- 我只希望將來有一個愛你,關心你,支持你,給依 擁有一個最幸福的家庭 最後我只想對我最愛的 爭親及孩子你說聲「對不起我愛你」

給我的女兒(曉藍):

每一年,每一年那個生下你的日子,都令我如 此思念你。二零零四年八月十六日零晨三時四 十九分,我的女兒來到這個世界上。

天空蔚藍之時令人充滿希望,而且媽媽很喜歡 藍色,藍色讓我感覺頗平靜,故此媽媽給你改 名曉藍,你喜歡嗎?曉藍,我們在一起的時間 是那麼的短暫,卻是多麼的珍貴,最初發現懷 孕,又驚又喜,驚是擔心自己能否做個好媽 媽, 喜固然是身體裏有個和自己血脈相連的小 生命,媽媽是多麼想照顧你,可是沒有經濟能 力。媽媽不能夠讓你過苦日子。生命是可貴 的,而且我要對你負責任,希望你有美好的將 來,最後決定讓你給人領養。

終於把你生下來了,過程頗順利。還記得當你張 開「漂亮」的一雙眼睛,我既興奮又感動,你終 於看著我了,我永遠記得那一刻,當然還有抱着 「軟綿綿」的你合照哩!雖然相處的時間那樣短 暫,但記憶卻是永恆的。當時你不足四磅,醫生 說你要留院,看到你小小的身軀,媽媽非常擔 心,每晚為你祈禱,希望祂給你能量,快快長 大,到一個美好的領養家庭。

對不起!曉藍,媽媽會一輩子記得你這個女兒。 我不知道你會不會原諒我,但我永遠愛你。媽媽 是為了要讓你有更好的人生才決定讓你接受領 義,你要乖乖的聽領養父母的話,將來做個勇敢 而善良的女孩子啊!媽媽無論身在何處都支持 你!我愛你!

曉藍的母親

VII Tips - Dos & DON'Ts DOs

- ENCOURAGE them to talk and share.
- LISTEN patiently
- REASSURE them we all make mistakes
- REASSURE their feelings are normal
- ALLOW them to vent their anger toward others.
 REMIND them that it is a sign of deeper hurt
- ALLOW them to regret their choice –we all LEARN from mistakes

DON'Ts

- SHUT THEM OFF by changing the subject
- CONDEMN them for making bad choice
- DENY that they lost a child
- Encourage them to BLAME OTHERS or PUSH them to forgive others
- INSIST they did the "right thing" or the "best thing" at the time
- LEAVE them without encouraging them over and over again

It makes a difference ...

- The more the client feel IN CONTROL of the decision (Not feeling pressured)
- The more **SUPPORT** the client have from others.
- The more INFORMED the client is about the details of the choice and possible consequences. (Not feeling uncertainty or ambivalence)

What we really need ...



~ Thank you ~