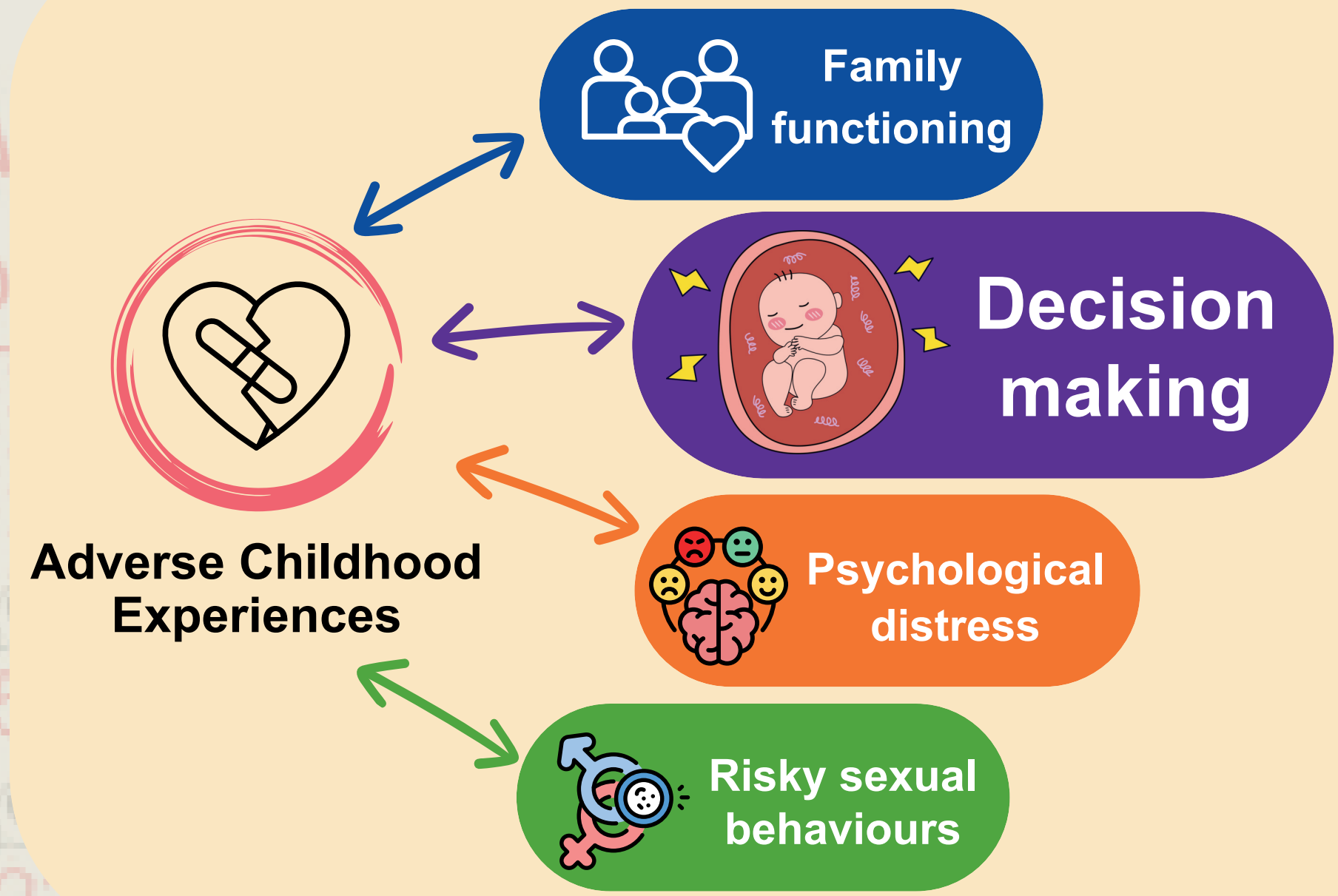


# TRAUMA-INFORMED DECISION-MAKING IN CRISIS PREGNANCY ADDRESSING THE MENTAL HEALTH NEEDS OF YOUNG WOMEN WITH ADVERSE CHILDHOOD EXPERIENCES

## INTRODUCTION



## OUR PREGNANT GIRLS SERVICES



## CONCEPTUAL FRAMEWORK

- Trauma-informed & Strengths-based Approach
- The Child and Adolescent Needs and Strengths (CANS) as the evaluation tool
- Three-choice decision making  
PARENTING; ADOPTION; TERMINATION

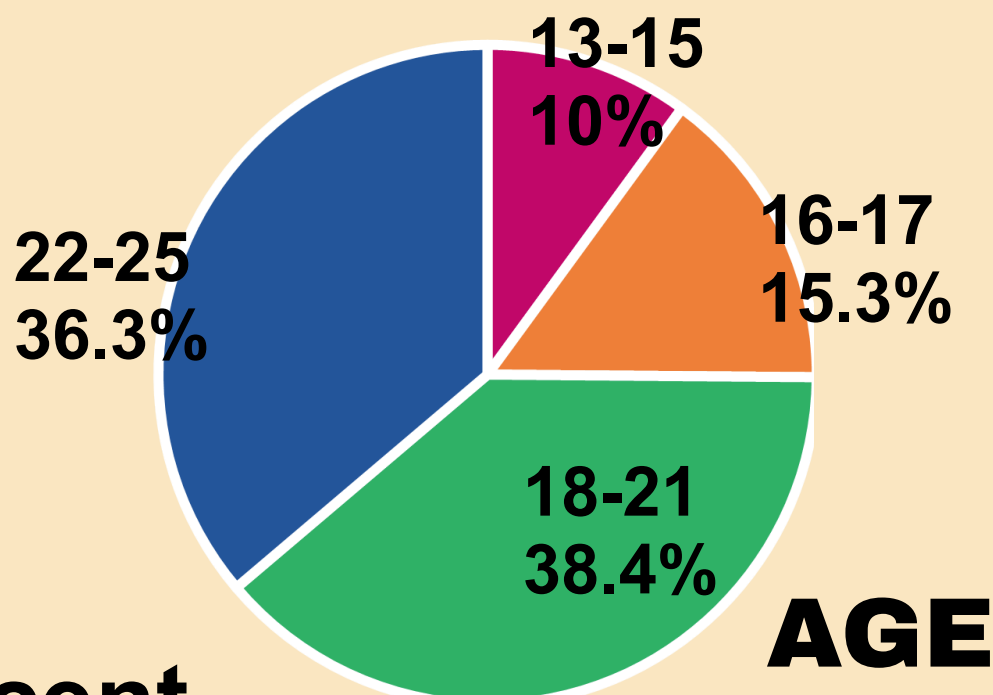


## METHODOLOGY

2021 - 2025

Girls experiencing crisis pregnancy engaged in our services

N = 267



MEASURES - Child and Adolescent Needs and Strengths (CANS)  
(HIGHER SCORE = GREATER NEED/RISK)

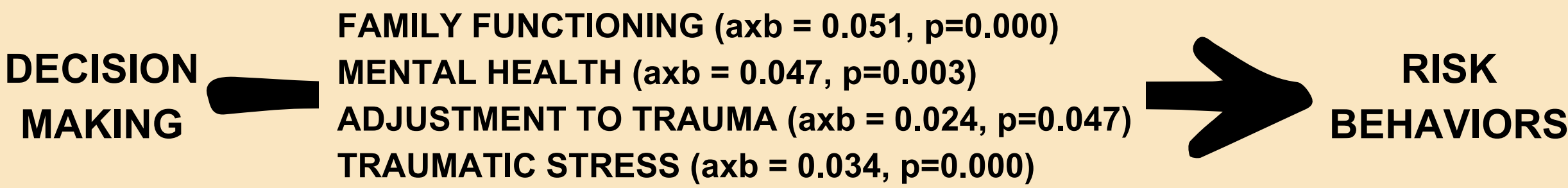
Primary outcomes: Decision-making, Risk behaviours, Sexual risk  
Core covariates: Mental health, Adjustment to trauma, Family functioning, Strengths  
Background: Age, education, occupation, district/residency

## STUDY DESIGN & DATA COLLECTION

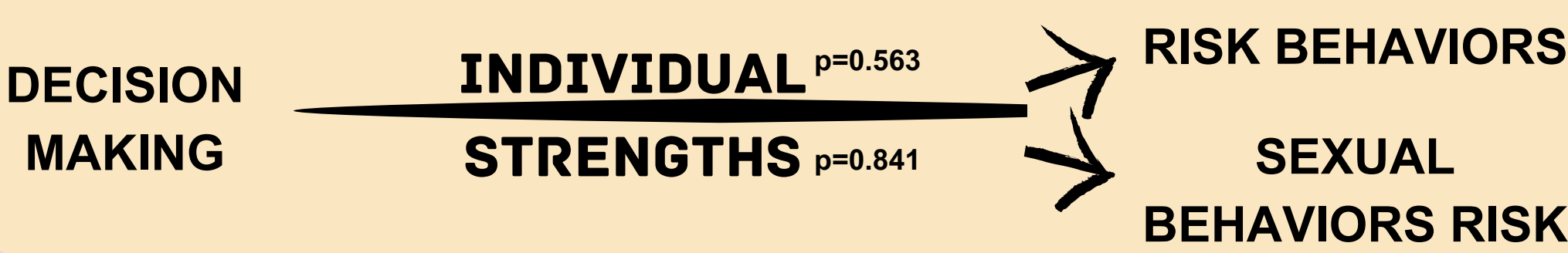
Comparative analysis between the highest need point and the end point assessment

## RESULTS & CONCLUSIONS

### INDIRECT PATH SHOWING MEDIATION EFFECTS



### MODERATION EFFECT OF INDIVIDUAL STRENGTHS

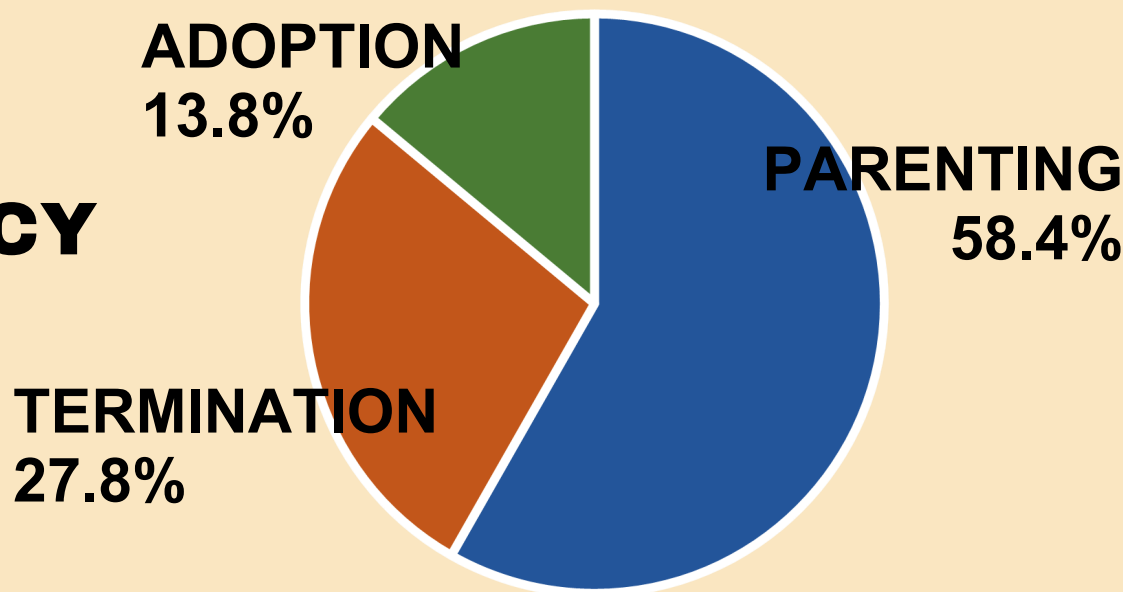


## WHAT WE FOUND

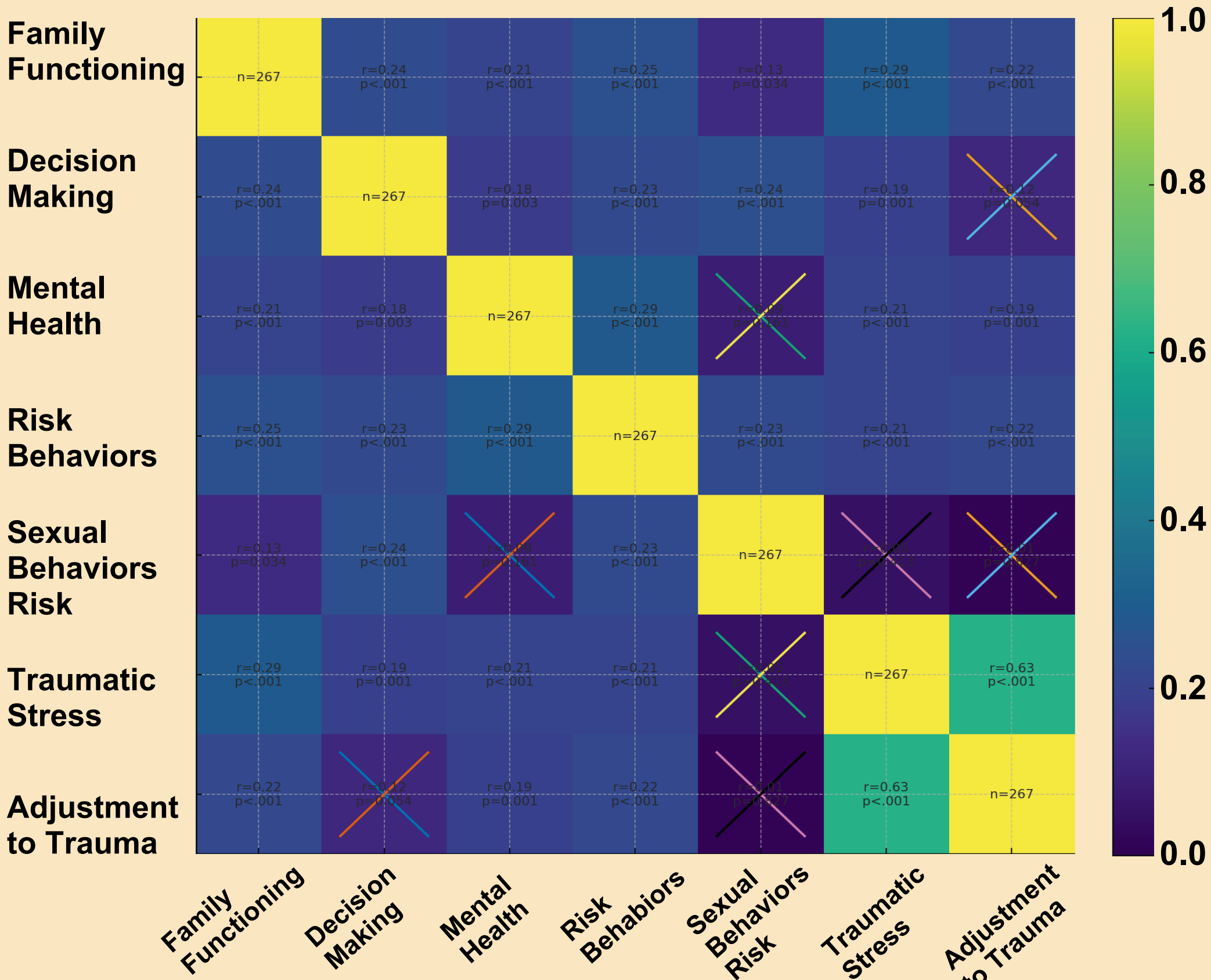
- Decision-making is central yet complex  
It tracks closely with mental health, trauma load, family functioning, and risk
- Mental health works as a mediator  
Part of trauma's impact on decision-making runs through mental health
- Individual strength-based practice has positive but limited  
It requires a systematic, strengths-based, trauma-informed approach

## RESULTS

### PREGNANCY PLAN



### SPEARMAN CORRELATIONS HEATMAP to represent the relationships between variables



### DIVERGING CHANGE CHART to represent the change on variables AFTER INTERVENTION

