



BLOG

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EXPERIENCES OF BIRTH AFTER SEXUAL ABUSE



by **Samantha Russell**

Sexual abuse is still a taboo subject. Estimates of its prevalence vary depending on what you count as abusive, but it is generally thought that between 1 in 6 and 1 in 4 girls experience sexual abuse before the age of consent. But despite this, we rarely read about the impact that might have on women experiencing pregnancy, birth and then parenthood. And it can have a huge effect on any or all of those aspects of life.

When you think about it, pregnancy and birth are the natural extension to adult sexuality. But of course, if you have a history of sexual abuse, the whole issue of sex can be fraught with difficulty. As abused children we feel overwhelmingly vulnerable as those in charge, who have power, harm us. It then leaves us with

issues of trust: mistrust of those in power, and fear of being touched in certain ways.

And I do feel afraid and vulnerable when I am pregnant. Suddenly people feel they can touch me, feel my 'bump', and comment on my body. I'm not invisible. I have to attend medical appointments and have 'routine' things done that feel invasive. I am not in control.

Because sexual abuse is always an abuse of power, survivors are often very sensitive to that dynamic. I find it difficult to not be afraid of those in charge – nurses, doctors, midwives, etc – and oddly I become submissive and quiet during any procedures, only to become angry or cry inconsolably afterwards once I'm 'safe' and alone.

And then there is birth.



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All birth experiences are deeply personal and at the same time a shared experience – how often do we hear conversations about or perhaps like to read in a magazine about other people’s births in the post-natal period? But sharing this experience isn’t at all easy. It isn’t somehow acceptable to say that birth reminded me of rape.

The NSPCC state that, ‘Nearly a quarter of young adults experienced sexual abuse during childhood’ – almost 1 in 4 of us. That’s a lot of women at your local toddler group or coffee morning, so if you are one of them, you certainly aren’t the only one. I’m certainly not the only one. It can be difficult to find the support and understanding you need, even if you realise you need it – which I didn’t the first time I had a baby. I was surprised to find out that midwives are not routinely trained to deal with women who have been sexually traumatised – either by abuse or by assault in adulthood – as if sex and birth are somehow not linked and as if it were very rare to have women who have these issues.

I had an induced labour with my daughter. My obstetrician knew that I had a history of abuse, as I had a previous baby and had experienced a full-on flashback during one of those ‘routine’ procedures that happen in pregnancy. I felt a huge amount of embarrassment and shame at my reaction (which I know now is a normal if unpleasant side-effect of post traumatic stress disorder), but he was

actually very kind and supportive. This time, for this baby, I had a birth plan. I put on the birth plan that I had a history of sexual abuse, and that they needed to tell me what they were going to do at any point to give me time to take in what was happening and to remember that I was safe. I also made it known that I could not labour lying flat on the bed, as I knew I would be triggered by that. I couldn’t talk about it, but I could write it. My husband made sure that all staff had read it.

I would love to write that it helped, that staff understood, but it didn’t.

Despite my birth plan and explanations that certain things would be very difficult for me, my labour had to be monitored continually because the baby showed distress with every contraction – it later transpired that she had the cord around her neck. It was like being tied, immobilised, unable to escape. I was told that I must labour on the bed lying down – it was ‘best for baby’. I felt I had no choice (not for the first time in my life). I had to lay down in pain. I can do pain, or at least I can cope with it standing up. I had a previous baby (also an induction) standing with nothing but gas and air. But lying down, I had flashbacks, one after another. I didn’t know I was an adult in hospital because I was re-experiencing being little and being hurt. I had internal examinations, but they stopped doing them in the end as I shook so violently and cried. I don’t remember.





Whilst my labour with my previous baby didn't trigger flashbacks, it definitely left me with difficulties in the postnatal period. I experienced high levels of depersonalisation and derealisation – where I felt unreal and disconnected from everything and experienced high levels of anxiety that greatly disturbed my experience with my new baby.

So, what would make it better for women in the 21st century to give birth after trauma? Well, I would advocate that if you possibly can, you should tell your caregivers – your main midwife and GP. This can feel impossibly difficult, but our silence hides the problem. It also may lead to you being able to access help, enabling you to begin to come to terms with your experiences.

In addition, wouldn't it be good to lobby for better training for all medical staff, so that there is a higher level of understanding of the issues? For example a woman needs to be in control of physical examinations – if she says 'stop' it means STOP NOW! All women need to feel safe emotionally and physically – but even more so those who have experiences of this nature.

Above all I want to say, if you have had difficult experiences in pregnancy, labour and in parenting as a result of sexual abuse in your past – it is not your fault and you are not alone. And I hope this article begins to help you know that. •

