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SEXUAL ABUSE...REMEMBERING IN CHILDBIRTH

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I am a qualified midwife. During my training I noticed that some women displayed certain characteristics and signs in labour that led to a suspicion that they may have suffered sexual traumas in the past. Discussions with other midwives indicated that they too had similar experiences when caring for women. After undertaking a literature review, I found rich anecdotal evidence that women's labour experiences could bring back memories of past sexual abuse. It is an important issue for counsellors to consider as they may well have women clients who have had traumatic birth experiences and who may also be survivors of sexual abuse and rape. Studies have shown that childbirth can be a trigger for repressed memories of child sexual abuse and many women come into therapy frightened by flashbacks. Links have been made between previous sexual abuse and the development of post traumatic stress disorder (PTSD) after childbirth. This could be due to issues such as loss of control and powerlessness that labour and childbirth can sometimes bring triggering reminders from the past. I hope to offer an insight into how this can affect a woman giving birth from a midwifery perspective.

REMEMBERING IN LABOUR

In midwifery we often care for women who have difficulty in having internal vaginal examinations. I recently cared for a woman, who was so distressed during an internal examination that she appeared to regress back to being a little girl. She was offered an epidural (a local anaesthetic numbing all feelings from the waist downwards). When the time came for her to give birth she regressed again despite the epidural and was so distraught that she ended up having to have a caesarean section. Other women may show complete loss of control and panic in labour, hypervigilance or labour silently as if retreating into themselves. In studies women survivors use vivid language to describe their birth experiences:"Powerlessness"; "treated like a lump of meat"; "Sexually abused all over again"; Violated"; "Invaded"; Assaulted"; "Humiliated". (Kitzinger, 1992 and Menage, 1993). This graphic language seems to be better used depicting the act of rape rather than having a baby. It has been shown that women who have been abused or raped may re-enact the experience in labour and childbirth. A connection has been made between obstetric and gynaecological procedures and post traumatic stress disorder (PTSD). In a powerful book talking of rape and discovery Weaver-Francisco (1999) explains that she did not realise how much her body was in control and describes recognising body memory during labour. She talks of feeling trapped and terrified with a sense of "visceral panic" as she recognised body memories during her labour. According to Adams and Fay (1999) many women come into therapy frightened by flashbacks in birth and labour.

So how can midwives, counsellors and health professionals influence these women's experiences?

When a woman in labour appears to be very distressed and exhibits signs that she may have some issues of the past arising the midwife can try and keep her grounded in the here and now: "You are ok"; "The pain is normal", and "you are having a baby". However, this is not a time to bring up the abuse. We can try and make childbirth a positive experience for these women, empowering them but the counsellor is the one with the specialist skills in working through these feelings. In studies it has been shown that a compassionate, sensitive and caring midwife who is there for the woman survivor is not enough to halt these re-enactments. Suggestions have been made that tools for coping should be learnt before the first contraction even starts. However, many women may not know that they have been abused until they start to piece together the flashbacks after birth.

BEFORE LABOUR

When counsellors are working with pregnant clients who are survivors of abuse it may be appropriate to help equip these women with some coping skills to deal with these examinations and the possibilities of flashbacks in labour. Weaver-Francisco (1999) suggests that if she had been prepared for the frightening associations that impeded her labour she may have been able to have a normal delivery. Perhaps a support group consisting of a midwife, counsellor and survivor(s) of sexual abuse may be one way to help these women have a more positive birth experience. This could deal primarily with practical issues but cover topics such as flashbacks, dissociation and coping with pain and fear. This may be a useful way in preparing, thus empowering the woman survivor. Writing a birth plan may be a way for a woman to gain control and let those who will be caring for her know her wishes. In this plan she could, if she wished, state that she was a survivor of sexual abuse and how she would like to be cared for in regard to this.
It has been a suggestion that midwives screen pregnant women for a history of past sexual abuse in order to enable the appropriate care, treatment and information to be given. However, we would need the right sort of training to deal with disclosures as well as back up from counsellors to refer on to.

WORKING TOGETHER

If counsellors have knowledge on the effect of abuse on birth and midwives have the proper training to be able to validate the woman's experience then we might be able to start making a difference to women. This could make a difference in their relationship with their partner and help with the adaptation to motherhood. As midwives we attempt to debrief women who may have had traumatic birth experiences and may give her reasons as to why, for example a forceps delivery was necessary. However we do not have the appropriate training to counsel women who may have had flashbacks in labour and may inadvertently negate the woman's experience. It would be invaluable to be able to refer women to specialist counsellors. If midwives and counsellors could work together and draw on each other's skills maybe we could help women survivors have a more positive birth experience.

REFERENCES

Adams.C and Fay.J (1989) Free of the Shadows – Recovering from Sexual Violence. New Harbinger publications inc.

Kitzinger.J.V (1992) Counteracting, not Re-enacting, The Violation of Women's bodies: The challenge for Perinatal Caregivers.Birth .**19**(4).
Harper Collins.