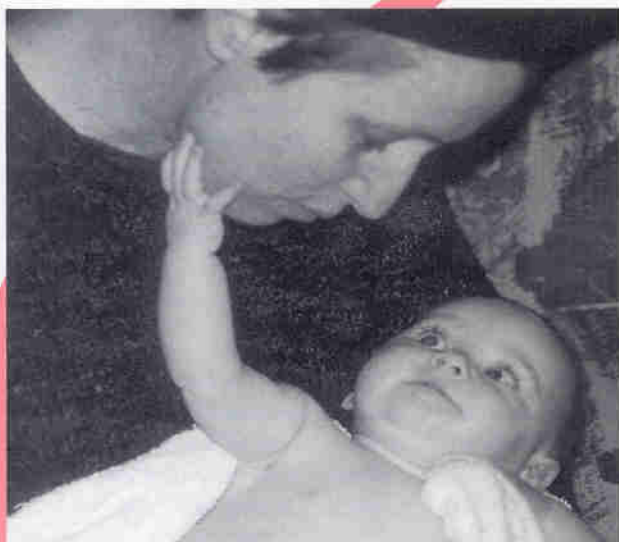


'I didn't understand the feelings,  
let alone tell anyone'

# Pregnancy to Parenting



**A supportive guide for survivors  
of child sexual abuse**

Produced by the  
*Domestic Violence & Incest Resource Centre*  
and the *Northern Centre Against Sexual Assault*

*Becoming a parent brings joys and difficulties. Women who have survived child sexual abuse may have added difficulties with pregnancy, childbirth and early parenting. While this pamphlet is mostly relevant to female survivors of child sexual abuse, male survivors may also have concerns, particularly around early parenting. Of course, every situation is different. You may find that some of the issues discussed relate to you, while others do not.*

## What is child sexual abuse?

Child sexual abuse is common. It is any sexual activity in which an older person uses their power and authority over a child or young person for their own sexual gratification. The offender may be a family member, a trusted adult or a stranger. Child sexual abuse is a crime and a child or young person is **never** to blame.

You may not call what happened to you 'sexual abuse' and you may have never told anyone. Coming to terms with being abused as a child or young person is different for every survivor. Learning to cope and recover can depend on many factors, such as how the abuse was dealt with at the time, the support of family and friends, your own personal inner resources, and other life events.

## Connecting to the past

Pregnancy is a life-changing event that involves an intense focus on the body. It is common and not surprising that many survivors of child sexual abuse experience particular difficulties. You may find that during your pregnancy feelings from your past resurface. You may feel that you are not coping. These feelings are normal and it is reasonable that you may have anxieties at this time.

*I never made the connection between my experiences and the present until I was pregnant with my third child, a girl. I would like to have made some sense of it. Instead I couldn't figure out what was wrong with me. I felt crazy, neurotic and scared.'*

## Renewed hope

Many women who have experienced child sexual abuse have found pregnancy and parenting to be a turning point in their healing. Pregnancy may give you an opportunity to relate to your body in a new way. *'What a thrill to produce a precious new life out of my body. This body of mine could be of good use.'*

Your body is creating a new life and is therefore powerful, creative and competent. This may be contrary to what you have learnt about your body through your past experiences.

## Potential difficulties

Feelings of fear and lack of control are common to many women's experiences of pregnancy and childbirth, whether or not they have experienced child sexual abuse. You may find that some situations remind you of your childhood trauma, and emphasise negative feelings about your body. You may feel particularly anxious about medical examinations and concerned to have control in these situations. Some women have felt that childbirth was *'a reminder of being sexually abused'*.

*'At that stage I had not disclosed to anyone much about my history and pain. A female doctor did not even help ease the triggers. If only I had been able to tell them.'*

The medical procedures and events of this time may

- contribute to you feeling invaded and powerless and connect to feelings of humiliation and lack of control you suffered as a child.
- lead to flashbacks, nightmares, mood swings or feeling disconnected from your body.

You may or may not have conscious memories of the abuse and in some cases pregnancy and childbirth might trigger these memories. It can happen that a first pregnancy is relatively easy, while a second pregnancy may trigger memories and feelings related to the abuse.

Coping with the pain of childbirth may be difficult for you. Some women have found that thinking of the pain as 'positive pain' (pain with a positive purpose) has helped to reduce their anxiety about the pain during labour and childbirth.

## Things that may help

- Take a support person with you to examinations.
- Take someone who will help 'speak up' for your wishes.
- Talk to a friend or counsellor about how you are feeling.
- Make a list of questions to ask your health worker.
- Many of the procedures at this time can be invasive. Ask to have procedures and options fully explained beforehand.
- If you experience a flashback or are feeling panicky, it may help to look around at where you are now, talk to someone, and remind yourself that you are an adult now.

- If you don't feel comfortable or you don't feel the care is adequate, trust your feelings and, if you can, speak up about your needs.
- Remember that you have the right to refuse treatment and/or the service of a particular health practitioner at any time.
- You can request that extra staff who may be present (such as medical students) leave the room.

*'If there was one thing that could have helped me then, it would have been to know the abuse was not my fault. I think this was my biggest barrier to recovery.'*

## Finding support

*'Having the right support system has helped me the most, otherwise I would not have been able to cope alone.'*

Talking with someone you trust can help you to be aware of your feelings at this time. You may want to see a counsellor to discuss what you are feeling and to find out what services are available to you (such as breast feeding assistance, support groups, written material etc). Reading, asking questions and finding out what to expect during your pregnancy and childbirth can all help towards feeling prepared and having a sense of control in the situation.

There are many different options for care at this time. It is worth enquiring about what is available and thinking about what type of setting and support you need. Some examples include: birth in a birth centre, private midwifery care, birth at home, standard hospital care, shared care with a GP and the hospital, and so on. You can get more information by contacting your local maternal and child health nurse, women's health centre or antenatal services.

## Health professionals

*'An infant welfare sister with her quiet, gentle advice and encouragement was my lifesaver.'*

The health workers you come in contact with can play a major role in how you experience pregnancy, childbirth and early parenting. Your midwife, nurse or doctor should be willing to

- listen to you and respect your feelings
- respect your confidentiality
- explain procedures in a way you can understand
- offer you choices
- try to be flexible about how they perform procedures
- ask you how you are coping emotionally, not just physically
- show understanding should you tell them about the abuse
- be able to refer you to support services.

Because of the abuse you suffered you may find it very hard to speak up about your needs. If you do tell your health worker about your childhood abuse, you may also need to let them know what you see as your needs. If you find the health worker to be disrespectful or unhelpful you can ask to see another worker.

*The health workers I came into contact with were mostly concerned with the physical, not the emotional. One doctor listened but all he did was put me on valium.'*

## Medical interventions

Medical examinations are a big part of pregnancy and giving birth. Some procedures (such as pap smears and internal examinations) are to help prevent possible health problems, while others are used when there are urgent health concerns (such as the need for a Caesarean). Many medical procedures feel invasive. Cervical smears, internal examinations, the use of stirrups, the procedures involved with an abortion or a visit to the dentist can be particularly difficult. Generally the anxiety around such procedures can be lessened with the help of a sensitive health practitioner, as well as by knowing exactly what to expect with the procedure, and having choices in your treatment (ie: a less invasive procedure, having a support person with you, having a female practitioner etc). You have the right to refuse any type of medical procedure, at any time. If you refuse a procedure you may be asked to sign a document to say that you were offered but refused a particular course of treatment.

## Breast feeding

Some mothers face obstacles with breast feeding, such as conflicting advice or lack of support from health professionals. There may be added difficulties for women who have survived abuse. If you have good support and feel comfortable to breast feed, the experience can bring a sense of pride and a new enjoyment in close physical contact with another human being.

*'Breast feeding was a good bonding experience for me, although at first I felt uncomfortable.'*

You may find that breast feeding provokes anxiety for you, making you feel exposed and unsafe. This is understandable. You may fear sexual arousal and the sensuality of breast feeding, as it may remind you of the abuse.

*I tried to breast feed. I lost my appetite and couldn't produce enough milk. Today I have a greater understanding of what that experience was all about.'*

You do not have to breast feed. It is important to remember this. While it may be preferable to breast feed for a number of reasons, you are not denying your baby a happy and healthy infancy by not breast feeding. Forcing yourself to breast feed is likely to make you and your baby feel tense and uncomfortable.

*I felt that I had let my baby down because I couldn't breast feed her very long, despite the fact everyone was telling me I should because breast feeding is so important. More guilt!*

It is a common experience for women to feel inadequate at this time. A health worker can encourage and support the feeding of your baby (see the services listed at the back of this pamphlet).

## Post natal depression

Some 80 per cent of women experience 'baby blues', which occur between the third and tenth day after birth. The 'blues' are transient, and pass with understanding and support within a few days. Post natal depression affects 10 to 15 per cent of mothers. It can occur straight after the baby is born or months later. It can start very suddenly or slowly take hold. Both first-time mothers and those with other children can be affected. Post natal depression can include

- feeling depressed and tearful
- feeling anxious, worried, irritable and frustrated
- being exhausted both physically and emotionally
- feeling unable to cope
- feeling guilty at not behaving 'like a proper mother'
- experiencing disturbed sleeping or eating patterns
- having difficulty concentrating on even the most simple task
- feeling full of nervous energy
- experiencing a loss of interest in sex
- having suicidal thoughts.

If the feelings on this list describe how you are feeling, it is important to get help. Post natal depression does not last and it can be properly treated (see the number listed on the back of this pamphlet).

## Early parenting

For many survivors of child sexual abuse, raising a child and creating a family has a special significance. You are probably acutely aware of the preciousness of childhood. Despite the difficulties survivors may face at this time, raising your child can also be 'good therapy'. You have the ability to give love and affection to your child and to be a central contributor to a loving childhood. *Today my daughter is 17 years old. She is a wonderful daughter. Her childhood was filled with love and caring.*