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Commentary: When Sexual Violence Survivors Give Birth, Here's What You Should Know

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Guest Contributor

It shouldn't have been a surprise that childbirth would leave me traumatized.

In retrospect, it seems obvious that when a survivor of sexual violence feels pain in her vagina caused by a strange being inside of her, the experience might trigger memories of an earlier trauma. But what wasn't so obvious were the many ways that the childbirth and medical professionals didn't prepare me for these unexpected and painful emotions related to giving birth.

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Sarah Beaulieu (Courtesy of the author)

With 20 years of therapy under my belt, I consider myself to be a fairly confident survivor with many tools in my resilience box. None of these tools prepared me for what happened during the birth of my son. After 12 hours of relatively peaceful labor in the hands of midwives, I dozed off, preparing for a long night. I woke up with at least two sets of hands inside of me, alarms ringing and a sense of panic in the room. My son's heart rate had dropped dangerously low, and I needed an immediate C-section.

This experience — traumatic for even the healthiest woman — wrecked me, surfacing old post-traumatic stress disorder symptoms and pulling me into depression and anxiety. With the help of a hospital social worker, I emerged from my emotional dark place a few months later, and immersed myself in learning more about birthing as a sexual assault survivor. My experience was scary, but it couldn't be that uncommon, I thought. After all, [1 out of 4 women share a sexual abuse history](#) like mine, and [U.S. women gave birth to nearly 4 million babies last year](#).

My research led me to [Penny Simkin](#) and [Phyllis Klaus](#), two legendary birth educators who compiled much of the existing research into a single manual, "[When Survivors Give Birth](#)."

I learned that, in fact, there were approaches to childbirth that were especially helpful to survivors of sexual violence. Not only that, but it was fairly common for pregnancy and birth to re-trigger memories and emotions related to past sexual violence. Yet despite this, the topic of sexual violence wasn't typically covered by my midwifery practice, recommended childbirth literature or my natural childbirth class.

First and foremost, health care providers can adopt a trauma-informed approach to care for laboring mothers. Knowing that 25 percent of patients in labor and delivery will have a history of sexual violence, there is a benefit for all staff to be educated about sexual violence and its impact on birth. There are medical reasons too: Childhood trauma, including child sexual abuse, is [a documented risk factor](#) of postpartum depression and anxiety, which impacts 10 to 15 percent of new mothers — and their babies and families — each year.

Knowledge starts with screening for a history of sexual violence on standard intake forms and first visits. It also means creating a health care environment where

survivors feel comfortable disclosing such histories. In my midwife's office, there were pamphlets for every possible pregnancy complication, from gestational diabetes to heartburn to exercise during pregnancy. So, why not a pamphlet on giving birth as an abuse survivor?

[Cat Fribley](#), an Iowa-based sexual assault advocate and doula whose practice focuses specifically on sexual violence survivors, describes trauma-informed care as “supporting the whole person with collaboration, choice and control, cultural relevance, empowerment and safety -- both physical and emotional. This requires making certain adjustments to the way they work with survivors, acknowledging both the challenges that arise from sexual trauma, as well as unique coping skills -- such as dissociation -- that may help the survivor through the process of childbirth.”

Here's an example: At one birth Fribley attended, "the birthing mother became visibly upset when new and unknown staff would enter the room while she was laboring. A simple sign on the door asking people to knock and announce themselves before entering helped make the birthing mom feel more in control of her environment - and the exposure of her body."

These adjustments can appear minor, but have a lasting impact on survivors. I experienced this myself: In the midst of the chaos of my first birth, the surgeon took 15 seconds to stop, look me in the eye, and explain what was happening. She let me give consent -- real consent -- to the C-section. Those 15 seconds stuck with me as a single moment of empowerment in an otherwise powerless situation.

Fribley shared another story about a client that illustrates how this plays out. “The survivor wanted her provider be supportive during her labor and delivery, but elaborated that it would be painful for her to hear phrases such as 'you're doing a good job, honey' or 'just relax' because of the way that her perpetrator had talked to her when she was sexually abused. A conversation with her OB/GYN helped set the stage for a more empowering birth process when the provider listened, noted, and asked about what encouragement she would prefer.”

Health care providers, birthing partners and birth educators can help survivors explore possible triggers or concerns that may arise during labor and delivery. These vary from person to person, and are often connected to the type of trauma that took place. For some women, there may be concerns about nudity, secretions or being touched by strangers. Others might be afraid of pain, strong emotions or even the sounds they might hear on the floor. By fully discussing these concerns, the survivor and birth team can come up with solutions that will work within the particular hospital or delivery setting.

At my second birth, for instance, I asked for an IV when I was admitted — a small act of control that meant I wouldn't have anyone unexpectedly poking me with needles if something went wrong.

Health care providers can empower survivors, or re-traumatize them. Let's give new moms and birth professionals the tools they need to make childbirth a positive, rewarding experience, rather than a trigger for very bad memories.

Sarah Beaulieu is founder of [The Enliven Project](#), a board member of the Boston Area Rape Crisis Center and a strategic adviser to national nonprofit organizations. She is working on a practical guide for men to comfortably advocate against sexual violence. You can find her on Twitter at [@sarahbeaulieu](#).

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