Produced by
The Centre Against Sexual Assault (CASA) House

Acknowledgements
The idea for this booklet, format and some of the content is based on a booklet originally produced by Women’s Health Statewide, South Australia and one produced by DVIRC and Northern CASA. Many of the quotes throughout this book come from a study by Women’s Health Statewide, For the First Time Someone Wants to Hear.

CASA House and Women’s Social Support Service at the Royal Women’s Hospital (the Women’s) developed the booklet with editing support from Women’s Consumer Health Information at the Women’s.

Dr Jan Coles, Monash University Department of General Practice, who provided us with the wisdom developed from her PhD research, Breastfeeding and maternal touch after childhood sexual assault.

Victim/survivors who provided us with their invaluable feedback about the booklet.

© The Royal Women’s Hospital (September 2008)

The Royal Women’s Hospital does not accept any liability to any person for the information or advice (or use of such information or advice), which is provided in this booklet or incorporated into it by reference. We provide this information on the understanding that all persons accessing it take responsibility for assessing its relevance and accuracy. Women are encouraged to discuss their health needs or their baby’s health needs with a health worker. If you have concerns about your health or your baby’s health, you should seek advice from your health worker or if you require urgent care you should go to the nearest Emergency Department.

Tell us what you think
We welcome and value your feedback. If you have any comments you would like to make about this information please email rwh.publications@thewomens.org.au or contact Women’s Consumer Health Information on 8345 3040, or you can contact CASA House directly on 9635 3610.
Pregnancy to parenting
This is a guide to support victim/survivors of child sexual assault through the journey of pregnancy, birth and parenting.
This booklet is for women who are victim/survivors of child sexual assault who are also:
• considering pregnancy
• pregnant
• parents.

The booklet aims to:
• support you through issues that may arise during your parenting, birth and in early pregnancy
• help you navigate the health system
• support you with decisions about your care and your baby’s care.

Explaining child sexual assault
Child sexual assault is common. One in three women and one in six men are victim/survivors of child sexual assault. Child sexual assault is any sexual activity in which an older person uses their power and authority over a child or a young person for their own gratification. The offender may be a family member, a trusted friend or a stranger. Child sexual assault is a crime. The child or young person is never to blame.

The impacts of a sexual assault are different for every victim/survivor. Each person will have their own way of managing new situations or challenges. You may need extra support through situations like pregnancy, childbirth and parenting.

The words we use are:
• sexual assault rather than sexual abuse. This is because we want it understood that the child has been assaulted and that the child has had a crime committed against them
• child sexual assault which occurs when a person uses their authority to force a child to participate in sexual activities that are for an adult’s gratification. In Victoria, a child is anyone aged 18 and under
• victim/survivor because this it is the most accurate way that we have found to describe how people feel after they have been assaulted.
Sexual assault and the health care system

In the past few years the health care system has become more knowledgeable about the importance of responding sensitively to women who have experienced sexual assault. The Women’s is committed to providing women who have experienced sexual assault with high quality services. CASA House is a service of the Women’s and provides services to victim/survivors of sexual assault as well as working with health professionals. Our staff are constantly learning and only continue to improve with women’s feedback. If you would like to provide us with feedback about your care, you can contact us by calling the Consumer Advocate, your health worker or CASA House.

Some women who have experienced child sexual assault will find that pregnancy and parenting are turning points in their healing. Pregnancy and breastfeeding may give you an opportunity to relate to your body in a different way:

*What a thrill to produce a new life out of my body. This body of mine could be of good use.*
(victim/survivor)

*Breastfeeding gave my breasts a positive story.*
(victim/survivor)

It is common, and not surprising, that many survivors of child sexual assault have particular concerns around this time. You may find that during pregnancy, and later as a parent, feelings from your past resurface. You may feel that you are not coping. These feelings are normal, as are a range of emotions at this time.

Here are some things women have said:

*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 make some sense of it. Instead I couldn’t figure out what was wrong with me. I felt crazy, neurotic and scared.*
(victim/survivor)

*Having a baby proved how innocent and beautiful a baby was … I was like that once … That’s hard.*
(victim/survivor)
Becoming a parent can be a joyful and a happy time. But it is important to know that for a variety of reasons, many people will find parenting particularly challenging and confusing.

During pregnancy all women are vulnerable to:
- feeling out of control
- poor body image
- emotional swings
- feeling a lack of support from loved ones
- a lack of confidence
- fear.

All new parents are susceptible to:
- emotional ups and downs
- low confidence
- feeling out of control
- exhaustion
- feeling like the baby is running your life
- bouts of sadness or depression.

Victim/survivors of sexual assault report a range of responses to pregnancy, birth and early parenting. Some women describe it as:
- a turning point in their healing
- an opportunity to relate to their body in a different way
- feelings of fear or a lack of control
- being reminded of the sexual assault
- feeling incapable of looking after a baby.

Feelings of fear and lack of control are common for women during pregnancy, at birth and when they take their new baby home, whether or not they have experiences of child sexual assault. As a victim/survivor of sexual assault, your feelings about pregnancy can be impacted upon by your experience/s.

**A trigger**

For some women pregnancy, childbirth and mothering can trigger memories that they may or may not have been conscious of before. Sometimes memories are triggered in later pregnancies, and not the first one.

Medical examinations and procedures can be triggers to past feelings and memories. It can be a time in which you feel invaded and powerless; feelings that may be connected to the humiliation or the lack of control that you felt in the past. You may experience flashbacks, nightmares and mood swings and at times you may feel disconnected from your body.

**A reminder**

You may find some situations remind you of your childhood trauma, and may emphasise negative feelings about yourself and your body. You might feel anxious about medical examinations for you and your baby. You may also be concerned about having control in these situations.
Health workers

Health workers, including doctors, midwives and counsellor/advocates can play a major supportive role during and after your pregnancy. Women describe supportive health workers as those who:

- listen and respect your feelings
- respect confidentiality
- explain procedures clearly and why they are necessary
- offer choices
- make a shared birth plan with you
- are flexible in the way they do procedures
- ask you how you are coping emotionally as well as physically
- believe and understand when you tell them about your experience of sexual assault
- offer you access to other support services.

A maternal and child health nurse with her quiet, gentle advice and encouragement was my lifesaver. (victim/survivor)

Some women have said that health workers can adopt an attitude, which reminds women of their experience with the perpetrator of their abuse, these attitudes include:

- not listening to your concerns
- superiority or aloofness
- use of medical language without explanation
- not providing you with alternatives to physical examination.

If this is your experience, you can discuss your concerns with a health worker you trust.

… their professional attitude during vaginal examination I took as aloofness; their professional attitude during vaginal exams in particular I took as direct proof of their perpetrator status … (victim/survivor)

I guess it makes me feel angry because people are using their profession as a way of putting you down and making themselves feel better … I think that professionals get the same kick out of power over others as abusers do. Abuse only occurs because someone feels they have power and they can dominate another person. (victim/survivor)
Some things you may find helpful:

- take a support person with you to examinations and appointments. If you prefer, you can ask your support person to speak on your behalf and make sure you get your needs met
- provide your health worker with the booklet Child Sexual Assault – Victim/Survivor Information for Health Workers
- let your support person know that they can contact your nearest CASA to get information about how to support you
- make a birth plan and keep a copy with you (see section on Preparing a birth plan in this booklet)
- make a list of questions to ask your health worker
- ask for information in writing and in your first language
- request an interpreter, if you need one
- ask for information about your rights when using the health service
- talk to a support person such as a friend or counsellor
- choose pregnancy care that you are comfortable with.

Choosing your pregnancy care

There are a number of ways that you can be cared for during your pregnancy. Some options are more expensive than others such as home births or private midwives. Some rely on you having private health insurance. But even in the public system you have a number of options such as shared care with your local doctor or birth centre care or care at a local community health centre. It is worth investigating all the care options available to you and thinking about which of these options you feel most comfortable with.
The experience of giving birth is enormous. Women talk about feeling disconnected from their bodies or having to ‘give their bodies over’ to the experience. As a victim/survivor of sexual assault this is extremely difficult. It is not surprising that some women say that their experience of giving birth was ‘a reminder of the sexual abuse’. Women also talk about flashbacks, or feeling like they are out of control.

There are techniques, including those described below, to help prepare you for the experience of birth. Preparation during pregnancy with your health worker or counsellor can make an enormous difference.

**Coping with pain and examinations**

Coping with the pain of childbirth can be difficult for all women. Some women find that if they think of the pain as having a positive purpose it helps to reduce their anxiety during labour and childbirth. Other women say that dissociating from the pain or ‘zoning out’ helped them during pregnancy and labour.

Examinations and childbirth can trigger flashbacks and these are normal responses for victim/survivors of sexual assault. Flashbacks are thoughts and images that may make you feel like you are re-living aspects of the assault and can be very distressing.

**An exercise to manage flashbacks**

The following exercise can be used to help you manage flashbacks. Flashbacks can be unexpected and intrusive but women have found that the following exercise can be a useful tool when they are experiencing them.

Say the following sentences aloud while filling in the blanks, you may choose only one of the sentences or all of them and you can repeat it as many times as you need to:

- Right now I am feeling (current emotion)

- And I am sensing in my body (try to name at least three bodily sensations)

- Because I am remembering (name trauma – title only no details)

- At the same time, I am looking around where I am now in (current year/date)
Here (place where you are)

And I can see (describe some of the things that you see in this place)

And so I know (name trauma – title only) is not happening now/anymore.

Hopefully your experience of birth will be positive but you may have questions relating to the birth that you still need to talk about. For example:

- some women describe their experience of birth as traumatic and wonder about the possible link with their experiences of child sexual assault
- some women find that they were silenced by health professionals, their concerns trivialised and feel unable to talk about the difficulties they faced during labour because of pressure to have a ‘good’ birth.

If you have questions or you feel unsettled about your birth experience you can speak to a person you trust, for example you can ask to speak to a midwife present during the birth.

Some things you may find helpful:

- provide a copy of your birth plan to health workers, if they do not already have it
- talk to a support person such as a friend or counsellor
- have a support person present during the birth and if you prefer, discuss your needs with them so that they can speak up for you if you need them to
- if you experience a flashback or feel panicky, it may help to look at and take in your current environment, that is where you are right now, and go through the managing flashbacks exercise

It may be useful to discuss the exercise with a health worker and/or support person you trust, as they can assist you during a flashback by asking you one or more of the following statements in the form of a question.
• ask to have procedures and examinations, including alternative options, fully explained beforehand
• bring personal items to the hospital that assist you to feel safe in the labour ward and/or the postnatal ward.

**Breastfeeding**

Breastfeeding is generally a very positive experience for both mother and baby; however, some mothers are challenged by breastfeeding, and this can be made more confusing by conflicting advice and lack of support. As a victim/survivor of sexual assault you may feel uncomfortable about the idea of breastfeeding.

Some women believe that the experience of breastfeeding brought a sense of satisfaction as well as a new way to enjoy close physical contact with another human being. Some survivors find breastfeeding allows them to experience their body in new, positive ways.

*Breastfeeding was a good bonding experience for me, although at first I felt uncomfortable.* (victim/survivor)

There may be aspects of breastfeeding that you find difficult, for example breastfeeding in front of others may be especially difficult, particularly if you feel you cannot control those who may watch you feed. Some women will feel that the sensation of breastfeeding will remind them of the sexual assault.

*I tried to breastfeed. I lost my appetite and couldn’t produce enough milk. Today I have a greater understanding of what the experience was all about.* (victim/survivor)

When you’re making the decision about how to choose to feed your baby, it is important you feel comfortable with this decision and that people around you respect and support you.

**Some things you may find helpful:**

• refer health workers to your birth plan
• contact the Breastfeeding Education and Support Service (BESS) for information and support (see contact details at the end of this booklet)
• discuss your decision and/or concerns with a support person and/or your health worker, for example your Maternal Child Health Nurse.

**Baby touch**

Part of early parenting involves close physical contact and intimate touch with your baby. Some survivors find they feel uncomfortable touching their baby; bathing and nappy changes are two examples. Some women report distress and experience flashbacks. It can be difficult knowing where to clean and touch a baby and you may find that a baby of one particular sex is more difficult for you than the other.
I only have boys. When my son gets an erection I find myself thinking ‘What will I do?’ I obviously can’t touch it, but you think … ‘How do I get the nappy on? Do I look at it? What am I meant to do?’ (victim/survivor)

I wasn’t cleaning my daughter as I should have been. I don’t think that it was because I was consciously stopping myself. I just did what I felt I should do. It wasn’t until I was shown later that I realised that I was stopping myself. I didn’t want to clean like that, it wouldn’t be right. (victim/survivor)

Some things you may find helpful:
- let your support person know that they can contact your nearest CASA to get information about how to support you
- talk to a support person such as a friend or counsellor about how you feel
- ask your health worker to show you how to change nappies and bath baby.

Antenatal and postnatal depression

Ten to fifteen percent of women experience antenatal depression during pregnancy. Some eighty percent of women experience ‘baby blues’ which occurs between the third and tenth day after birth. The ‘blues’ are transient and pass with understanding and support within a few days. Postnatal depression also affects around ten to fifteen percent of mothers. It can occur straight after the baby is born or months later. It can start suddenly or slowly.

Both first time mothers and those with other children can be affected. Antenatal and postnatal depression can include:
- feeling sad and tearful
- feeling anxious, worried, irritable and frustrated
- being physically and emotionally exhausted
- feeling unable to cope
- feeling guilty about not behaving like a ‘proper’ mother
- having difficulty concentrating on a simple task
- feeling full of nervous energy
- experiencing a loss of interest in things previously enjoyed
- having suicidal thoughts.
Some of these symptoms can also occur in response to child sexual assault and being a new mother. It is important you get support and help. Antenatal, postnatal depression and postnatal stress and anxiety are well recognised by health professionals and may be treated in a range of ways.

**Some things you may find helpful:**
- talk to a health worker you trust such as a general practitioner and/or another health worker (see list of services at the end of this booklet)
- access information from the following websites:
  - [www.beyondblue.org.au](http://www.beyondblue.org.au)
  - [www.panda.org.au](http://www.panda.org.au)

**Early parenting**
For many survivors of child sexual assault, raising a child and creating a new family has a special significance. You may be acutely aware of the preciousness of childhood and not surprisingly, be very protective of your children. Despite the challenges and difficulties, raising your child can be a good experience. You have the ability to give love and affection to your child and to be a central contributor to a loving childhood.

Medical examinations by health professionals are a big part of pregnancy, giving birth and after birth. Some procedures such as Pap smears and internal examinations in pregnancy to check for possible health problems may be important during pregnancy.

Sometimes due to urgent health concerns for you or your baby, instruments such as forceps may be used or a Caesarean section may be necessary. Some examinations may be repeated after birth. Your baby may also need to be examined after birth. Medical procedures, examinations and the touch of a health professional can feel invasive.

General anxiety around such procedures can be lessened with the help of a sensitive health practitioner and by knowing exactly what to expect, and having your choices explained. Find out about your choices, for example:
- a less invasive procedure may be possible, such as an external instead of an internal ultrasound
- having a support person with you
- having the procedure done by the same person each time or by a female practitioner.

As an adult you have the right to refuse any type of procedure or examination, at any time.
If you refuse a procedure or examination you may be asked to sign a document to say that you were offered but refused a particular treatment or examination.

Some things you may find helpful:

- take a support person with you to examinations and appointments
- provide your health worker with the booklet Child Sexual Assault–Victim/Survivor Information for Health Workers
- let your support person know that they can contact your nearest CASA to get information about how to support you
- take someone who will help you to get your needs met
- talk to a support person such as a friend or counsellor about how you feel
- make a list of questions to ask your health worker
- ask to have procedures and examinations, including the alternative options, fully explained beforehand
- if you experience a flashback or feel panicky, it may help to look around at where you are now, talk to someone or remind yourself that you can ask them to stop.

The Royal Women’s Hospital services

If you are a patient at the Royal Women’s Hospital of Victoria (the Women’s), the following services can help you. All services are free and confidential. You can call them yourself or speak with your midwife, doctor or support person about assisting you to contact them.

CASA House
(Centre Against Sexual Assault)
9635 3610

CASA offers women who are victim/survivors of sexual assault, including child sexual assault, access to free and confidential crisis support, information, counselling and support, advocacy and support groups.

Sexual Assault Crisis Line
1800 806 292

After hours telephone counselling, support and advocacy. Assistance to access crisis support after hours for recent victim/survivors of sexual assault.

Women’s Social Support Services
8345 3050

Provides information, support, counselling and advocacy for women who are or have experienced family violence.
Women’s Health Information Centre
8345 3045 or 1800 442 007
Located at the Women’s, Women’s Health Information Centre (WHIC) is a free, confidential and statewide health information service for all women in the state of Victoria, Australia.

Breastfeeding Education and Support Service (BESS)
9344 3651
Offers education and support to families experiencing breastfeeding problems, including day admissions.

Women’s Alcohol and Drug Service (WADS)
9344 3631
Offers specialist clinical services for pregnant women with drug and alcohol issues, as well as professional support and education programs.

Culturally specific services at the Women’s
Aboriginal Women’s Health Business Unit
8345 3048 or 8345 3047
Provides information, support and referrals to women who identify as Aboriginal and Torres Strait Islander.

Family and Reproductive Rights Education Program
8345 3058
Provides information, support and referrals to women from cultures that sometimes practice female circumcision.

If you are not a patient at the Women’s and would like to know what services are offered at the hospital you are attending ask your doctor or midwife.

Services for women in Victoria
24hr Sexual Assault Counselling and Support Line
1800 806 292
This 1800 number will direct your call to your regional Centre Against Sexual Assault (CASA) service during business hours. After hours this number will connect you to the Sexual Assault Crisis Line (SACL). CASA offers women access to free and confidential crisis support, information, counselling and support, advocacy, support groups, and referrals.

24hr Women’s Domestic Violence Crisis Service of Victoria
9373 0123 or (regional) 1800 015 188
Crisis support, information, referral to safe accommodation (refuge) for women experiencing violence in their relationships.
Elizabeth Hoffman House  
(24 hours per day & 7 days per week)  
0407 937 202
An Aboriginal women’s refuge for Aboriginal women by Aboriginal women. Provides emergency shelter for Aboriginal women and their children in need of support due to domestic violence.

Aboriginal Family Violence Prevention and Legal Service Victoria (FVPLS) 
1800 105 303
Provides legal advice, outreach services and other support such as counselling, information and referral.

Immigrant Women’s Domestic Violence Service 
9898 3145
Provides support and crisis intervention to women and children of culturally and linguistically diverse backgrounds who experience domestic violence.

Women’s Legal Service Victoria 
9642 0343 or (regional) 1800 133 302
Provides free legal advice to women on a range of issues.

Police 
000
Call if you are in immediate danger and/or if you wish to obtain an intervention order and/or to make a report.

Telephone Interpreter Service (TIS) 
131 450
24hrs a day & 7 days per week
Provides translating and interpreting services in a range of languages. There may be a cost. Some interpreting services are provided free of charge to individuals. You can call TIS and the interpreter will contact the service you want to speak to.

Maternal and Child Health Line 
132 229
Telephone-based maternal and child health information and advice is available 24 hours a day.

PANDA 
1300 726 306
Provision of support, information and referral for women concerned about antenatal and/or postnatal depression.
You may find it useful to prepare a birth plan and discuss it with your partner/support person, family, health professional and/or friends. You may like to have a support person present when preparing your birth plan with your health worker.

A birth plan may assist you during your pregnancy, labour and after the birth to communicate your needs and choices to the health professionals caring for you at the hospital.

If you do have a birth plan it may be useful to carry it with you and/or ensure that it is in your medical record.

The following is a list of options that may help you to decide what you would like to include in your birth plan. If you would like support with writing a birth plan your health worker will help you and/or direct you to the appropriate hospital staff.

It is important to discuss your birth plan with your health worker in order to ensure that you can access the options you need. Your health worker will be able to discuss what may and may not be available.

**During pregnancy**

**Choice of caregiver and support**

The choice of care provided and the level of support may depend on your medical care needs and your hospital staff and health worker can discuss this with you.

**Consider which of the following options will suit your needs:**

- hospital-based midwife
- general practitioner
- obstetrician
- shared care midwife or doctor
- independent midwife
- other support people and health professionals who you have chosen to be involved in your care, for example: CASA, counsellor/advocate and/or social worker.

**Place of birth**

Which one of the following is your preferred place of birth:

- birth suite
- hospital birth centre
- home.

**Examinations**

In relation to examinations during the pregnancy, childbirth and postnatal, you may consider whether you want:

- full information on choice of medical procedures, including risks and benefits
- presence of support person during examinations
- things that will assist you should you experience flashbacks
- consent to have students present during examinations.
Child birth education

In what format would you prefer to access childbirth education?

Would you prefer group and/or individual childbirth education sessions?

Labour and birth

The following are issues you may like to consider with your health worker and make decisions about your preferences before the labour and birth:

• preference of gender of midwife and/or doctor; this may not always be possible and will need to be discussed with your health worker
• freedom to choose positions and the type of activity in labour
• vaginal exam for specific medical indication only
• full information on risks and benefits of each suggested medical procedure
• options and choice of medical procedure explained
• type of birth: vaginal or Caesarean section
• induction options
• preferred type of pain relief
• consent to have students present during labour and being informed of the gender of the student in order to make a decision
• partner/chosen support person present during labour
• presence of interpreter
• skin-to-skin contact with baby immediately after birth
• assistance with breastfeeding – how this will happen, the amount of physical contact accepted
• who to tell about the birth – family/friends/support people/health professionals.

Postnatal care

You may like to include some or all of the following in your birth plan; however, you can discuss this again after your baby is born as you may want things to be different:

• baby remains with mother all the time
• breastfeeding on demand from birth
• help with breastfeeding on request and how this will happen – the type of physical contact, if any
• formula feeding
• early discharge from hospital as soon as you wish
• people visiting and the visiting hours
• support at home for you and your baby.