Produced by
The Centre Against Sexual Assault (CASA) House

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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**.

Contents

Pregnancy to parenting

Information for health workers and support providers about victim/survivors of child sexual assault.

Information for women who are victim/survivors

This booklet is for you to pass on to your health workers. It aims to help them to understand child sexual assault and how that might impact on your pregnancy, birth or parenting.

The idea for this booklet and much of the information it contains was developed by mothers who have experienced child sexual assault.

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. In Victoria, a child is anyone 18 and under. 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 the child has had a crime perpetrated against them
- **child sexual assault**
- **victim/survivor** because it is the most accurate way that we have found to describe how people feel after they have been assaulted.

Child sexual assault is never your fault.

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.

Pregnancy and parenting are life changing events

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. 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 managing. These feelings are normal, as are a range of emotions at this time. Each victim/survivor's experience will be different.

You may feel uncomfortable using this booklet or giving it to other people but many health workers are aware of it and are prepared to receive it.

Giving the booklet

There are many ways to give this booklet to your health worker. You could:

- give it before, during or after your appointment
- post it or send it with other information, such as a referral letter or booking form
- give it directly to your health worker.

When you give the booklet to your health worker it may be hard for you to find the right words. Some women don't say anything when giving the booklet. Others explain that the booklet has information that is very important to their health and ask the worker to read it before providing any health care. You need to decide what best fits your situation.

Information for health workers

The woman or mother you are treating or supporting was sexually assaulted as a child. She has given you this booklet because she trusts you with the information and wants to obtain better support during pregnancy, birth and parenting.

Better support may lead to better health outcomes for her and her child. She has given you this booklet as she may not necessarily want to retell her experience. Your response is critical. It is important that you listen and believe the information she gives. Do not make judgements about her or about her experience. Acknowledge the courage it took to tell you or give you this booklet. Be open to her suggestions about her own and her baby's health care needs.

To help you access the information easily, the booklet has been divided into sections on pregnancy, birth and parenting. Each contains information about possible effects or responses by the victim/survivor and suggestions for supporting and responding.

The most important things to consider for your patient/service user, be it the woman herself or her baby, are issues of:

- personal space
- privacy
- control
- boundaries
- touch
- informed consent for the woman and her child
- clarity about her rights.

Victim/survivors say: *'Childhood sexual abuse is a part of my life, it is not all of my life'.*

Please return this booklet to the woman who gave it to you so the information can be given to other health workers who may be involved with her care during pregnancy, birth and parenting or her baby's care after birth.

If you would like a copy to keep in her records or for your information, please contact CASA House on **9635 3600** or download from the Casa House website.

Information about child sexual assault

Defining child sexual assault

Child sexual assault is when dependent children or adolescents are involved in sexual activities with someone who has more power than them. The child or young person is used as an object of gratification in a relationship where they are unable to give consent due to unequal power.

Persons responsible for child sexual assault

Child sexual assault is a crime throughout Australia. The child or young person is never to blame; perpetrators are responsible for the sexual assault. The majority of perpetrators of child sexual assault are adult and adolescent males known to the child. Some women are perpetrators but this is far less common. Most perpetrators are heterosexual in their adult relationships, but they may sexually assault male or female children. The majority of sexual assault occurs in the home of the child by a known adult. Strangers perpetrate only a small proportion of child sexual assault.

Perpetrators manipulate children and young people into feeling they are responsible for the sexual assault. Some of the strategies used by perpetrators include: making children play sexual games, including children in sexual activities, making children feel unsafe, making sure the assault is kept secret, isolating children from family and friends, making the child feel responsible for the assault, and making children confused and afraid.

Effects of child sexual assault on the victim/survivor

Child sexual assault is associated with many short-term and long-term physical, psychological, spiritual, social, cultural and emotional effects. The following list represents some of the more common consequences:

- guilt
- feeling responsible
- shame
- fear
- anger
- loss of trust
- secrecy
- isolation
- marginalisation
- self-blame
- eating problems
- triggers and flashbacks
- mental health issues including somatisation, anxiety, depression and post traumatic stress, self-harm and suicidal behaviour
- sexualised behaviour
- risk behaviour, alcohol, smoking and drugs
- passive compliance
- vulnerability to repeated abuse
- physical problems which include various chronic pain syndromes
- low self-esteem
- boundaries.

The significance of touch

'Georgina' is a 22 year old woman. She is 34 weeks pregnant with her first child and only attends intermittently for antenatal care. When she does attend, it is in the presence of her partner who has a tendency to tell her what to do and speak on her behalf. Georgina has no permanent address and has lived on the streets or in temporary accommodation since leaving home at 14. She seems chaotic in her lifestyle and continues, despite recommendations, to use alcohol and tobacco during her pregnancy. Georgina seems overwhelmed by the pregnancy and passively accepts both medical care and her partner's instructions. Often she appears absent or 'vague' during conversations regarding her care. Georgina has a number of scars on her arms that she is reluctant to speak about. Georgina does not disclose she is the victim/survivor of child sexual assault perpetrated by her maternal grandfather and biological father from the ages of 8 – 14 years as she does not think she will be believed, nor does she have the space from her partner to do this safely. (Name changed to protect confidentiality).

Touch can be associated with painful memories for survivors of child sexual assault. Touch is often an integral part of providing health care to a woman and her baby during pregnancy, childbirth and in the postpartum period. For this reason it is necessary to ensure you do the following:

- describe what type of touch is required and why
- make sure you have informed consent before proceeding
- be aware of your physical distance from the woman
- maintain distance where possible
- avoid unnecessary physical touch
- check both verbal and non-verbal communication during examination
- cease the examination immediately if the woman becomes distressed or she asks you to stop.

By behaving in this way, you demonstrate that you are willing to share information and control of the care provided. This can be further improved by:

- allowing the woman to become familiar with the room
- knocking and saying who you are before you re-enter
- checking how the room and lighting is impacting on the woman
- asking her if she would like a support person present
- explaining where there are separate male and female bathrooms.

Health Professionals' Checklist

The Health Professionals' Checklist may be useful for health professionals providing care to women during pregnancy, childbirth and parenting. The following checklist has been compiled from research drawn from women's suggestions about what responses they have found helpful from their health professionals:

- create a safe and supportive environment by listening to the woman
- use language that is easily understood
- check the woman has understood what you are saying
- use qualified interpreters if required
- ask her if she has questions or concerns
- provide information, written and verbal, on all care and treatment options available to women – this may include the option of a birth plan
- obtain consent prior to taking any action including conducting examinations and assisting with breastfeeding
- constantly check that the woman is comfortable with any procedure, particularly if it involves invasive examination or treatment
- respect decisions and choices the woman makes. View the woman as the expert in her own life. It is important that she has as much control as possible over her care and her body
- recognise and respect that her cultural background may have an influence on her decisions
- at all times convey respect and a non-judgmental attitude
- take the time to respond appropriately to the woman's needs
- ensure a woman's privacy when discussing personal details and conducting medical examinations
- always introduce yourself and explain your role
- inform women of the details of the service to be provided including information regarding waiting times
- with the woman's consent, provide referral information and/or make a referral
- access specialist services such as those listed in this booklet for secondary consultation and/or debriefing
- acknowledge your own responses and seek support if needed.

Effects on pregnancy

Child sexual assault can affect a woman's pregnancy in a number of ways. During pregnancy she may remember her past abuse for the first time, either consciously or unconsciously in dreams. Sometimes the effects of child sexual assault manifest in physical ways and are related to past injury, infection or somatisation.

The physical effects can include:

- pelvic pain
- headaches
- gastrointestinal disturbance
- neck pain
- endless nausea
- gag reflexes.

Mental health effects can include:

- depression
- post-traumatic stress disorder
- anxiety
- substance abuse
- self-harming
- attempts to suicide
- eating disorders.

Some women are concerned about whether their body will carry a baby. This can be because they think they have been physically damaged by the abuse. Some women may think their body is not 'good enough' for the development of a healthy baby.

Having examinations and procedures performed during pregnancy may be difficult.

Many women identify vaginal examinations, vaginal ultrasounds and pap smears as particularly difficult, while some others are uncomfortable with breast examination. Having a vaginal examination may be extremely uncomfortable and traumatic and they may refuse this procedure. Some women consent to the procedure but find it distressing and traumatic. Body language during the vaginal examination may alert you to this issue. It may be difficult to do the examination due to muscle spasm; this should alert you to the possibility of assault and the need to stop the procedure. Even though a woman may consent to an examination, it may cause unexpected reactions as one survivor describes:

I guess the hardest time for me was going to the doctor … [the doctor] made me take all my clothes off and put a gown on … these two people were looking at me … poking me … The doctor had a feel [hesitation] then the medical student … Oh God, you know [voice shaking]… I went straight to the toilets and started vomiting. It was terrible.

Women may become labelled as 'difficult patients' when they are responding to the effects of their assault, for example they may not keep appointments or may present late for antenatal care.

There may be issues related to weight or body shape changes in pregnancy. These issues can be associated with eating disorders. Women may also be concerned about the sex of their child and the baby's safety after birth.

The gender of their health worker/s may be an issue during pregnancy, particularly if it is the same as the perpetrator/s.

Ways of responding

An important way to respond is to read and discuss her birth plan, this will identify predictable key issues and the most appropriate response. If she doesn't have a birth plan, offer her support to develop one. See the section in this booklet *Supporting women to prepare a birth plan*.

Remind her that she has the right to have a support person present during examinations.

Provide her with information so she can make an informed choice before consenting to a procedure, including fully discussing alternatives available with her. For example, an abdominal ultrasound may provide you with sufficient information for management, avoiding the more invasive vaginal ultrasound.

During vaginal examination, ensure privacy. Make sure the room is comfortable. Some women feel vulnerable when they remove their clothes so you can discuss the possible options prior to examination, including a private and secure room, not wearing a hospital gown split up the back and not fully undressing. Where possible, allow her to choose where the examination is performed. If the only possible space is shared, draw the curtains, and give her privacy while she undresses. Before starting the procedure, ensure her comfort as much as possible by providing her with a choice of coverings during examination. Ask how her support person can best assist, for example by sitting inside with her or outside the curtains holding her hand. Explain what the procedure involves and obtain consent prior to any touch.

Make sure the speculum temperature is appropriate before starting the examination. Talk in professional and respectful language. As you do the examination, respond to any cues of distress or discomfort and give her the option to stop. Respect her choice and what she tells you.

Validate her physical and emotional responses to her pregnancy and the changes in her body.

Ensure that you ask for the woman's consent before you ask any other staff or students to be present during the consultation or examination. Consent should be sought when you are alone with the woman not with other staff present. Reassure the woman this is her choice and respect her decision.

Effects on birth and labour

The issues for women who have experienced child sexual assault are varied. The concerns women express about birth may include:

- fear of examinations, feeling violated after repeated examinations and/or repeated examinations by different people
- language used by health professionals
- dissociation as a protective response to what is happening to her body
- flashbacks
- passive or 'difficult' behaviour
- fear people will know she has been abused and 'damaged'
- fear of being restrained, for example by drips, fetal monitors and being in a lithotomy position
- being watched
- removal of clothing
- touch without consent
- intrusive procedures
- loss of control
- gender of the practitioner
- examinations by multiple people
- mistrust with regard to the changes of health workers at each appointment or during the birth.

Giving birth is the time most likely to trigger a post-traumatic stress response. Triggers for this can be related directly to care or the care environment. Triggers can be pain, contractions, sights, smells, sounds, touch, examinations, feelings and sensations. Flashbacks and dissociation can occur. Women may be extremely concerned for the safety of their child during and after birth.

Ways of responding

During the initial assessment check with the woman; ask if she has any concerns about vaginal examination, other examinations or procedures. This is an opportunity for her to disclose her sexual assault experience; however, do not pursue it if she is not ready to disclose. Research does not support the routine use of screening questions for child sexual assault at this stage. If she discloses, validate and believe her.

If the woman discloses sexual assault or if you suspect there is the possibility of sexual assault because of her reactions, you can assist in the following ways:

- ask how she feels about having an examination and in particular, vaginal examinations and/or procedures
- re-evaluate the frequency of vaginal examinations
- provide a private room for examinations and procedures (this is best practice). Where this is not available, explain the reasons why with the woman
- if possible, allow her to choose the gender of the health worker doing the examination or procedure
- prior to examinations and labour, discuss with her how to best manage flashbacks should she experience them and incorporate this information into her birth plan.

The language you use is important in minimising the power imbalances between you and women. Avoid the use of medical jargon; check and understand the woman's starting point and knowledge. Provide information clearly, in small chunks and check her understanding. Use verbal and non-verbal behaviour to show you are listening. Continue to explain what you are doing and why. Whenever possible, tell the woman of your overall findings when she is dressed and sitting up. Provide written information and ensure that the woman is comfortable with written material, it is written in a language she understands and that she has the opportunity to ask questions.

If a woman indicates she is uncomfortable during an examination, stop immediately. Ask her what she is feeling, reassure and normalise, validate her experience.

Women know their bodies, so listen to what they tell you.

Recognising flashbacks

If a woman is experiencing a flashback she may:

- show signs of language regression
- engage in conversation that doesn't fit the current environment
- have a sudden memory of childhood sexual assault
- seem as if she is 'not there'.

Unfortunately flashbacks are hard to predict and therefore difficult to prepare for, although it is useful to have discussed the possibility of flashbacks with the woman prior to medical examinations and labour. This should only be done if you feel comfortable with this. CASA House offers training in this area.

Flashbacks can be triggered anywhere or anytime. There are ways to learn how to stop and prevent flashbacks in order for the woman you are working with to gain a sense of control. The following exercises may be useful in preventing and assisting with flashbacks.
We suggest that you support women to say the following sentences or one of these sentences aloud by filling in the blanks:

- 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 .....

The examination should be stopped immediately if the woman is experiencing a flashback. Health workers can rephrase one of the above statements into a question to support the woman during this time.

Effects on parenting

A woman who has been sexually assaulted as a child may respond in a variety of ways to her parenting experience. This may happen with her first child or with subsequent children.

When touching her baby she may worry that what she is doing is violating her child's trust. Changing nappies and bathing may be difficult.

The mother may be very concerned about the safety of her child. The vulnerability of her child may trigger questions about her own abuse and vulnerability at the same age. Her concerns may relate to her child's gender. If she has a son she may worry that he will become a perpetrator or believe that he may be safe from child sexual assault because he is a male; she may worry that her daughter is unsafe and at risk because she is a girl.

Her concern for the safety of her child may extend to visits with health workers. She may be unsure that the health worker is trustworthy and/or uncertain of her ability to protect her child. It is important that health workers obtain consent before touching the baby/ child, explain clearly about examinations or procedures, discuss examination/procedure options with the mother, and discuss the level of undress necessary and possible alternatives. Never assume consent because the mother has brought the child to see you.

The mother may fear that by association, the child is damaged. 'I am damaged therefore my love is damaging.' This may lead to a fear of loving her child. Similarly she may fear that because her body was 'damaged' by the assault that it cannot produce 'good' things like 'good' breast milk.

Some women are reminded of the sexual assault when they breastfeed and are therefore hesitant to do so. Some may not feel comfortable breastfeeding at all and elect to bottle feed from the start. The child suckling may trigger memories of the assault/flashbacks. Other women feel that breastfeeding assists them to see their body in a new and different light and may help them to bond with their baby.

There is an increased risk of antenatal and postnatal depression and post-traumatic stress disorder. These sometimes result from specific triggers during pregnancy, birth and/or postnatally or are related to inappropriate care.

Ways of responding

Breastfeeding

It is appropriate to provide and discuss options for breastfeeding. Talk through breastfeeding clearly and respectfully, offering helpful alternatives such as expressing or giving the baby expressed bottle. It is important to respect the woman's choices including if she decides not to breastfeed.

It is important to obtain consent from the woman before touching her breast, even in situations where consent seems to be implied, for example if she asks you for assistance when breastfeeding.

Referral and secondary consultation

Mother infant relationships
If you feel a woman is experiencing difficulties responding to her child consider the possibility of birth trauma and/or past sexual assault experiences. Reassure her that she is not to blame, believe and validate her experience and affirm her ability and strength. Provide her with resources and support.

Sometimes women may fear they are not relating well to their child, even when their responses are appropriate. Appearing in control is a way of coping with past abuse experiences. Be aware it may be difficult for women to ask health workers for help or support. As with all women, the social pressure to be seen as a good mother who is coping may hinder women's ability to ask for help.

Acknowledge that sometimes the experience of birth can be overwhelming and lead to feelings of sadness or depression in many women. Ask her if she would like support regarding these feelings and discuss her options with her.

Do not blame her for how she feels. Remember she is responding to the effects of child sexual assault and/or inappropriate care.

Normalise bathing a baby and nappy changing, talk to the woman about this being 'safe touch'. Make time to have a full discussion and take time when you are showing her these skills. Allow time to respond to her cues if she has difficulties. Reassure her that maternal instincts and skills are learned rather than innate or natural.

If you are concerned about child safety please consult further.

The following is a list of services that you can refer women to and you can access for secondary consultation.

As a health professional, it is important to acknowledge the possible impact of women's stories on you and to access support for yourself. Most Human Resource Departments and managers in hospitals should be able to provide you with information about where and how to access support.

The Women's services

If the woman is a patient of The Royal Women's Hospital (the Women's), the following services can assist her and provide health professionals with secondary consultation and training.

The woman can directly call or you may contact them with her consent. It is important to note that some services will require the woman to be present when you make the referral.

CASA (Centre Against Sexual Assault) House 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.

CASA offers health professionals secondary consultation, support and training.

Sexual Assault Crisis Line (SACL)
1800 806 292

State-wide, after hours, telephone counselling, support and advocacy. Assistance to access crisis support after hours for recent victim/survivors of sexual assault. SACL offers health professionals secondary consultation, support and training.

Women's Social Support Services (WSSS)
8345 3050

Provides information, support, counselling and advocacy for women who are or have experienced family violence.

WSSS offers health professionals secondary consultation, support and training.

Women's Health Information Centre (WHIC)
8345 3045 or 1800 442 007

WHIC is a free, confidential and statewide health information service for all women in the state of Victoria, Australia.

WHIC offers secondary consultation to health professionals across the state.

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

WADS 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 (AWHBU)
8345 3048 or 8345 3047

Provides information, support and referrals to women who identify as Aboriginal and Torres Strait Islander.

AWHBU offers secondary consultation.

Family and Reproductive Rights Education Program (FARREP)
8345 3058

Provides information, support and referrals to women from cultures that practice female circumcision.

FARREP offers secondary consultation.

If the woman is not a patient of the Women's and would like to know what services are offered at the hospital she is attending, she can ask her doctor or midwife. Similarly, you as a health professional can contact internal or external services for information and to consult.

Services for women in Victoria

The following are services women can access and you, as a health professional, can access them for consultation.

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, counseling and support, advocacy, support groups, and referrals.

24hr Women's Domestic Violence Crisis Service of Victoria
9373 0123 or 1800 015 188 (regional)

Crisis support, information, referral to safe accommodation (refuge) for women experiencing violence in their relationships.

Elizabeth Hoffman House
0407 937 202 (24 hours & 7 days per week)

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 1800 133 302 (regional)

Provides free legal advice to women on a range of issues.

Police
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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 & 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.

Supporting women to prepare a birth plan

As a health professional, you may find it useful to look at the following format when assisting women to develop a birth plan.

Women may find it useful to prepare a birth plan and discuss it with their partner, family, health professional and/or friends.

A birth plan may assist women during their pregnancy, labour and postnatally to communicate their needs and choices to the health professionals caring for them at the hospital.

It may be useful to offer women the opportunity to place a copy of their birth plan in their medical record.

It is important to inform women of all options available and the limitations when supporting them with their birth plan. You can also support women by informing them of their rights and how they can complain if they are concerned about the options and/or care available to them.

The following is a list of options that may help you assist a woman to decide what she would like to include in her birth plan.

During pregnancy

Choice of health worker and support

- 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 the woman's care, for example CASA counsellor/advocate and/or social worker.

Place of birth

- birth suite
- hospital birth centre
- home.

Examinations

- 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

- group and/or individual childbirth education sessions.

Labour and birth

- preference of gender of midwife and/or doctor
- freedom to choose positions and 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/ spontaneous or induction
- induction options
- preferred type of pain relief
- consent to have students present during labour
- 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, physical contact
- who to tell about birth – family/friends/ support people/health professionals.

Postnatal care

- 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 hours visiting
- support at home.

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