


## Trauma-Informed Birth Support for Pregnant Survivors of Abuse


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### Our focus today...

**Trauma-Informed Birth Support for Survivors of Domestic Violence**

"It seems like he gets angrier now that I'm pregnant. Yesterday he started hitting me in the stomach and all I could do was curl up on the floor to try and protect the baby. I feel so vulnerable and alone."  
-- *Caller to the National Domestic Violence Hotline*



This session is tailored to provide information about the dynamics of domestic violence and trauma-informed birth support for both victim advocates and birth workers to enhance services to pregnant women experiencing current or past abuse.

## Guiding Assumptions

Regardless of experiencing domestic violence or sexual assault, many women may experience trauma in childbirth.

**Childbirth is a natural, biological process that is experienced differently by every woman, and women with multiple births will have a different experience each time.**

Women and their partners will make a variety of different choices based on their personal beliefs, faith or cultural practices, individual upbringing, access to medical care, financial status, family and community support, and many other factors.

## Guidelines for the public chat

### No mom-shaming and no birth-shaming

This means not expressing sentiments or judgment regarding birth choices and parenting, including:

- Natural, vaginal birth vs. use of medication and medical interventions during childbirth
- Breastfeeding vs. bottle feeding
- Breast milk vs. use of formula
- Working moms vs. stay-at-home moms

## Overview of Domestic Violence

### What is domestic violence?

Domestic violence is a pattern of abusive behaviors – including physical, psychological, sexual, and emotional attacks as well as economic coercion – that adults and adolescents use against an intimate partner, including heterosexual, same-sex and transgender relationships.

It is characterized by **one partner's need to control the other** by use of a range of tactics.

In short:

**1) intimate relationship 2) abusive tactics 3) pattern of behaviors**

Not abuse between family members, not abuse of parents by children, and not always elder abuse or teen dating abuse because the legal definitions and available remedies vary based upon the relationship and/or age difference between the victim and perpetrator, and they vary from state to state

## Who are the victims?

Anyone can be a victim of domestic violence.

However, some factors may increase or decrease the risk of victimization, for example:

- Gender
- Gender-Identity
- Sexuality/Sexual Orientation
- Socioeconomic Status
- Immigration Status
- Ability/Disability
- Persons that identify as D/deaf or Hard of Hearing
- Older persons aged 50+ years



## Consistent findings across most research studies

- 1 in 4 or 1 in 5 women have been the victim of severe physical violence or rape by an intimate partner, while 1 in 7 men have experienced such violence
- Women are the primary victims of DV, dv, SA, and stalking, men are predominantly reported as perpetrators
- Intimate partner violence creates a public health burden based on short- and long-term consequences experienced by both victims and perpetrators
- Multiracial and American Indian/Alaska Native women experience elevated levels for most of the types of intimate partner violence

## What are abuser tactics?



The Power and Control Wheel, developed by the Domestic Abuse Intervention Project in Duluth, MN, is a helpful tool in illustrating the overall pattern of abusive and violent behaviors that are used by a batterer to establish and maintain control over his partner.

## Abuser tactics are meant to:

- frighten,
- terrorize,
- manipulate,
- hurt,
- humiliate,
- blame,
- often injure,
- and sometimes kill...

a current or former intimate partner.



Experiencing domestic violence is an ongoing, cyclical traumatic event

## Victims in Contact with an Abusive Partner

### Who are victims in contact?

- A person in a current relationship with an abusive partner
- A person who interacts with an abusive ex-partner
- Children in the care of adult victims
- Children who interact with an abusive parent—even if the parents are “not together”

#### **Additional considerations for military families:**

- Both partners are active duty service members
- One partner is deployed for majority of the year
- Family is living abroad with few support networks
- Victim and/or children need military benefits
- Partner just returned from deployment and the violence is a new to the relationship



## Why Victims are in Contact?

- Leaving is no guarantee of safer/better life
- Leaving may make life worse/more dangerous
- Victims decide to leave based on:
  - Level of risks generated by the abusive partner—not just physical violence, may also include threats of harm to the children, child custody matters, etc.
  - Life generated risks (e.g., poverty, homelessness, loss of childcare, loss of health insurance)
  - Who she is/what her culture or faith dictates
- **Forced to – not victim's decision**
  - E.g. Actions of the abuser, court orders for child visitation or exchange

## Why support victims in contact?

- Requiring leaving or no contact as a condition of help can make life worse or more dangerous for survivors
- Advocacy and support for adult and child victims in contact can make things better for them
- Supports our principles:
  - End family violence
  - Enhance the safety of **ALL** survivors
  - Protect each survivor's right to make decisions about their relationship and their life

## Working with victims in contact does not mean:

- That victims should stay in an abusive relationship or environment
- That helping resources should or are abandoning the important option of leaving
- That it is always good or safe for children to have contact with a parent who is abusive

It means advocating for all victims (adults & children)

Abuse survivors have shared that they became motivated to seek help when they felt that their child(ren) were at risk. As one survivor put it, “We fight for our children before we fight for ourselves.”

— Lyon, E., Bradshaw, J., & Menard, A. (2011).

[Meeting Survivors' Needs through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study](#). Harrisburg, PA: National Resource Center on Domestic Violence.

## Domestic Violence as a Traumatic Experience

### What is trauma?

“...a sudden, unexpected, overwhelming, intense, emotional blow or a series of blows that assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind.”

--Dr. Lenore Terr, Medical School of the University of California, San Francisco

“An experience that overwhelms an individual's ability to cope that the victim perceives to pose a threat to life, bodily integrity, or sanity.”

--Sidran Foundation

“... the more you believe you are endangered, the more traumatized you are... in other words, trauma is defined by the experience of the survivor.”

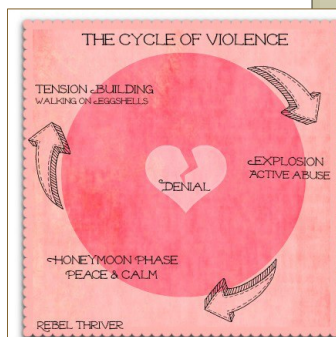
--Jon Allen, *Coping with Trauma* (1995)

## Defining trauma

1. The precipitating event – **what happened?**
2. The ensuing experience and aftermath of the event
  - How a person feels about it
  - How it affects their person and their lives

**For many victims, domestic violence is an ongoing, cyclical traumatic event that increases in frequency and severity over time.**

Victim responses may be exacerbated by having experienced other life crises, as a child or an adult, such as homelessness, incarcerated family members, frequent illness/hospitalization, poverty, etc.



## Asking about a client's trauma history in trauma-informed ways

- Use discernment and find time to ask in private
  - **Sample probe:** Is there anything from your past that may present challenges to a hospital stay, such as previously being hospitalized, being hurt or assaulted by someone or having a bad experience with a loved one in the hospital?
- Respect boundaries and victim confidentiality
- If your client discloses, pay attention to yourself:
  - Be mindful of your body language and reactions to what they are sharing, try not to overreact or under-react to what you are hearing
  - Don't let ambivalence or fear to inhibit your responsiveness
  - **Ask:** Can you tell me more about what happened to you? What was that experience like for you? How did your life change after that?
  - **Not:** What is wrong with you? Why can't you just get over it? Why didn't you just leave the first time? Are you crazy?
- Be careful about labeling what you are seeing or hearing, we often don't know the whole picture—nor are we entitled to

## Trauma Changes Things

### What you may see

- Listless, very low energy/ chronic fatigue
- May visibly lack sleep
- Chronic health problems
- Extreme calm, no affect in voice or expressions
- Delayed reaction to the experience
- Startle reflex, nervous or agitated
- Anxious, jumpy, always ready to run
- Overly cheerful and subjective to their partner

### What you may hear – changes in self-perception

- Events of abuse may all blur together
- Feelings of guilt and responsibility for the actions of the abuser
- Shame
- Intense isolation
- Minimizing
- Self-blame
- Unhealthy coping mechanisms
  - Self-injury
  - Use of substances to self medicate

## Tips on Being Trauma-Informed

- Remember that the experience of trauma often leads survivors to react in ways they typically would not
- View survivor behavior as adaptations or survival techniques related to experiencing trauma
- A variety of emotions, including frustration, hopelessness, love, and anger on the part of the survivor are very real and valid responses to experiencing abuse and related life stressors
- Allow survivors to express their feelings, help them process through it, and re-direct their energy towards a more positive solution

How does this  
come together?

“Men who beat their pregnant  
wives understand that the  
pregnancy, the desired child, is  
often the most important thing  
in the world to that woman.  
What better way to make the  
woman suffer than to be able  
to cause her both excruciating  
physical pain and to lose what  
she values most in life?”

-- Paltrow, 2004



## When survivors are pregnant...

### Domestic violence may begin or worsen

- May be more common than conditions for which pregnant women are routinely screened
- Possibly associated with coerced, unwanted, or unintended pregnancy, delayed prenatal care, smoking, alcohol and drug abuse

### Living in shelter may lead to greater need for support

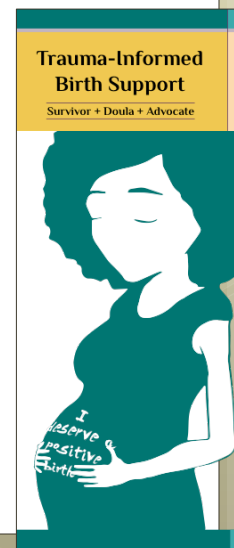
- Including physical safety; health, well-being and medical attention; mental, emotional and social support; economic and food security

### Survivor may need help to understand, identify and mitigate possible triggers

- Experiences, people, places, smells, feelings, birth positions or medical procedures that may bring up deep memories

## Experiencing abuse during pregnancy may result in...

- Direct injury to the fetus
- Miscarriage
- Preterm labor and delivery
- Low birth weight
- Maternal or fetal hemorrhaging
- Placental abruption
- Stillbirth
- Maternal or fetal demise



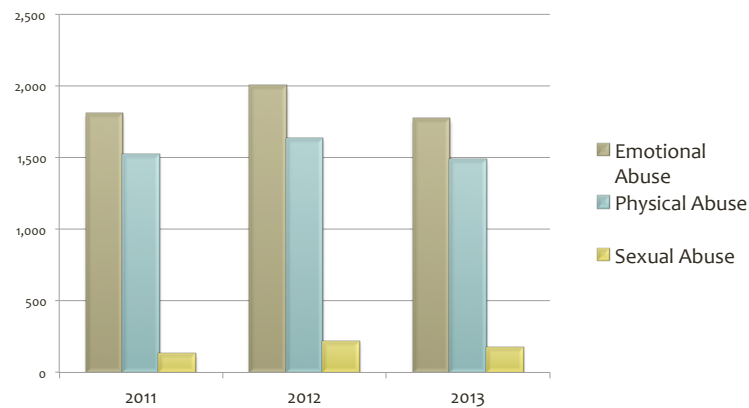
## What help do they need?

### Trauma-Informed Birth Support for Survivors of Domestic Violence

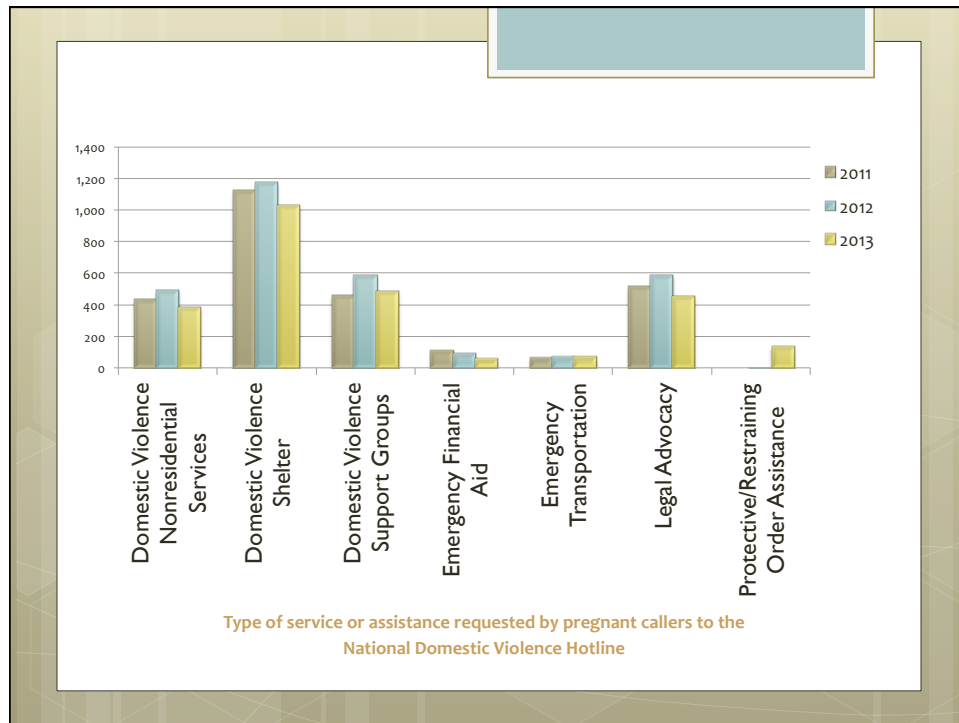
Pregnant women's experiences and needs are different from those of women who are not pregnant.

Health and well-being concerns and survival needs may be intensified if pregnant women are also dealing with past or current domestic violence, abuse and related trauma.

During one 6-month period, Oct 2013 - March 2014, the National Domestic Violence Hotline saw a **12% increase** in calls from pregnant survivors of abuse.



**1,965**      **2,204**      **1,905**  
 Number of pregnant callers to the  
 National Domestic Violence Hotline



“National estimates on the prevalence of intimate partner violence (IPV) indicate that **approximately 8% and 5% of women report IPV before and during pregnancy**, respectively (Scribano, Stevens, & Kaizar, 2012). Estimates of victimization by partners **increases to 12% after delivery** (Scribano et al., 2012), surpassing rates of pre-pregnancy violence.”

Source: Cha, S., & Masho, S. W. (2014). Intimate partner violence and utilization of prenatal care in the United States. *Journal of Interpersonal Violence*, 29(5), 911-927.

*This is birth to me:*



*Happy Mother, content baby, tired doula -  
we're all exhausted but still smiling!*

## What is a doula?

A doula is a compassionate and experienced individual who guides a mother and her partner through pregnancy, labor, delivery and postpartum recovery.



The doula and the family come to share a deep connection founded on the guidance, experience, information, and support the doula provides.

**Any expectant woman may want the assistance of a doula.**

Most doulas provide:

- Free initial consultation and interview
- Face-to-face prenatal visits and birth planning
- On-call services prior to the birth, continuous labor support through delivery and immediately after
- Postpartum follow-up visits
- Help and support with breastfeeding
- Referrals to other community resources

## How do doulas support Moms?

### **Doula assistance is valuable for a natural or managed birth by:**

- building personal relationships with expecting moms, her partner and support system;
- bringing a feminine presence and woman's perspective to the birth experience;
- supporting the laboring woman's body awareness and decision-making;
- protecting the delivery environment and advocating for the positive birth experience that the woman wants; and
- planning for immediate postpartum recovery, leaving the hospital, the first few days at home and the emotional aftermath of the birth experience.

## How do doulas support Dads?

### **Doulas can be helpful to Dads by:**

- focusing on the laboring woman and attending to her needs so he can emotionally experience the birth of his child;
- explaining the birth process and what to expect as labor may continue on for several long hours;
- guiding him to be part of the birth experience in ways that make him feel comfortable, active and supportive of his partner;
- helping process the quickly changing and wide range of emotions that may occur, particularly if the birth plan needs to change or if medical concerns arise;
- staying with Mom while he has bonding time with baby during the nursery/post-delivery check-up; and
- allowing him time for needed breaks to contact family, use the facilities, eat or sleep (if able), move the car, etc.

## TA Question on FB

Kenya, I'm messaging you because you work both with domestic violence victims and as a doula:

- I know Mom & Dad are having problems, but don't/didn't know the extent.
- Mom texted me, "I know this isn't pregnancy related, but I don't know who else to ask," then asked about shelter for domestic violence victims. I gave her resources.
- Then Mom emailed later saying that her family is now aware of the extent of the abuse and is helping her get out so she doesn't have to go to a shelter.
- Then she asked me if I still feel comfortable being her doula. To be honest, I've been a little freaked out.

**Can you give me some advice?  
What advice would you give the mom?**



**What would you say  
for the Mom?**

## My Response

- Thanks for sharing this with me. Experiencing domestic violence can be a very complex issue with a lot of tough decisions for women to make, especially women with children. Luckily her family is now aware of what's going on and able to help her out.
- I would suggest that the survivor stay in contact with the domestic violence program for ongoing counseling or to join a support group for women who've experienced abuse, even if she doesn't need shelter.
- Sometimes in these situations, couples may reconcile for the sake of the baby/children or there be custody concerns that lead to abuse/violence beginning again or worsening.
- If that were to happen, it would be helpful if this woman has already made some contact with an advocate at the local domestic violence program.

What would you say to the doula?



## As for the doula...

- If you don't feel safe or comfortable serving this woman, then please find someone who is.
- However, if you want to learn more and continue to be of support to this woman, then connect with an advocate at the local domestic violence program (without disclosing this woman's personal information) to learn about the services they provide and how/to whom to make warm referrals, when needed.
- Talk directly with the survivor to let her know that you want to support her and want to learn more about how you both can work together to ensure everyone's safety during prenatal visits, the delivery, and the postpartum period.

## Supporting Abuser Motivation to Change

## Support abusive partners at the birth?

1<sup>st</sup>: What does the woman want?

2<sup>nd</sup>: Develop a birth & safety plan based on her wishes.

### IF WE DON'T WORK WITH PARTNERS WHO ABUSE...

- We end up making victims responsible for everything—this may increase risk.
- We overlook a significant opportunity to increase safety.
- We overlook a potential reparative resource when children are involved.
- We fail to help those that are willing and may be motivated to change.

Promote an atmosphere that supports change for the family in a respectful, non-judgmental manner

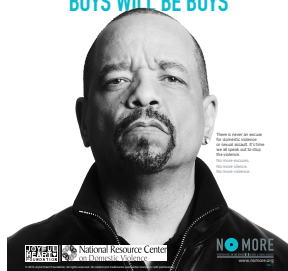
**NO MORE**  
"WE DON'T TALK ABOUT THAT"



NRC DV NO MORE FOUNDATION

## Batterer Intervention Programs (BIP)/ Abuser Treatment Programs (ATP)

**NO MORE**  
"BOYS WILL BE BOYS"



### BASIC STRUCTURE

- Generally facilitated in small groups with one or two professionally-trained facilitators with therapeutic or counseling backgrounds
- Majority of participants are court-ordered, must pay fees to participate (part of their restitution and accountability)
- Most groups are closed, meet weekly for 26 weeks for 1 ½ hr. sessions
- Program content typically focuses on changing learned behaviors, examining power & control dynamics, building healthy relationships, and group accountability for change

## Considerations for those who use abuse

### What we understand about abusers concerns at home:

- Inability to identify and stop their use of abusive behavior
- Loss of the relationship and potentially, their children
- Loss of wages/income and inability to provide for their family
- Potential for harassment from law enforcement and/or incarceration
- Damage to their reputation and standing within the extended family, their community, workplace, or place of worship

### What we know about BIP/ATP

1. BIP have a modest but positive impact on ending violence
2. BIP help the majority of men end their physical violence over time
3. It's not clear which components of BIP create these changes

In support of women, let's build upon any motivation to change.

**READ MORE:** Groupwork with Men Who Batter: What the Research Literature Indicates  
by Jeffrey L. Edleson, Ph. D. –

[http://vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_GroupworkMenWhoBatter.pdf](http://vawnet.org/Assoc_Files_VAWnet/AR_GroupworkMenWhoBatter.pdf)

“The labor was progressing so fast that I felt out of control and scared, and my baby hurt a lot.... My body began pushing. The pain became so intense that I found myself retreating out of my body.... My mind was full of images of the rape I endured when I was 2 years old, when my mother's older relative tore me open from the top of my clitoris down to my urethra.” (Rose, 1992)

## Experiencing Trauma in Birth

## Birth-related Trauma

Regardless of experiencing domestic violence or sexual assault, many women may experience trauma in childbirth.

The [Birth Trauma Association](#) describes factors that contribute to these feelings:

- loss of control, loss of dignity, the hostile or difficult attitudes of the people around them,
- feelings of not being heard or the absence of informed consent to medical procedures,
- a lengthy labor or very short and painful labor,
- poor pain relief or induction and high levels of medical intervention,
- emergency deliveries, lack of information or explanation of procedures,
- lack of privacy and dignity, and/or
- stillbirth and/or fear for the baby's safety.

## Trauma Symptoms: Before the birth

- Avoidance
- Emotional numbing
- Sleep problems
- Disordered eating
- Appearing to lack motivation



- Suicidality
- Flashbacks
- Depression
- Anxiety/panic disorder
- Dissociation

## Trauma Echoes in Birth

- Women may feel out of control of their body and/or mind
- Intense sensations of the baby moving through the birth canal may cause distress
- Use of some body positions for labor (on back, legs spread wide) and attitudes may create trauma echoes
- Significant discomfort with fetal monitors, IVs, blood pressure cuffs, and other medical instruments may lead to feelings of being trapped or restrained
- Use of dim lighting or closed door, small spaces (like bathrooms or showers) may trigger painful memories
- Frequent exposure and the physical demands of breastfeeding may increase women's feelings of vulnerability and powerlessness

## How can doulas help?

**Remember:** You do not need to know about a woman's experience with abuse to provide support. Be aware of behavior cues and act accordingly.

- **IN ADVANCE:** Help mom be an agent in her own birth through education, empowerment and planning.
- Listen to and validate the laboring woman's concerns and needs.
- Respect physical space and change the environment as requested.
- Help mom become centered within her body. If helpful, repeat empowering mantras.
- Ask for monitors to be removed, suggest different positions, change comfort measures, use positive affirmations.
- If permission is granted by the laboring woman, discuss her unique needs with the medical team and develop a plan.
- Suggest someone else be at the birth for support if the partner can't or won't be there.

**“A meditation practice also helped me to heal. I can’t over-stress the value of a quiet and calm mind.**

When my water broke and the contractions began the pain in my womb felt to me like the pain of forced penetration. It felt like rape. I panicked. I was conscious enough to tell the midwife I was having rape flashbacks, but she was young and inexperienced and could not really offer any help.

I pushed my son out myself and while I was mostly numb I felt his body arrive in this world in exquisite detail. I could feel the shape of his sweet face and the details of his arms and legs as he emerged from my body. **While the delivery was a relief, the experience was painful and somehow made me feel like a part of me was still owned by those rapes. Those two men had reached through a decade and through my boy to assert themselves during one of the most holy and sacred and private events of my life. I wanted them out .”**

– from Katherine’s Story, *Survivor Moms* by Mickey Sperlich and Julia S. Seng

## What can advocates do?

“In one case, the woman was 5 months pregnant without having seen any medical provider; when she finally she finally came to the shelter, she had her first prenatal care visit in the emergency room.”

Source: Bocanegra, H. T., Rostovtseva, D. P., Khera, S., & Godhwani, N. (2010). Birth control sabotage and forced sex: Experiences reported by women in domestic violence shelters. *Violence Against Women*, 16(5) 601–612.

### Advocates can:

- **Conduct safety planning, explore child custody matters**
- Assist survivors in accessing prenatal and postpartum care
- **Process the experience of vaginal exams/cervical checks**
- Help Moms obtain needed baby care supplies
- Share and promote positive birth stories
- Support Moms in parenting their children
- **For healthcare professionals: screen and refer**

## Doula + Advocate Partnerships



- Work together to develop program and shelter policies and protocol to better support pregnant and postpartum survivors
- Engage in critical dialogue to understand domestic violence, trauma-informed services and the signs of abuse across a spectrum of tactics, particularly within the context of pregnancy and birth
- Share updated lists of doulas and care providers who are knowledgeable about domestic violence, sexual assault and trauma
- Agree on a regular, safe and appropriate meeting space for doulas and pregnant survivors at the program and shelter
- Share resources and attend relevant conferences together
- Mutually support each other's role in the lives of pregnant survivors

## Doula + Advocate Partnerships (continued)



- Seek out maternity and baby care supplies so the shelter is equipped to host pregnant and post partum survivors
- Coordinate with public health nurses to conduct shelter visits, particularly for women following a Cesarean section
- Mutually understand safety planning strategies, protective orders, and birth options for survivors
- Work together to train reproductive health care providers on understanding the impact of abuse in pregnancy
- Meet with legal advocates to understand custody and abuse potential, and the impact on pregnant women, their babies, and protection measures
- Meet regularly to keep communication and information lines open!

## Survivor + Doula + Advocate Partnership

Working together includes asking the survivor about whether or not the abusive partner will be at the birth and if she thinks he/she will become abusive in that setting.

- If so, what is the plan for response?
  - Will the woman's family or friends deal with him/her?
  - Should they call hospital security?
  - Call the police?
- If he/she will not be there, is there a protective order in place that will keep him/her from coming to the birth location?

**For safety reasons, it is our practice to display your last name on a white board in a central location on the unit.**

**Should you have concerns, please ask to see the Nurse Manager.**

An advocate can help the survivor develop a safety plan. With the survivor's permission, the doula may be involved to answer questions about the birth location and to ensure everyone understands the plan.

Vingettes

## Doulas Share Insight and Resources

**Question from a doula forum:** Why not have the first interview in the client's home? Rather than a coffee shop?

### One response:

Meeting in a neutral, public location can be a simple “ice breaker” to help learn about the dynamics of the couple.

## Positive Birth Support Can Be Life-Changing

### Then:

- o **One doula:** An early client had a husband who was a raging alcoholic, and I would not have known this before walking into their home. Because we met and talked at a cafe, we were able to have a serious chat about her safety and in the end she moved out of that situation before her birth.
- o **Another doula:** Same. She had no family here and it was like I was the only thing she needed resolved before leaving, just someone to support her in her birth. If he had been there he could have easily manipulated the situation into seeming like they just didn't want to hire me.

## Doulas Share Insight and Resources

- Today I have to contact a couple in my childbirth education class to say the husband is not welcome back.
- He used abusive, rude, and violent behavior in class.
- I also have to call the other participants to apologize and let them know he won't be coming back.

Any help with how to say all this?

## Suggestions

- Say:
  - "Class is meant to be peaceful and such behavior will not be tolerated."
  - "Safety and comfort of the other couples in the class is important so you're not allowed back."
  - "Based on your husband's behavior, my class is not the right fit and here are some resources if you need help."
- Allow her to continue coming to class because she surely needs the support but see if she can bring a friend or family.
- This sounds hard. Write out specific points to focus on before the call.

## Concerns

- If he is treating her like that in public, imagine what goes on behind closed doors. Let her know that you are there to support her.
- Address the husband directly, why make the woman the bearer of bad news?
- If he got violent and abusive in class, think how he must be at home. Tell him directly and give mama some resources for DV in private.
- It may not be safe to tell her on the phone, try to find a way to talk with her separately.
- Be prepared that she may not come back if her partner is not allowed back.

## From Beautiful Breastfeeding

**FB Post:** I have not felt this way since being raped. I am going through a high conflict divorce and custody battle that has been going on for years. With recent financial problems in trying to keep up with court costs, I have started having anxiety symptoms (racing heart, difficulty breathing, etc.). I cannot continue on like this anymore and think it is time for medication. I am still breastfeeding and my child does not want to give up any time soon.

What are mothers taking nowadays for anxiety? Have there been any studies regarding the long term impacts of taking anti-anxiety medications on infants and/or toddlers? Thank you, in advance, for your guidance and assistance.

**One Response:** Oh honey. I'm so sorry about what you're going through and so proud of your determination to keep breastfeeding. I encourage you to discuss your options for anti-anxiety medication with your caregiver. In my experience, Zoloft and [other medications] have been lifesavers in situations such as yours.

And remember, if you can't find a nursing-safe medication that works for you, there is NO shame in weaning your child to take care of your health. Healthy momma = healthy baby and you have already done an incredible job as a nursing mother. You should be very proud of yourself. Good luck, momma. 💕



### Doula Self-Care – Much like advocates 😊

- Take some time to gain perspective and increase emotional fortitude.
- Process difficult conversations and experiences with peers and other professionals.
- Prepare in advance by writing down key thoughts and practicing the conversation.
- Focus on survivor safety and offer resources.
- Plan self-care activities for after the event.

Healing from  
Previous Trauma

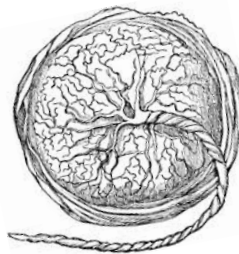
## Battered Women's Support Group/ Individual Counseling

- Offered free of charge at local, community-based domestic violence programs
- May also be accessed from a therapeutic professional via the client's insurance
- Couples counseling is contraindicated



## Body Work

- Reiki
- Prenatal Yoga
- Meditation
- Massage
- Vaginal steaming
- Placenta prints/encapsulation



## Mother's Blessing/Blessingway Ceremony

- A ceremonial, oftentimes spiritual, gathering of women to support, encourage, and promote healing of the expectant mom through pregnancy, birth and motherhood
- Many are held as a cultural celebration and/or in lieu of a baby shower

Often includes:

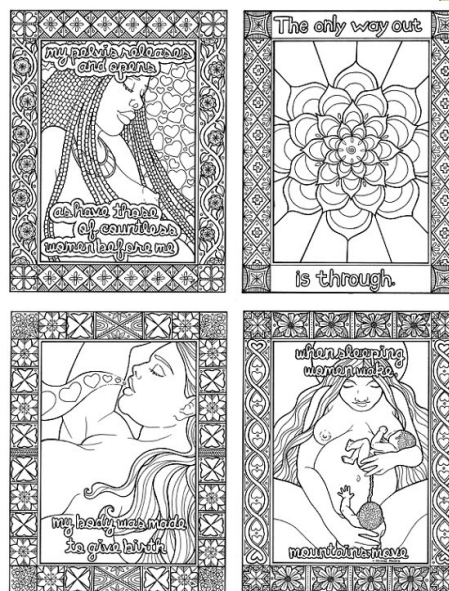
- Symbolic offering for the mother
- Smudging, release of negative spirits
- Positive re-focusing of energy
- Loving affirmations and prayers for the birth and motherhood
- Creative activities, music, food



## Art Therapy

- Coloring, mandalas  
Soften, Open, Release - A Coloring Book of Birth Affirmations by Amber delaine from The Fairywood Shop on Etsy
- Journaling
- Poetry, spoken word
- Birth affirmations
- Song

*"Fear closes you down.  
Trust opens you up."*



“A lot of it was to resolve and let go of the c-section, the rape and the molestation. But I also learned patience and forgiveness. I became my own best advocate. I became my children’s best defender and fan. I became a mother.

I created a guardian angel out of those hypnosis sessions. She’s still with me today. A big, strong Amazon woman who can beat the crap out of anyone and doesn’t take shit. She’d kind of like Xena, from the TV show (which I LOVE.) When I feel small or frightened or overwhelmed she pops up, carrying her sword and stomping around the room. I get strength from her; we’re good friends.”

-- from Lynelle’s Story, survivor Moms by Mickey Sperlich and Julia S. Seng

## Resources

Trauma-Informed  
Birth Support for  
Survivors of Abuse

## Brochures

**More women may experience trauma in childbirth, whether or not they have experienced domestic violence or sexual assault.**

**What is a Doula?**

A childbirth assistant or labor coach that helps guide the childbirth experience for laboring women through education, emotional support, comfort measures, position changes, coaching and advocacy.

**What is an Advocate?**

A trained professional that supports victims of crimes, such as domestic violence, sexual assault, stalking, and other forms of abuse, who offer information, emotional support, and help finding resources and filling out paperwork for victims to pursue legal action against their abusers.

**Resources**

**Applied Research Paper**  
Violence During Pregnancy and the Postpartum Period - This research paper from the VAWnet AR-DVPregnancyPostpartum.pdf

**TA Question of the Month**  
How can I support pregnant survivors of abuse? <http://www.vawnet.org/news/2014/07/pregnant-survivors/>

**Technical Assistance Guidance**  
Birth Doula and Shelter Advocates: Creating Partnerships and Building Capacity [http://www.vawnet.org/Assoc\\_Files\\_VAWnet/FINAL-April2014-DV-DOULAS.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/FINAL-April2014-DV-DOULAS.pdf)

**Books**  
When Survivors Give Birth: Understanding and Treating the Effects of Early Sexual Abuse on Childbearing Women by Nancy Jensen and Pegie K. Kline <http://www.pennpress.com/9780812232225>

**Survivor Alonzo: Women's Stories of Birth**  
Mickey Spillane and Asha Biny <http://www.mickeyspillane.com/9780812232225>

**The National Resource Center on Domestic Violence**  
Birth Doula provides a wide range of free consultation, and individualized technical assistance, training, and operational support. For more information call 800-541-2225, [www@nrcdvta.org](mailto:www@nrcdvta.org) or visit [nrcdvta.org](http://nrcdvta.org)

**Trauma-Informed Birth Support**  
Survivor + Doula + Advocate

**About Pregnancy, Childbirth & Trauma**

Childbirth is a natural, biological process that is experienced differently by every woman, and each woman with multiple births will have a different experience than the first.

While planning for the birth of a child and managing the challenges that the pregnancy, delivery and postpartum period can bring, women may also be coping with the trauma of domestic violence. These challenges are real, but are not insurmountable.

- Personal safety
- Faith and spiritual beliefs
- Cultural practices
- Individual planning
- Access to medical care
- Economic status
- Family and community support

With trauma informed and tailored planning and support, birth can be a beautiful and empowering experience for every woman. Planning may also offer a turning point in time for many survivors to explore the possibilities in their lives.

**Health and well-being concerns and survival needs may be intensified if pregnant women are also dealing with past or current domestic violence, abuse and related traumas.**

**What do victim advocates and birth doulas have in common?**

**Care**  
Both care are about advocate for and support the emotional and physical safety and wellbeing of women.

**Have Long-Term Impacts**  
Both are in women's lives for a short period of time but with long-term impacts and consequences.

**What can victim advocates do to support expectant women that come in for services?**

- Support** the expectant woman's efforts to be an agent in her own birth through education, empowerment and thoughtful planning (IN ADVOCACY)
- Listen** to and validate the expectant woman's concerns and needs.
- Connect** safety planning and explore child custody matters.
- Assist** survivors in accessing prenatal and postpartum care.
- Help** mothers obtain needed maternity and baby care supplies.
- Share** and promote positive birth stories.
- Support** mothers individual choices in parenting their children.

**Meet Unique Needs**  
Both come in contact with women experiencing unique needs related to power, vulnerability, and personal decision making that are potentially changed.

**Make Connections**  
Both connect women to specialized services in their community.

**How can doulas support expectant women that may have a trauma history?**

- Assess** the expectant woman's pregnancy and delivery history, including any trauma-related events, and help her to develop a plan for her birth.
- Request** for physical space and change the environment as requested.
- Help** the expectant woman become centered within her body and listen to her baby if helpful, repeat affirmations, offering comfort.
- Suggest** that another loved one be with her at the birth for additional support if the partner can't or won't be there.
- Ask** for resources to be removed, suggest different positions, change comfort measures, and use various birth options.

## Domestic Violence and Pregnant Women

### Applied Research Paper

Violence During Pregnancy and the Postpartum Period -

[http://vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_DVPregnancyPostpartum.pdf](http://vawnet.org/Assoc_Files_VAWnet/AR_DVPregnancyPostpartum.pdf)

### TA Question of the Month

How can I support pregnant survivors of abuse? -

<http://www.vawnet.org/news/2014/07/pregnant-survivors/>

### Technical Assistance Guidance

Birth Doula and Shelter Advocates: Creating Partnerships and Building Capacity -

[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/FINAL-April2014-DV-DOULAS.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/FINAL-April2014-DV-DOULAS.pdf)



## Sexual Abuse and Pregnant Women

### Handouts

Strategies for Specific “Triggers” of Anxiety in Childbirth from Penny Simkin and Phyllis Klaus – <http://bit.ly/1d4jffT>

Clinical Challenges in Childbirth Related to Childhood Sexual Abuse from Penny Simkin – <http://bit.ly/1ctGWkJ>

### Books

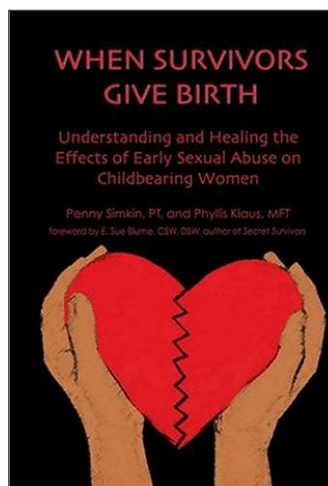
When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse in Childbearing Women by Penny Simkin and Phyllis Klaus - <https://www.pennysimkin.com/shop/when-survivors-give-birth/>

Survivor Moms: Women’s Stories of Birthing, Mothering and Healing after Sexual Abuse by Mickey Sperlich and Julia Seng - <http://www.survivormoms.com/books/survivormoms.asp>

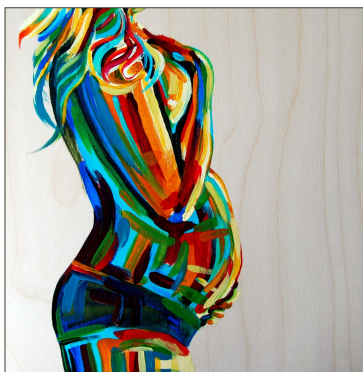
## Video

When Survivors Give Birth  
by Penny Simkin (6mins  
15secs)-

[http://youtu.be/  
YhEY2k9DWw](http://youtu.be/YhEY2k9DWw)



## Survivor Perspectives



- **I Was Pregnant When He Hit Me. Here's #WhyIStayed** - <http://www.thedailybeast.com/articles/2014/09/10/i-was-pregnant-when-he-hit-me-here-s-whyistayed.html>
- **A Sexual Assault Survivor's Reflections on Birth** - [http://www.huffingtonpost.com/sarah-beaulieu/a-sexual-assault-survivors-reflections-on-birth\\_b\\_4831780.html](http://www.huffingtonpost.com/sarah-beaulieu/a-sexual-assault-survivors-reflections-on-birth_b_4831780.html)

## Online Resources

### Evidence Based Birth:

- The Evidence for Doulas - <http://evidencebasedbirth.com/the-evidence-for-doulas/>

### For Doulas:

- toRaise Questions Doula Podcast, hosted by toLabor - **Episode 11 - Abuse Survivors**, released April 09, 2014 - <http://tolabor.memberlodge.org/page-1577947>
- eBook - Sacred Cesarean Birth Guide: A Planned Entrance into the World by Kelly Meehan - <http://www.birthhealing.com/sacred-cesarean-birth.html>

### For Moms:

- eBook - Healing The Pain of a Traumatic Birth Experience by Nicola Hogg - <http://www.amazon.com/Healing-Pain-Traumatic-Birth-Experience-ebook/dp/BooEILWISO>
- eBook - Sacred Cesarean Birth Guide: A Planned Entrance into the World by Kelly Meehan - <http://www.birthhealing.com/sacred-cesarean-birth.html>

## Where to find advocacy

### National Domestic Violence Hotline

1-800-799-7233 (SAFE) – 24/7/365 or live chat: <http://www.thehotline.org/what-is-live-chat/>

### RAINN: Rape, Abuse, Incest National Network

1-800-656-4673 (HOPE) – 24/7/365 or live chat: <https://ohl.rainn.org/online/>

### VAWnet.org: The National Online Resource Center on Violence Against Women

- ✓ Comprehensive research & resources on DV/SA prevention and intervention
- ✓ Find your state coalition or local DV/SA program: <http://vawnet.org/links/state-coalitions.php>

### WomensLaw.org, A Project of the National Network to End Domestic Violence

- ✓ Provides legal info and online support to victims of DV/SA, state by state laws available

### DOULAS

- Radical Doula – [radicaldoula.com](http://radicaldoula.com)
- International Center for Traditional Childbearing – [ictcmidwives.org](http://ictcmidwives.org)
- Doula Match – [doulamatch.net](http://doulamatch.net)
- Doulas of North America (DONA) – [dona.org](http://dona.org)

## Contact Us

The **National Resource Center on Domestic Violence** ([www.nrcdv.org](http://www.nrcdv.org)) provides a wide range of free, comprehensive, and individualized technical assistance, training, and specialized resource materials.

**Online TA Request Form** – <http://www.nrcdv.org/contact-us/>  
800-537-2238 | [nrcdvta@nrcdv.org](mailto:nrcdvta@nrcdv.org)

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