

# Peripartum Care Considerations for Survivors of Sexual Abuse

Susan Chasson MSN, JD, CNM, FNP-BC

[susanchasson@msn.com](mailto:susanchasson@msn.com)

# Impact of Childhood Trauma on Health

- Stop asking: “What is wrong with patient?”
- Start asking: “What has happened to this patient?”

# Adverse Child Hood Experiences (ACE) Study

Dr. V. J. Felitti, MD    Dr. R. F. Anda, MD, MS

## History

In 1980s Kaiser had an obesity program that had a high dropout rate. Majority of dropouts were successfully losing weight. Detailed life interviews of 286 patients showed high rate of childhood sexual abuse.

One rape victim –“Overweight is overlooked and that’s the way the way I need to be. “

# Adverse Events

- Abuse
  - Physical
  - Psychological abuse
  - Sexual abuse
- Violence against a mother /stepmother
- Substance abuse in the household
- Parent with mental illness
- Incarceration
- Loss of a parent-death or divorce

# ACE Study

- Subjects recruited from Kaiser Clinics
- 17000
- Average age 57

# ACE Demographics

- 17,337 sample size
- 54% women 46% men
- 75% Caucasian
- 39% college graduates
- 36% some college
- 18% high school graduate 7% non finished high school

# Prevalence of ACE Score by Gender

	Women	Men
0	31.3	34.2
1	24.2	27.3
2	14.8	16.4
3	10.4	9.3
4	6.8	4.8
5 or more	12.5	8.0

# Prevalence of ACEs Household Dysfunction

- Substance abuse 27%
- Parental divorce/separation 23%
- Mental illness 17%
- Battered mother 13%
- Criminal behaviors 6%



# Prevalence of ACEs Abuse

- Psychological 11%
- Physical 28% (30% of men)
- Sexual 21% (16% men 25% women)

# Prevalence of ACEs Neglect

- Emotional 15%
- Physical 10%

# Health Risk Factors Examined

- Smoking
- Severe obesity
- Physical inactivity
- Depressed mood
- Suicide
- Alcoholism
- Drug abuse
- IV drug abuse
- High lifetime number of sexual partners
- STDs

# ACE Score Relationship to Risk Factors

ACE Score	Risk Factors	
0	0- 56%	4- 1%
1	0- 42%	4- 2%
2	0- 31%	4 - 4%
3	0- 24%	4- 7%
4=>	0- 14 %	4 - 7%

# Chronic Illness Measured

- Ischemic heart disease
- Cancer
- Chronic Bronchitis/COPD
- Diabetes
- Hepatitis
- Skeletal fracture- proxy for unintentional injuries

# ACEs increase the risk of

- Heart disease
- Chronic lung disease
- Liver disease
- Suicide
- Injuries
- HIV and STDs
- And other risks for the leading cause of death

# ACE Influence

- Adolescent health
- Teen pregnancy
- Smoking
- Alcohol abuse
- Illicit drug abuse
- Sexual behavior
- Mental health
- Risk of revictimization
- Stability of relationships
- Performance in the workforce

# Key Concepts

- ACEs are common
- ACEs tend to occur in clusters
- The ACE score likely capture the cumulative (neuro) developmental consequences of traumatic stress
- The ACE Score has a strong, graded relationship to numerous health, social and behavioral problems
- These ACE –related problems tend to be **co-morbid and co-occurring**



# What Do We Know About Utah

## Adverse Childhood Experiences (ACEs)

Table 1. Prevalence of each category of adverse childhood experiences and score by sex, Utah, 2010

Adverse Childhood Experience (ACE)	Total		Female		Male	
	%	95% CI	%	95% CI	%	95% CI
Verbal abuse	37.9	(35.2–40.5)	38.3	(34.8–41.8)	37.4	(33.3–41.5)
Mentally ill household member	21.0	(18.2–23.3)	22.3	(19.3–25.2)	19.7	(16.2–23.3)
Parents separated/divorced	19.3	(17.1–21.5)	18.1	(15.3–20.9)	20.6	(17.2–23.9)
Physical abuse	17.1	(15.0–19.2)	16.5	(13.7–19.2)	17.7	(14.4–21.0)
Household alcohol abuse	16.4	(14.4–18.4)	17.8	(15.1–20.5)	14.9	(11.9–17.9)
Witness domestic violence	12.4	(10.7–14.1)	12.6	(10.4–14.8)	12.2	(9.5–14.8)
Household drug abuse	12.0	(10.0–14.0)	9.7	(7.4–12.0)	14.5	(11.3–17.6)
Touched sexually	9.0	(7.5–10.5)	12.0	(9.7–14.2)	5.9	(3.9–7.9)
Touched an adult sexually	7.3	(5.9–8.6)	9.7	(7.7–11.9)	4.6	(2.8–6.5)
Household member in prison	6.1	(4.7–7.5)	4.1	(2.5–5.7)	8.1	(5.8–10.5)
Raped	2.9	(2.0–3.8)	5.0	(3.3–6.7)	0.8*	(0.2–1.3)
<b>ACE Score</b>						
0	41.1	(38.5–43.8)	41.9	(38.4–45.4)	40.3	(36.3–44.4)
1–4	48.8	(46.1–51.6)	46.8	(43.2–50.3)	50.9	(46.7–55.1)
≥5	10.1	(8.2–11.9)	11.3	(8.9–13.8)	8.7	(6.1–11.4)

Source: Utah Behavioral Risk Factor Surveillance System, 2010

# What Might Be Medical Conditions that Indicate a History of Abuse?

- Substance abuse
- Chronic pain
  - Back
  - Migraines
  - Pelvic
  - Abdominal
- IBS
- Fibromyalgia
- Depression

# How Does Trauma Impact Pregnancy ?

- If you do not ask they will not tell you
- It's a Control Thing !!
- Be aware of trauma triggers
- You are not allowed to leave the room unless you take your body with you.

# Screening All Women for Past and Present Abuse

- Screen when patient is alone
- Give informed consent
  - Child abuse may need to be reported
  - Children witnessing abuse
  - Being threatened with a gun
- Ask how this has impacted their life
- Have they had therapy
- Be able to offer resources

# Giving Patients Control

- Privacy is important
- Trust is important
- Ability to limit examinations
- Ability to have say about the birth process – may choose a home birth to avoid interventions
- Allowing control about child – may be hypervigilant

# Be Aware of Trauma Triggers

- Pelvic exams
- IVs
- Cameras
- Surgery
- Smells
- Pushing

## Triggers You Cannot Control

- Finding out the sex of the child
- Finding out the abuser has died



# Dealing With Disassociation

- Ask patient if they ever feel like they are not present
- Discuss strategies for prevention
- Provide stimulus to keep the patient present or distracted
- Stop what you are doing if the patient disassociates and wait for them to be present



# What Can You Do?

- Don't judge or victim blame
- Understand rape myths
- Listen to what the patient wants
- Be prepared to make referrals
- Don't forget the fathers
- <https://www.cnn.com/videos/politics/2018/09/21/gop-women-kavanaugh-christine-blasey-ford-florida-kaye-pkg-ac-vpx.cnn>

# References

- Leeners, B. Richter-Appelt, H., Imthurn, B. , and Rath, W. (2006) Influence of childhood sexual abuse on pregnancy, delivery, and the early postpartum period in adult women. **Journal of Psychosomatic Research** (61) 139-151
- Byrne,J., Smart., C. and Watson, G. (2017) “I felt like I was being abused all over again” :How survivors of child sexual abuse make sense of the perinatal period through their narratives. **Journal of Child Sexual Abuse** (26) 465-486.
- Beal, J. (2018) Supporting sexual abuse survivors in childbirth. **Midwifery Today** (126) 24-25.
- LoGuidice, J. and Beck, C. (2016) The lived experience of childbearing from survivors of sexual abuse: “It was the best of times it was the worst of times.” *Journal of Midwifery and Women’s Health*. (61)474—451.
- LoGuidice, J. (2016) A systematic review of literature of the childbearing cycle as experienced by survivors of sexual abuse. **Nursing for Women’s Health** Dec 2016 584-593.
- AWHONN Resources
- <https://awhonnconnections.org/2017/08/24/providing-care-for-survivors-of-sexual-abuse-during-childbirth/>