MONASH University
Medicine, Nursing and Health Sciences

Survivor perspectives of improving postnatal service delivery with child sexual abuse survivors

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Sexual Violence Research Forum
Johannesburg 6-9th July 2009

What is Childhood Sexual Abuse

Childhood Sexual Abuse (CSA)

"any act which exposes the child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards"

The Australian Institute of Health and Welfare (1995 p.46).

Methods

- **Volunteers**
- **Recruited through maagazine**
- **Self-identified as CSA by a family member**
- **Semi-structured interviews with 18 women**

  Initial group of 11 women

  Second group of 7 to further explore professional care

Analysis

- **Thematic Analysis**

  Coded for emerging themes

  Compare between participants

  Develop ideas and concepts to explain themes
- **Data Management assisted by NVivo2**

Safety issues in the clinical encounter

- **Examination is pretty uncomfortable and having myself physically examined during pregnancy… Even before I was pregnant pap smears and stuff were incredibly uncomfortable…it would be way more comfortable setting fire to my arm (Penny).**

More safety issues in the clinical encounter

- **There was one bad experience during the IVF treatments when one of the nurses rushed me. Normally I control of the speed of vaginal examinations and tell them to stop. One of the nurses didn't hear me and I went into a trauma response. It's pretty spooky because the first thing that happens is, I lose eye contact, I can't communicate verbally, I just completely shut down … the worst extent is total paralysis. I shake uncontrollable and then I am paralysed, I don't have any control over my whole body. My whole body is paralysed, I can hear, but I can't talk (Lenora).**

More safety issues

- **When I am alone in the room I'm looking for signs. I think because my GP is a male and of course, he has to touch me in very private places. […] He would spend a long time feeling with my tummy, but during that period, maybe his hip would touch my arm or his tummy would touch my arm and I would go … oh … what are you doing? Then I would realise now he's not doing it abusively … he's just trying to do his job. Things like that still affect you strongly, so you know that you're on edge worrying. I don't think we would ever get over it. I think we just need to learn how to live with it and that's it (Jane).**

Importance of control

- **I remember at the hospital, trying to learn to feed the twins in the nurseries. One day I was feeding, the nurse left the curtain open and a group of what looked like high school children walked in ... It is especially hard when you feed two babies, because you can't be discreet and with twins people stare even more**

Inability to ask for help in hospital

- **It was really hard and embarrassing. I couldn’t ask the nurse to shut the curtain, so there I was exposed to the world [*visibly upset*].**

- **A builder walked in the other day when I was breastfeeding and he was very apologetic. Obviously, if I didn't want him to see or something then I would have moved or covered up or something but it was fine for me.**

Safety issues for baby too!

- **Oh one thing that I have struggled with is the testes check with the boys, […] I always think it's a bit gross but I know it's normal. […] I think "Should you be doing that?" It's just a doubt, and a concern about how appropriate it is. I knew what they [doctors and MCHNs] were doing but no-one ever said "I am going to do this now". It's something that's got to be done … but if it got too bad … I don't know [what I would do]. (Liz).**

Themes

- **Clinical encounter is risky**

  Issues of trust

  Sexualisation

  Hypervigilance

  Retraumatisation

Theory and Explanations

- **Chronic PTSD**
- **Traumatogenic Model**

  Traumatic sexualisation (sexual preoccupation)

  Betrayal (trust and sense of vulnerability)

  Powerlessness (vulnerability to body invasion, sense of self as victim)

(Browne and Finkelhor 1985)

What helps

- **Continuity of care-giver**
- **Developing a trusting relationship**
- **Access to supportive services**
- **Improved healthcare professional knowledge of trauma responses**
- **Explanations and patient-based control of the clinical encounter**

“Universal Precautions”

- **Never assume consent**
- **Explain any professional touch, including examination or procedures, what is to be done, how it will be done and why it is necessary. Where possible explain and offer alternatives.**
- **Explain baby examinations as carefully as an adult one**
- **No procedure or examination should be “routine” as most professionals will be unaware of the patient’s (or the patient’s mother’s) past history of CSA.**
- **Obtain informed consent for maternal and baby touch, including examinations and procedures.**
- **Check in with the patient (or patient’s mother) during examinations: Ask “Are you comfortable with this?” or “Is this OK with you?”**
- **Stop or slow examinations at the patient’s request or in response to patient distress.**

Reference

- **Coles, J. and K. Jones, *"Universal Precautions": Perinatal touch and examination after childhood sexual abuse. Birth, 2009. 36(3 September 2009).***