The Unwelcome Guest

Working with Childhood Sexual Abuse Survivors in Reproductive Health Care

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KEYWORDS

• Childhood sexual abuse • Reproductive health care • Trauma • Providers

KEY POINTS

- Health care providers (HCPs), in service of best care practices, are often poorly prepared to respond to childhood sexual abuse (CSA) survivors' specific needs in reproductive health care.
- With few legitimized protocols addressing the CSA survivor population, HCPs struggle with delivering appropriate interventions that meet professional standards of care within the systemic constraints of reproductive health care.
- To bridge the gap that exists when the unwelcome guest of CSA enters the reproductive health care arena, it is important to understand the psychological influences of trauma that affect CSA survivors, the symptoms or behavioral cues that are commonly revealed, and therapeutic approaches that can facilitate positive patient-provider experiences in health care.

Health care providers (HCPs) undergo rigorous training in service of clinical competency excellence in all specialties of practice. In women's reproductive health care, this clinical competency demands attentiveness to multiple organic systems and complex factors affecting the overall well-being of women, especially expectant mothers and their babies. Reproductive HCPs—that is, obstetricians/gynecologists, midwives, and labor and delivery nurses—engage patients in a joint mission to encourage wellness in all aspects of reproductive health care.

When patients have histories of adverse childhood events (ie, neglect, verbal, physical, or sexual abuse, as described in the Adverse Childhood Experiences Study: https://www.cdc.gov/violenceprevention/acestudy/index.html), their lived experiences of initiating and using reproductive health care may be tenuous. Some women with histories of adverse childhood events are less inclined to access routine or preventive health care.[1] Even with sufficient health insurance, they may prefer to avoid the

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clinical setting altogether.[1] Others seek out medical services for largely unexplained physical symptoms, giving significant attention to somatic complaints and demanding answers from HCPs.[2] These patients may be hypervigilant and sensitive toward all aspects of their bodies.[3] Conversely, patients may be reluctant to adhere to prescribed health care practices—particularly if they are depressed or perceive themselves to be helpless or unworthy.[4] These scenarios are especially true for survivors of childhood sexual abuse (CSA). From the standpoint of both HCPs and patients, CSA is a significant factor that complicates the mission of wellness in reproductive health care. Most often, these factors complicate the provider-patient relationship and are heightened by gaps in communication, expectations, and unmet needs for both parties.

The incidence and qualitative experience of CSA survivors in reproductive health care settings have been studied, primarily in the past 2 decades. Recent statistics suggest that CSA history is as common in reproductive health care settings as gestational diabetes and hypertension.[5] Concurrently, a movement toward trauma-informed health care has been launched in social service agencies, clinical settings, and educational programs. Trauma-informed protocol is supplemental or adjunct training to standard clinical skills. It is fitting to explore the current experience of reproductive HCPs vis-à-vis CSA survivors who become their patients and to offer trauma-informed recommendations for better provider-patient experiences.

EMOTIONAL OVERVIEW OF THE CHILDHOOD SEXUAL ABUSE SURVIVOR

Reproductive HCPs conduct their professional trade in the physical proximity of body parts that are intimately tied to multiple layers of meaning for most women. Breasts and genitalia are sensual and sensitive as well as utilitarian—for sexual pleasure, for birthing and nourishing babies, and for supporting the health of the next generation. Reproductive HCPs work daily with these body parts, having acquired a biological mastery of, and a learned familiarity with, breasts and internal and external reproductive organs. Conversely, CSA survivors regard their body parts with a different level of meaning: violation, trauma, and horrific memories, and this is where they push back from most attempts to befriend or become personally comfortable with these physical body parts; there will always be that dark cloud that hangs over their perceptions of breasts and genitalia.

It is specifically because of how these women carry the memories of CSA into adulthood that their bodies are often the containers of mixed messages, emotional ambivalence, painful secrets, and multiple layers of meaning. The physical body may even feel like the enemy that CSA survivors must reconcile on a daily basis to manage physically being in the world.

FROM THE PERSPECTIVE OF THE CHILDHOOD SEXUAL ABUSE SURVIVOR

Research from the National Child Traumatic Stress Network suggests that 1 of 4 girls and 1 of 6 boys experience sexual abuse in one form or another before the age of 18 (http://nctsn.org/nctsn_assets/pdfs/caring/ChildSexualAbuseFactSheet.pdf). Because CSA is often held in secrecy, however, many cases are never reported. CSA is disturbing by its nature and traumatic for its victims. Many CSA survivors reach adulthood without revealing the stories of their abuse.

Survivors often relegate memories of such unsettling childhood events to past history in an effort to protect themselves from the burden of re-experiencing painful and sometimes unclear or confusing memories. Studies indicate that women who access reproductive health care may avoid or omit disclosure of CSA during the intake process and, in many cases, during routine obstetrics and gynecology (OB/GYN) health screenings.[3,6,7] In adulthood, many CSA survivors are more than happy to detach from