

The Sexual Abuse to Maternal Mortality Pipeline: Trauma Informed Practices for Ending Maternal Mortality

**Sevonna Brown,
Co-Executive Director**



About Black Women's Blueprint

Black Women's Blueprint is an organization using civil and human rights approaches to organize and develop a culture where women of African descent are fully empowered and where gender, race and other disparities are erased. Black Women's Blueprint is the convener of the first Black Women's Truth and Reconciliation Commission on Sexual Violence to occur in the United States.



About The Report

The Sexual Abuse to Maternal Mortality Pipeline

The report outlines the concept of the sexual abuse to maternal mortality pipeline as a concrete reality within the reproductive life-course and across the full reproductive life span.

The Sexual Abuse to Maternal Mortality Pipeline

A Report by
Black Women's Blueprint



THE INSTITUTE FOR GENDER
AND CULTURE (IGC)
AT BLACK WOMEN'S BLUEPRINT

Three factors that prompted Black Women's Blueprint to research and coin the Sexual Abuse to Maternal Mortality Pipeline

- The Outcomes of the Truth and Reconciliation Commission on Sexual and Reproductive Violations and our key findings
- Existing research, COLEVA and ACEs Scores linked to what we have witnessed as doulas, and women's advocates in the hospitals, gynecological exam rooms and medical institutions
- The Current State of Affairs - the political moment regarding constant threat to reproductive health, access, justice, clinics closing

The Data: The National Crisis in IPV and Maternal Health

- There are over 32,000 pregnancies resulting from rape each year in the United States according to the Bureau of Justice Statistics.
- Furthermore a survey completed by Black Women's Blueprint as part of the Truth and Reconciliation Commission on Sexual Assault, found that close to seventy percent (70%) of Black girls surveyed experienced sexual violence before reaching their 18th birthday.
- A local doula services agency -- among a growing number of doulas and doula services who find it imperative to inquire into pregnant women's sexual abuse history -- reported that almost 20% (50 of 275) of pregnant women served, report having experienced some form of sexual abuse across their lifespan.
- Persons in their interaction with OB and GYN interactions and in their childbearing years also report a variety of retraumatizing experiences in obstetrics and gynecological settings that exacerbate pre-existing post-traumatic-stress from past sexual assault.

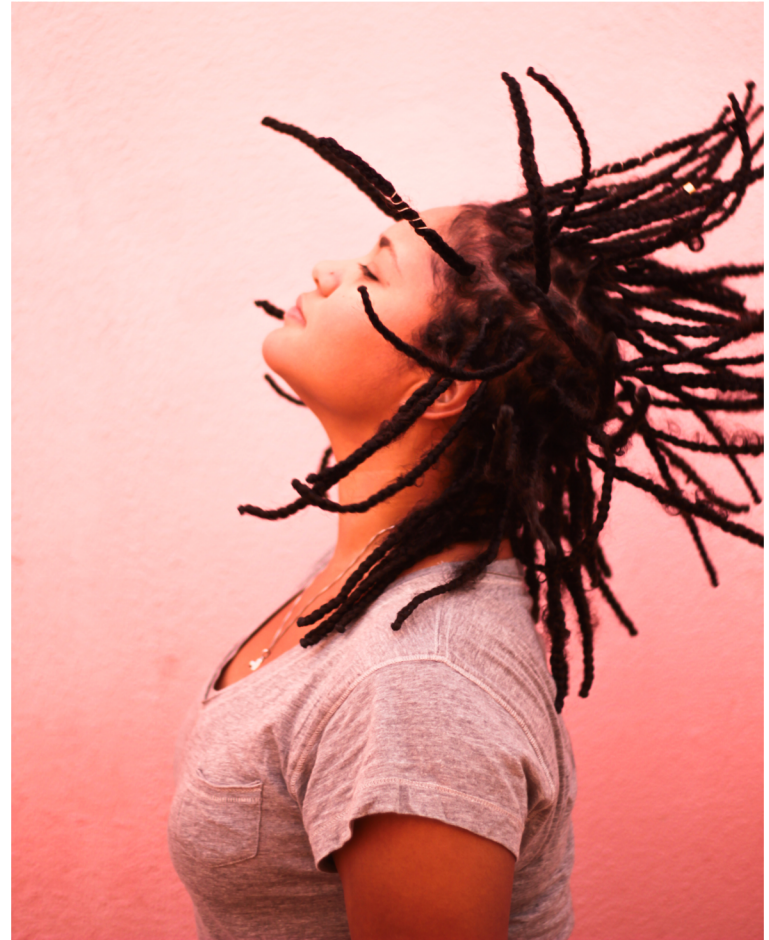
The Sexual Abuse to Maternal Mortality Report



This report examines the “*Sexual Abuse to Maternal Mortality Pipeline*” and its markers from: sexual abuse, to unaddressed trauma, to superimposed social/structural stressors like racism and sexism, retraumatization within medical experiences, distrust and avoidance of health care professionals, obstetrics violence and finally, maternal mortality.

What IPV Prevention Advocates Need to Know

IPV survivors report lasting impact throughout their reproductive life-span and where maternal health is concerned, the long-term effects of trauma experienced by women is directly proportional to the lack of gender-responsive care and intervention.



The Sexual Abuse to Maternal Mortality Pipeline Institute

The report illustrates the pipeline with examples, including:

- Pregnant people who do not seek gynecological and prenatal care due to IPV
- Survivors who report experiences of virginity testing as girls with vaginal penetration practiced with parental consent by OB/GYN professionals,
- and stories of those who experience obstetric violence



Sexual Abuse

Unaddressed
Sexual Trauma

Weathering
(racism & toxic
stress)

Avoidance of
Gyn Care

Abuse within
OB/GYN Care

SA Trauma
Symptoms
Retriggered

Avoidance of
Gyn Care

Maternal
Mortality



The Sexual Abuse to Maternal Mortality Pipeline

While research suggests that sexual violence is grossly underreported, our research finds that more than half of women of color tell no one about their abuse.

This unaddressed sexual trauma, predisposes them to toxic stress, weathering, medical distrust and avoidance, obstetric abuse and neglect, then ultimately increased maternal mortality

Sexual Abuse

Women of color are disproportionately affected by sexual abuse, sex trafficking, fondling and groping, assault, rape and the resulting adverse outcomes.

Sexual abuse survivors' past trauma impacts their full reproductive life-course and reproductive future.



Unaddressed Sexual Trauma

The neglect of sexual trauma histories leads to higher probabilities of re-traumatization and the abuse-to-maternal-mortality pipeline.



Weathering

The complex web of social and cultural relations and anxieties that cases chronic threats to be superimposed with the continuous accumulation of stress from racism and sexism and other societal oppression and its impact on maternal morbidity and mortality.



“Weathering” is proving deadly for women of color

“Weathering” is a concept developed by Arline Geronimus, professor at the University of Michigan, that describes the cumulative physical impact of enduring stress, such as living with racism. Geronimus links weathering to a broad range of health disparities, including high maternal and infant mortality rates.

Women of color, particularly Black and Native women, carry the burdens of negative health impacts from historical trauma borne out of the legacy of slavery and sexual violence, criminalization and federal policies supporting genocide, forced migration, and cultural erasure.



Avoidance/Delay of Gynecological Care

The unaddressed trauma and societal oppression is linked to the avoidance, non-access or delay of gynecological and maternal care.



Abuse Within OBGYN Care

The experiences of survivors with medical professionals who are dismissive, minimizing their physical pain or mimic behaviors that causes many survivors to be retraumatized.



Trauma Symptoms Retriggered of New Instances of Violence

How the behaviors and language of healthcare professionals that mirror the trauma experiences of survivors conflated with the influence of violence and rape culture in healthcare settings retraumatizes survivors.



Obstetric Violence

Obstetric violence is normalized mistreatment of women and birthing people in the childbirth setting. It is an attempt to control a woman's body and decisions, violating her autonomy and dignity. It has also been termed “disrespect & abuse” by the World Health Organization.



Maternal Mortality and Morbidity

The pattern of sexual abuse to negative maternal outcomes for marginalized women and the correlation to maternal mortality and morbidity.



What Might Advocates Be Missing: The SA/RJ Spectrum

BLACK WOMEN'S BLUEPRINT

SA/RJ SPECTRUM

PRE-PUBESCENT (REPORTED AS EARLY AS 7 YEARS OLD)

- Period shaming
- Breast shaming
- Breast pounding
- Female genital cutting

"CHILD BEARING AGE" (WITH OR WITHOUT CHILDREN)

- Reproductive coercion
- Refusal to provide contraception (refusing to "tie tubes")
- Forced abortions
- Non-consensual pelvic exams
- Painful or invasive gynecological exams
- Nonconsensual transvaginal ultrasound
- Forced sterilization
- Sexually suggestive language

ADOLESCENCE

- Virginity testing with vaginal penetration
- virginity control
- Painful pelvic exams
- Sexually suggestive language in GYN exams

PREGNANCY

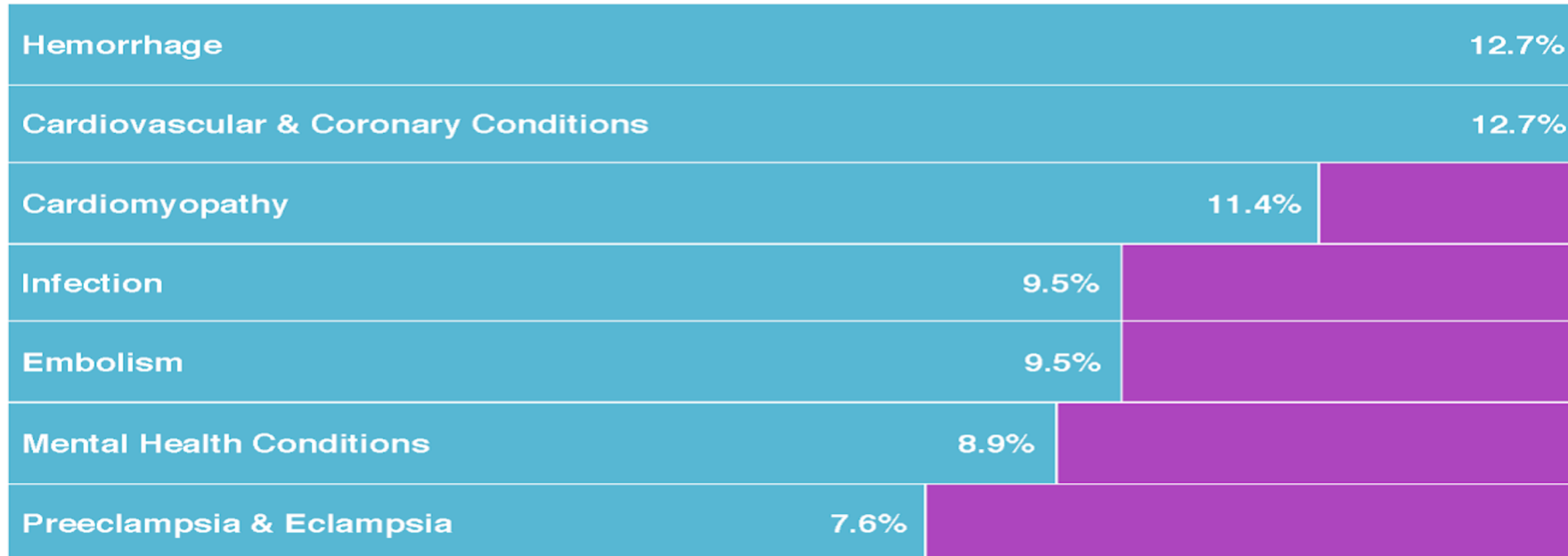
- Forced membrane rupture, or membrane sweep (breaking water bag), forced membrane stripping,
- Nonconsensual transvaginal ultrasound
- Forced Episiotomy/forced
- Vaginal tearing

LABOR AND DELIVERY

- Obstetric violence and use of force,
- Using sexualized language in medical Procedures and routines (often experienced by younger or teens in labor),
- Nonconsensual vacuum extraction
- Nonconsensual forceps use,
- Voyeurism (persons in birthing room unapproved by person in labor).
- Presence of abuser in delivery room
- Non-consensual insertions into laboring person's vagina.
- Vaginal tearing
- Maternal mortality

Why are women dying in childbirth: weathering in addition to physiological causes is proving deadly for women of color

Seven Causes Account for Most Pregnancy-Related Deaths



Source: *"Report from Maternal Mortality Review Committee: A View Into Their Critical Role,"* February 2017

Why are women dying in childbirth: weathering in addition to physiological causes is proving deadly for women of color

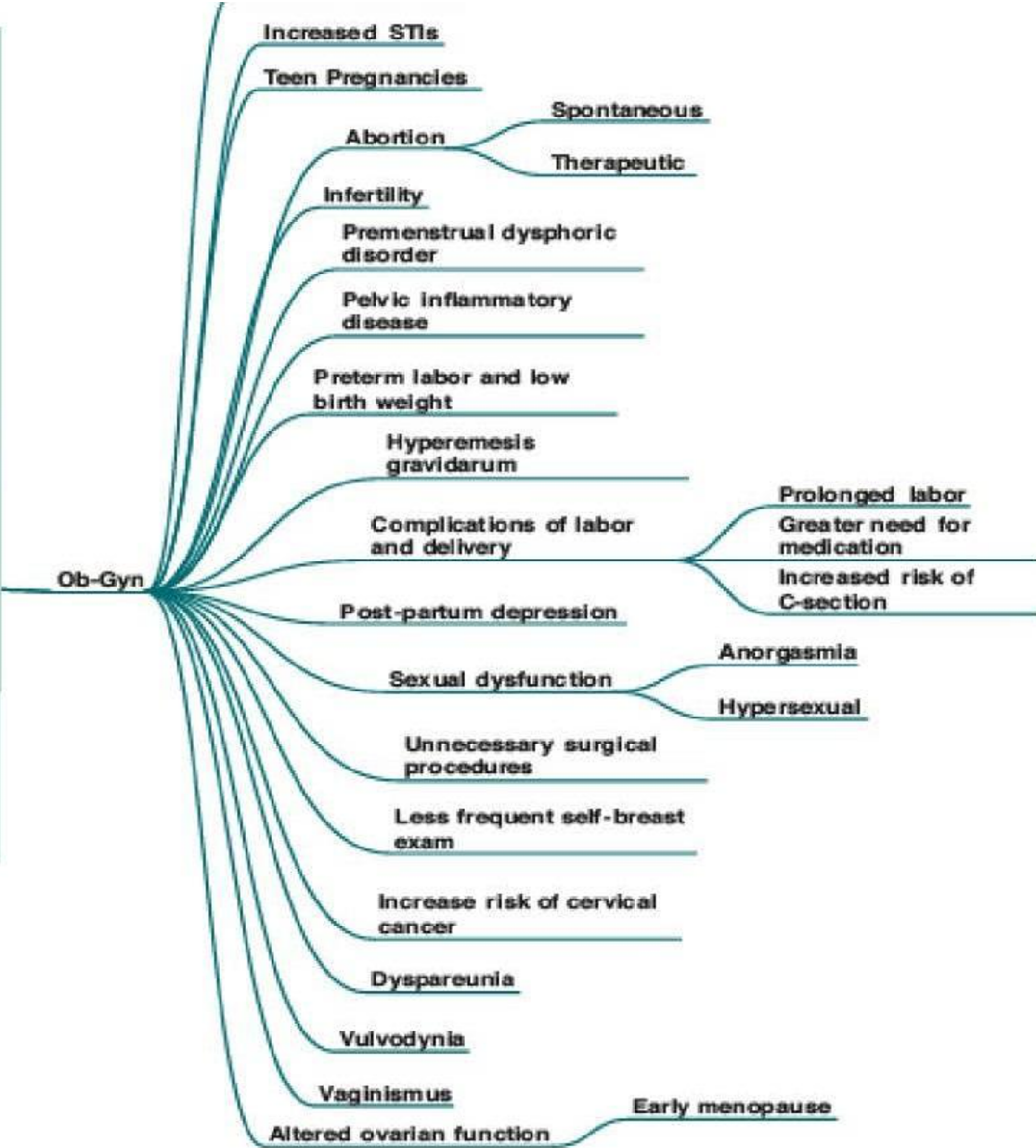
Sexual Assault/Trauma Manifestations	Leading Cause of Maternal Mortality
Uterine Inertia/Prolonged Labor	Hemorrhage
Women with a history of trauma and PTSD symptoms have a 60 percent increased risk of cardiovascular disease.	Cardiovascular and Coronary Conditions
Coerced Sexual Exposure/ Early rupture of membranes/Multiple Vaginal Exams	Infection
Can Present after Blunt Trauma	Amniotic Fluid Embolism
Post Traumatic Stress Disorder	Mental Health Conditions
Hypertension and increased rates of high blood pressure	Preeclampsia and Eclampsia

Reproductive Justice Using a Trauma-Informed Lens

- Survivors of sexual violence face increased adverse obstetric outcomes especially within marginalized populations. The trauma experienced from sexual assault and abuse has long-lasting effects on an individual's ability to fully engage with their body's need for medical care.



Physical Impact of Exposure to Sexual Abuse



Physical and Mental Consequences of Exposure to Sexual Abuse

The CDC-Kaiser Permanente conducted a landmark ACE (Adverse Childhood Experiences) study from 1995 to 1997 which supports what sexual assault advocates and psychiatrists have been identifying for decades—that “adverse childhood experiences related to sexual trauma are the most basic cause of health risk behaviors, morbidity, disability, mortality, and healthcare costs.



How Does Weathering Impact Risks for Maternal Mortality and Morbidity

Taken together, a burgeoning body of literature supports the role of intimate partner violence during pregnancy in contributing to adverse maternal and neonatal outcomes.



Mechanisms for Understanding How IPV May Influence Adverse Maternal and Neonatal Outcomes

- Prenatal care presents a unique window of opportunity in which health care providers can foster trusting relationships with pregnant women



Past Sexual Abuse and the Relationship to Pregnancy

Body memory can awaken when a woman's body starts to change during pregnancy.

The gestational belly becomes part of the public arena, where everybody notices and sees it.

For a woman without a history of sexual abuse, this can be the most beautiful thing.

However, for a woman who has been sexually abused, her body becoming more noticeable and different can be extremely distressing.

Stressors for Pregnant Survivors

Increased nightmares/night terrors

Concern of scarcity and inability to provide for fetus

Fear of unwanted touch
(family members rubbing their belly or touching them without consent)



The Relationship between Pregnancy and Sexual Abuse

Some studies have shown that girls who have been sexually abused in childhood are three times more likely to get pregnant before the age of 18 years than those who have not.



Stressors for Pregnant Survivors in the OBGYN Office

A sexual abuse survivor who is receiving prenatal care may face stressors beyond those encountered during a gynecologic visit.

While breast and pelvic examinations are common to both gynecologic and obstetric encounters, the perinatal period can be especially challenging for pregnant survivors.



Stressors for Pregnant Survivors in the OBGYN Office Continued

Recurrent and intrusive memories

Avoidance of thoughts, activities, and other reminders of the traumatic event

Heightened irritability and other manifestations of autonomic arousal

Negative changes in mood and cognition

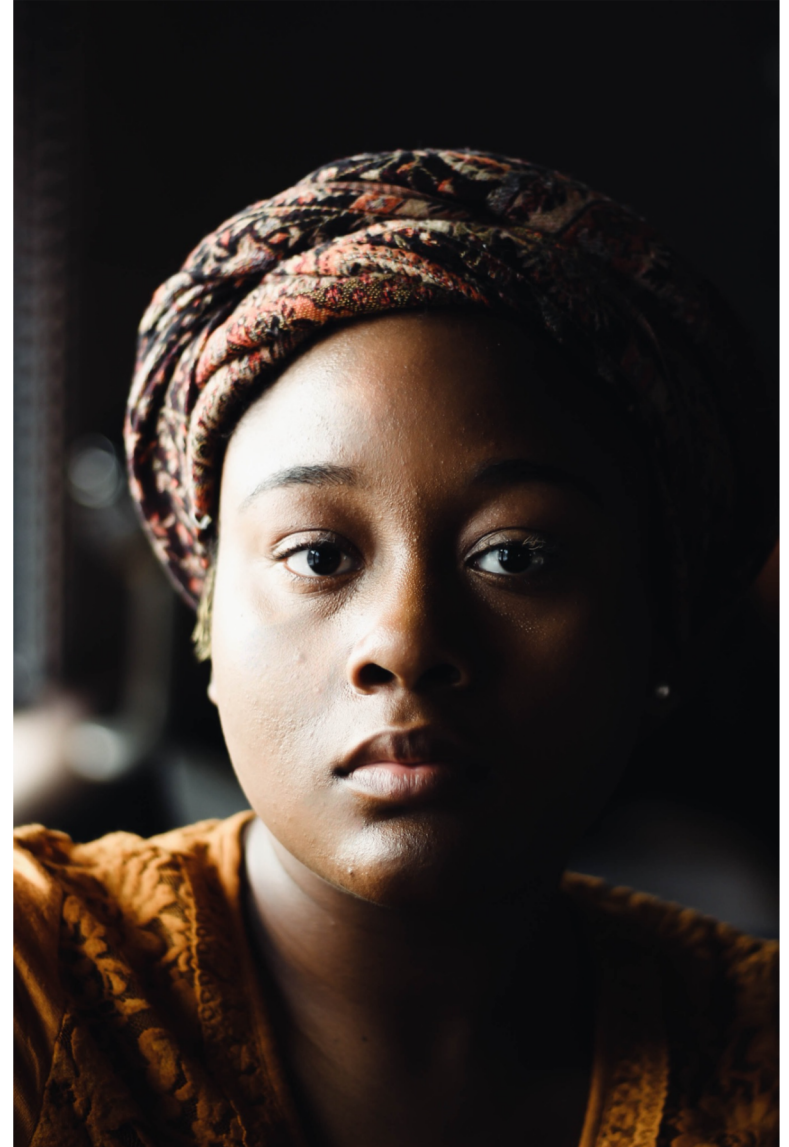
Unique Triggers for Pregnant Survivors

Fetal movement

Bodily changes

Common procedures and
examinations in prenatal care

The stressors of labor and
delivery



Intrusive Thoughts for Pregnant Survivors

Fear of miscarriage (especially in survivors who experience incontinence or pelvic floor issues) or fear of loss of control if water bag breaks in public spaces

Fear of harm caused to baby during penetrative intercourse

Fear of ever-changing body/physiological evolution of pregnancy

Fear of unwanted touch



Response to threat in pregnant survivors

Survivors may not be excited about their pregnancy

Survivors may worry about losing control over their body

Survivors may experience dissociation from their body

Survivors may experience flashbacks or triggers in their provider's office

Stories Shed Light on the Impact of Trauma

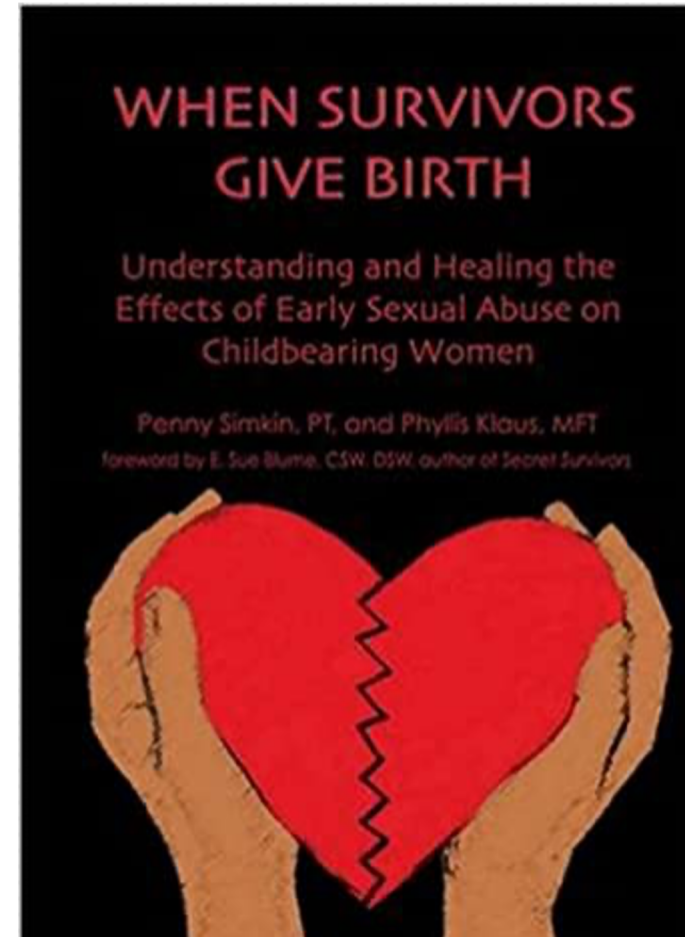


What we can learn from the report: Lessons from Katrina's story



Neglect of Past Abuse Reinforces the Maternal Mortality Pipeline

As noted, Penny Simkin's book "When Survivors Give Birth" surfaces through case studies the pervasive lack of knowledge among diverse professionals who should be proficient in survivor-centered and trauma-informed care when engaging survivors, not only in sexual violence but in reproductive justice, reproductive health and maternal health settings.



Dismantling the Pipeline

- What areas of your work can you make recommendations for implementation and practice for dismantling the sexual abuse to maternal mortality pipeline?
- What recommendations can you make that speak to Policy, Medical Practice, and Culture Change?
- Where do you see the sexual abuse to maternal mortality pipeline being addressed in your field or line or work?
- Where are the gaps in policy, medical practice and culture change?

Discussion

