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Survivor Moms

A NEW BOOK ON BIRTHING, MOTHERING AND HEALING AFTER SEXUAL ABUSE

Timely information about “Survivor Moms” geared toward lay women, midwives and counselors

EUGENE, Oregon—During the past 20 years talking about the fact that women and children experience abuse and violence in our society and inside their homes has become far less taboo. Breaking the taboo against talking about that kind of abuse and sexual trauma can affect childbearing for some women is taking longer. Research is beginning to show that traumatic experiences in general—from abuse, to disasters, to terrorism—may take a toll on pregnant women and affect their children, too. In addition, birth professionals and counselors have become aware that past traumatic experiences can reappear as posttraumatic stress during the childbearing year. Resources are needed to help these “survivor moms” and their caregivers address trauma-related needs across the childbearing year.

A new book, *Survivor Moms: Women’s Stories of Birthing, Mothering, and Healing after Sexual Abuse*, by Mickey Sperlich, CPM, MA, and Julia Seng, CNM, PhD, includes excerpts from 81 women’s stories of birthing, mothering and healing after childhood sexual abuse. It is intended to break down the isolation pregnant women and their caregivers often feel—as though they were the only ones having to cope with these challenges. The book is written for lay women and for professionals. It includes some women’s complete narratives, many excerpts, discussion of implications of women’s experiences for their care, suggestions for working together during maternity care and beyond, resources to consult, and information from research that is currently available.

In 1998, together with a team of survivors, therapists, and midwives, Mickey developed a survey project called “Survivor Moms Speak Out”, which asked basic questions about the ways in which survivors felt that their pregnancies, births, postpartum and mothering had been influenced by their history as survivors. The surveys were distributed at midwifery and birth-related conferences across the country, at doctors’ and midwives’ offices, and via a contact address on the Web. The total number of surveys circulated over a two year period was 1136. A total of 207 surveys were returned, and from this number 81 women completed a narrative or contributed a poem. These narrative accounts have been edited and now form the basis for our forthcoming book. In addition to the narratives, Julia and Mickey have woven their clinical perspectives as midwives into the text, as well as the voices of many other maternity and mental health professionals, together with an accounting of the state of the science as regards survivor issues.

Who are the survivor moms of this project, and what can midwives and maternity professionals learn from them? The vast majority of survey respondents were survivors of childhood sexual assault/incest (82%). Many of these women were also later victims of sexual abuse, as well (59% during adolescence, 16% during

adulthood). Obviously, given these numbers, many of the women were sexually abused both during childhood and as adolescents or adults. The women who responded to this survey were a very diverse group of women. The respondents represented a range of current life circumstances, abuse histories, experiences with therapy, substance abuse programs and self-healing strategies, and a range of descriptions of the negative and positive aspects of survivorship.

The book covers information from a wide range of professional sources about how adult women are affected by childhood maltreatment and sexual trauma, something that can affect women in their experiences as mothers and even grandmothers. Included is an overview of diagnostic criteria for posttraumatic stress disorder (PTSD), with illustrations of psychiatric terms with the women's own words about PTSD. Since some women who have been abused do not seem to suffer the long-term damage and co-morbidities (substance abuse, depression, generalized anxiety, interpersonal sensitivity, for example) evident in other women, PTSD is likely a plausible mediating factor for many women.

Women also discuss issues of disclosure and whether and under what circumstances they were able to tell someone about what had happened to them. These discussions will help caregivers to understand the difficulty of telling someone about such a history, and the implications it has for the caregiving relationship. Descriptions of other significant clinical problems, such as women having "out of body" experiences during internal exams or in labor are framed as survival and coping strategies.

The book also provides recommendations and information about the psycho-dynamics of the maternity caregiver/client relationship, preparation for labor and birth, optimal prenatal care, successful breastfeeding and breaking the chain of abuse through healing and mothering.

Being a mother has healed me in more ways than I could ever count.

Producing something good from my body, my self, which had been so violated was restorative to me. I am not evil, and nothing I did made me deserve to be treated as I was.

—from Ann's story

