

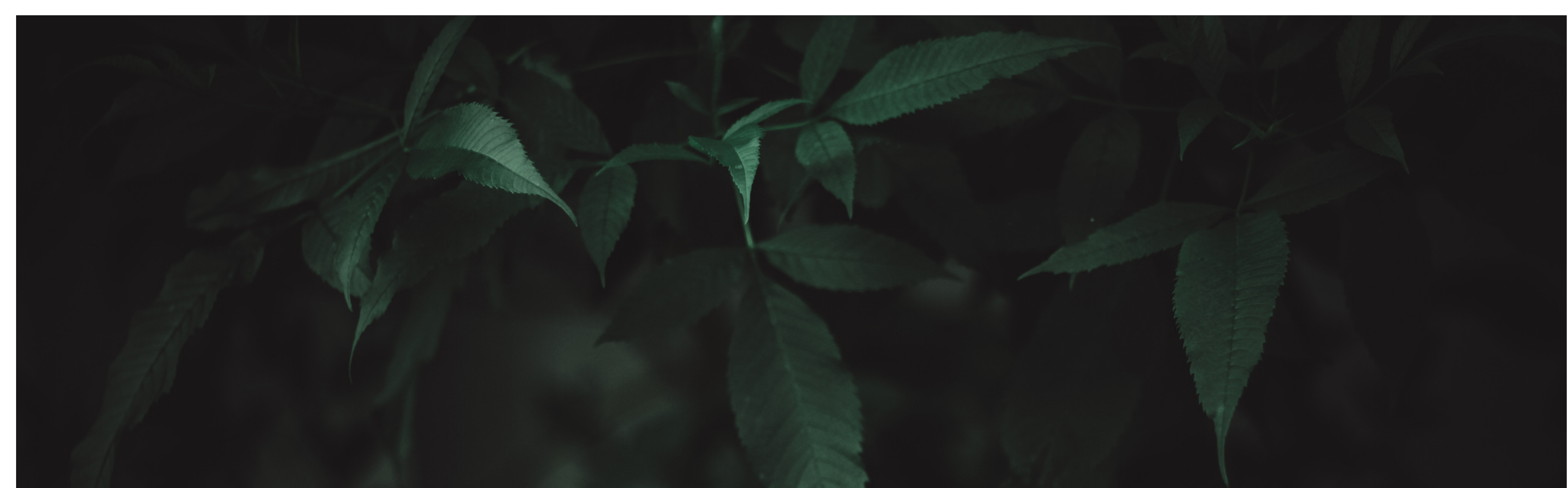
Supporting Survivors of CSEC Through Reproductive Experiences: 101



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Pronouns: She/They

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In short- the folks you serve are the most likely to be traumatized, re-traumatized, triggered & overwhelmed during reproductive experiences.

Exploited youth often reside at the intersections of multiple marginalized identities such as woman, femme, queer, trans, undocumented, BIPOC, formerly incarcerated, etc.

Institutional oppression marginalizes the above identities which results in them experiencing high rates of violence with the least amount of access to healing & accountability-seeking resources.

Surviving multiple forms of violence & marginalization ON TOP OF the inherent vulnerability of reproductive experiences create an ideal scenario for re-traumatization, new trauma, triggers & overwhelm.



The background of the slide is a close-up photograph of various green leaves, including a prominent palm frond on the left and other broad leaves on the right. The lighting is soft, highlighting the textures and veins of the foliage. A semi-transparent teal rectangular box is overlaid on the right side of the image, containing the title text.

Supporting Survivors as a Survivor

THE WORK BEGINS WITH US

Build Self Awareness:

- How do you generally respond in a moments of overwhelm?
- What are your most common coping strategies?
- How do trauma responses manifest in your body?
- Specifically related to your experience of sexual violence,:
 - What are your triggers?
 - How have you responded to them? What did they feel like in your body?

Build & Strengthen Resilience Practices:

- Mind, Body, Heart & Spirit: Make sure you cover all aspects of being a human
- Focus on practical practices that are accessible during moments of overwhelm



INTEGRITY. HUMILITY. ACCOUNTABILITY

Integrity:

- Practice what you preach
- Prioritize your healing, wellness, & journey to empowerment as you prioritize others

Humility

- You can't- nor should you- be doing this alone
- Seek & utilize the support of others
- Know when & how to ask for help & rest
- Notice when you are projecting your experience onto others

Accountability

- Build relationships with folks that inspire & hold you accountable to yourself and others
- Receiving critical feedback can be a gift that nurtures our growth



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**Intro to
Reproductive Care For
Folks with a Uterus**

COMMON EXAMPLES OF REPRODUCTIVE CARE

- Pregnancy prevention
- Infertility treatment, menstrual regulation
- Pre-natal care, delivery and post-natal care
- Abortion & miscarriage management
- Treatment of reproductive tract infections, sexually transmitted diseases & other reproductive health conditions
- Hormone therapy related to painful menstruation, reproductive health conditions, & menopause
- Sex reassignment therapy



COMMON PROVIDERS OF REPRODUCTIVE CARE

- **Primary Care Provider (PCP):** Doctors that practice general medicine.
- **Specialists:** Doctors that practice medicine in the context of specialized organs or organ systems.
- **Gynecologists:** Medical professionals that are specialists who focus on female reproductive health.
- **Hospital Based Midwives:** Healthcare providers that specialize in assisting birthing people through pregnancy.
- **Community Based Midwives:** Same as above description and can also provide fertility & menstrual support, in-home care such as papsmears, and community/culturally sensitive care.



COMMON REPRODUCTIVE ISSUES THAT SEXUAL ASSAULT SURVIVORS FACE

- **Painful & Irregular Menstruation**
- **Infertility**
- **Miscarriage**
- **Chronic Gastro-Intestinal Disorders-** Constipation, diarrhea, ulcers (Impacts reproductive wellness)
- **Migraines & Headaches** (May or may not be cycle related)
- **Chronic pelvic pain and other pain**
- **Vaginismus-** the body's automatic reaction to the fear of some or all types of vaginal penetration. Whenever penetration is attempted, your vaginal muscles tighten up on their own. You have no control over it.



WHY MIGHT TRAUMA SURVIVORS AVOID SEEKING REPRODUCTIVE CARE?

- Fear of overwhelm & re-traumatization
- Distrust of medical providers &/or institutions
- Uncertainty of what to expect
- Concern about invasive procedures
- Concern about being harmed; not being in control
- Fear of being touched
- Concern over submissive body positioning
- Concern about disrobing; exposing body
- Emphasis on body and/or reproductive organs can trigger association with trauma

WHAT ARE THE MAIN BARRIERS PREVENTING YOUTH WHO HAVE EXPERIENCED CSEC FROM ACCESSING SEXUAL & REPRODUCTIVE HEALTH SERVICES?

- A lack of sexual knowledge and a lack of awareness of services
- Fear of parents/caregivers/exploiter finding out about visits to public sexual and reproductive health services
- Lack of confidentiality in the services & distrust of healthcare workers:
 - Due to previous experience being shamed for number of sexual partners, living situation, and/or past or current drug use.
 - Concerned about the involvement of DCFS at labor or postpartum
- Exploiter could be preventing the youth from accessing services
- Youth could avoid care due to needing to get exploiter involved to gain access to services

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**Trauma
Manifestations:
Pregnancy, Labor
& Postpartum**

PREGNANCY

Bodily changes result in swelling, tenderness, pain, etc within genitals & breast/chest tissues

The combination of bodily changes & shifting identity can create an "out of control" feeling; like things are happening TO them

Common Responses:

- Being disassociated/ checked out; Seemingly disinterested in pregnancy or connecting to baby
- Avoiding prenatal visits
 - To avoid dealing with the vulnerability & invasiveness of procedures
 - To avoid connecting to their body & pregnancy



LABOR

Regardless of whether it is unmedicated or highly medicated, labor is an intense physical, mental & emotional process.

Common Responses:

- Desire to "feel nothing;" may choose epidural as soon as they are able and talk about birth as something "inconvenient"
- Disassociating/Checking Out: watching TV or being on phone throughout labor
- Apathy: Seemingly not interested in their or baby's wellness
- Anger, rage, push back



POSTPARTUM

Crashing hormone levels, lack of sleep, intense physical recovery, lack of support, fear of baby being harmed by exploiter, etc can contribute to postpartum struggle.

Common Responses:

- Trauma responses during and/or after breast/chest feeding
- Outright disinterest in breast/chest feeding
- Disassociating/Checking Out: constantly watching TV or being on phone
- Active cycles of trauma response make it difficult to connect to baby
 - Fear of connecting to baby only to have them harmed by exploiter/perpetrator or taken away from them
- Feelings of failure: bad person, bad parent, not being in control of their body, etc.



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Foundational Strategies for Providing Support

HELP BUILD & FORTIFY THEIR SUPPORT SYSTEM:

- Identify a list of trusted friends, family, mentors, etc
- Identify strategies that specifically support them within each realm: mentally, physically, spiritually, emotionally
- Practice using some of these strategies during your sessions with them
- Provide examples of how working with therapists and/or peer counselors could be helpful for them
- Encourage them to connect to ancestral/communal methods of support: For example, Curanderas/os/xs, Chinese Medicine, massage, energy workers, ceremony, etc.



EDUCATE ON WHEN TO SEEK PROFESSIONAL SUPPORT FOR EMOTIONAL & MENTAL WELLBEING:

- A persistent desire to harm self or others
- Feelings & intrusive thoughts that impede your ability to sleep, eat, & take care of self
- Sadness, hopelessness, fits of crying that last beyond 2 weeks postpartum
- Suffer from anxiety attacks, panic attacks, and/or obsessive behavior\

Most won't know WHAT this support can look like, give basic examples and affirm which services are youth-centered and confidential.



INFORM YOURSELF

Be able to answer the following:

- What are common pregnancy symptoms?
- When is the cut off for legal abortion in your state?
- What are care options for a pregnant person?
 - Doctor, hospital midwife, homebirth midwife
- What are birthing options for a pregnant person?
 - Hospital, birth center, homebirth
- What is a doula/birthworker and why might they be helpful to work with?

Inform yourself enough to find effective referrals:

- Homeless Prenatal Clinic (San Francisco, CA)
- Roots of Labor Birth Collective (Oakland, CA)



NORMALIZE, NORMALIZE, NORMALIZE!

Survivors are More Likely to Have the Following Struggles:

- Strong desire to be tended to/cared for
- Strong desire to be alone; to isolate
- Asexual; Repulsion/Aversion to sexuality; sexual organs; etc
- Hyper sexual; obsessive thinking about sexual desires
- Strained emotional &/or physically intimate relationships
- Being "touched out" AKA not wanting to be touched by baby or anyone else

Normalizing can greatly reduce feelings of shame & guilt; can create a feeling of connectivity & upliftment; can better prepare folks for navigating challenge.



NORMALIZE, NORMALIZE, NORMALIZE!

What normalizing can look like:

I hear that you're finding it really stressful to hold baby all day and it's making it difficult to connect. This makes total sense! It is normal to be stressed by so much physical contact- especially for those of us who've experienced trauma. Additionally, it is normal for it to take some time to feel connected to baby.

Would you be open to brainstorm some ideas? They might alleviate some stress and support you in building connection.



SUPPORT CONNECTION TO THEIR AUTONOMY

- Be diligent about asking for clear consent before touching their body.
- Encourage them to build relationship with their body & intuition as valid sources of information. Regularly invite them to tune in to these wisdom centers during your sessions to see what information is there.
- Affirm their ability to care for themselves and navigate this transitional time successfully

Even if you wouldn't make those same choices- it is crucial that we support the survivor in connecting to themselves & making decisions in response to self-connection.





Questions & Shares