

## Book Review

***When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women*** (2004), by Penny Simkin & Phyllis Klaus. Classic Day Publishing. 444 pages. ISBN-10: 1594040222; ISBN-13: 978-1594040221

Some twenty odd years ago, I attended a *When Survivors Give Birth* training in Canada with Penny Simkin. Like a stone thrown into a pond, the ripples have continued over several decades to help women avoid re-traumatization in childbearing from early sexual abuse. The first times I worked with survivors and used these techniques, I was fearful I didn't know enough to help them and might hurt them. When I heard their stories, I was sure the trauma would prevail. But after the births, I was blown away by how these women felt empowered and strong with the techniques and their doulas. I couldn't believe how transforming this work could be.

How did this all start? Penny Simkin was teaching childbirth education classes and heard about the abuse but felt she didn't have anything to offer. In the early 1980s, she contacted Phyllis Klaus for resources but there was nothing in the literature at that time. Phyllis and Penny met at a conference where the speaker terrified attendees with their speech, saying that birth is rape and doctors were rapists. The collaboration to seek out more information and present it to the world began. Phyllis and her husband, Marshall Klaus, discussed this trauma with providers who said that these were false memories and overblown. *When Survivors Give Birth* was the first book on the topic and sparked more literature to come.

Some years later when the book was published, I hurried to get a copy. I found even more support in the book for what I was doing, as well as new information. There were explanations for the counseling we practiced in the training, and more strategies to avoid triggers. I continue to use the book as a guide each time I need to refresh.

When one reads this book, they take a deeper dive into understanding adverse childhood events, child abuse, child sexual abuse, and types of sexual abuse. They will learn that children can be sexually abused psychologically without penetration or even touching. At the training I attended, Simkin shared:

The memories of these may be repressed or the child leaves their body, blacks out, and is able to pretend the abuse isn't happening. Victims may have extreme pain, tension, or panic, to events or stimuli that resemble the abuse situation. The pain must be expressed even if the victim cannot tell us about or recall the abuse.

This guide gives us verbiage to respond to disclosures of abuse. The tool, "Strategies for Specific Triggers of Anxiety during Childbirth" (Simkin & Klaus, 1994, 2004) has given me a way to examine with victims what experiences of birth may evoke anxiety reactions. We move forward from identifying the triggers, adding what personal meaning each trigger has for them, and then developing a strategy to avoid the triggers. The birthing individuals can use this tool to share with their providers and medical caregivers or they can develop a birth plan. When they see a positive response to their ideas, they feel safer entering birth. Oxytocin is raised and birth is more satisfying. I've seen this handed to parents in Lamaze classes to discuss and provide them with choices.

I worry about expectant parents who haven't been able to disclose their trauma for past decades and I've been grateful to meet those who were able to tell their doulas. Presently, I hear more questioning of patients in hospitals and have found there is a place in medical documentation where this question must be presented. In the #MeToo movement, the reporting of abuse may have helped others reveal and be able to get help that is late in coming but welcome all the same. The places in the book I frequently return to are:

- *Clinical challenges in labor and possible solutions.* I was surprised how empowered a birthing individual becomes when they have personal, emotional, and physical support to express their wishes and ask meaningful questions. When the fear melts away with a rise in oxytocin, the birth outcomes are much better.
- *Postpartum.* I've seen the need for increased visits and connection in my clients' postpartum adaptation to parenting. Having a list

of resources for support in postpartum and beyond has meant the world to postpartum individuals who aren't re-traumatized.

- *When the caregiver is an abuse survivor.* I've wondered why two female OBGYNs discussed in the book had such high rates of cesarean birth. I felt they thought surgical birth would be easier on birthing individuals in general.
- *Practical solutions for caregivers to ensure that promises are kept.* My latest client was so empowered by her Dukela team of doulas that she was able to convince one of her many physicians to delay the intended induction from 37 weeks to 41.6 weeks.
- *Maternity paraprofessionals.* Nurses, nursing assistants, nursing students, students of birth psychology (through APPPAH), and anesthesiologists need to know this information and I have more connections than ever to present it.
- *Exercises the client can use to make her wishes known.* One of my favorite suggestions is the role play of submission/aggression/assertiveness. One person is the victim of a bad haircut and wants the situation fixed. Another person is the hair stylist responsible. Quality discussions emerge from these three scenarios.

This book will never be obsolete. I'm learning so much more about trauma prevention and treatment with APPPAH for infants and parents. I'm able to pass all this information along to doulas and nursing students and community groups through my present work. And that raises *my* oxytocin.

Reviewed by Barbara Hotelling,  
MSN, RN, LCCE, FACCE, AdvBD(DONA), CHT  
Clinical Nurse Educator Duke University School of Nursing  
*JOPPPAH* Book Review Editor