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## Birth Doulas and Shelter Advocates: Creating Partnerships and Building Capacity

### Technical Assistance Guidance

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*Men who beat their pregnant wives understand that the pregnancy, the desired child, is often the most important thing in the world to that woman. What better way to make the woman suffer than to be able to cause her both excruciating physical pain and to lose what she values most in life? (Paltrow, 2004)*

### ***Supporting the Needs of Pregnant Survivors of Domestic Violence<sup>1</sup>***

Pregnant women's experiences and needs for emotional support, physical well-being, access to healthcare and other community-based services are significantly different from women who are not pregnant. For pregnant women also dealing with past or current domestic violence and currently residing in a domestic violence shelter or safe house, the multitude of experiences and needs may be even greater. Domestic violence [may begin or worsen during pregnancy](#). Pregnant survivors must consider their current physical, mental, emotional, economic, food and safety needs, while also thinking ahead about what life with a new baby will be like, and how to best provide for themselves and their child.

Domestic violence victim advocates must provide advocacy and counseling that considers survivors' pregnancy, childbirth and postpartum<sup>2</sup> needs. A [birth doula](#), or childbirth companion, tends to be an untapped resource in the community for survivors of abuse residing in safe shelter. Domestic violence shelters that partner with doulas can offer specialized program services to enhance support and safety options for pregnant women. Furthermore, these programs may offer opportunities for cross training between doulas and victim advocates to build professional skills or increase health services capacity for pregnant and newly parenting survivors.



<sup>1</sup> This house/shelter symbol identifies when specific information is provided to doulas about the experience of survivors in shelter.

<sup>2</sup> Occurring after childbirth, with reference to the mother.

The goal of this Technical Assistance Guidance, developed by the [National Resource Center on Domestic Violence](#), is to provide information for both victim advocates working in shelter and birth doulas on the impact of trauma in pregnancy and childbirth, and to outline how a partnership between these two communities may be of benefit to pregnant survivors of domestic violence. Together, victim advocacy and doula skills can set in motion a new beginning for healthier relationships between survivors of abuse and their newborns.

### ***What is the Role of a Doula?***

Doulas are specially trained, non-medical, physical, emotional, intellectual, and sometimes, spiritual support providers to pregnant, birthing and postpartum women. While there are several types of doulas—birth doulas that assist women in labor and delivery, postpartum doulas that assist women in the weeks and months following delivery, and abortion doulas<sup>3</sup> that assist women who choose to terminate their pregnancy or who experience miscarriage or fetal loss—the focus of this guide will be on a partnership between birth doulas (referred to as “doula” throughout) and domestic violence victim advocates working in shelter (referred to as “advocate” or “shelter advocate” throughout). A doula may provide services in a hospital, birth center or home and ideally joins the expectant mother early in the second trimester of pregnancy.



Given the short-term length of many shelter stays (60 days on average)<sup>4</sup> and the transient nature of some women accessing shelter services, it will be most beneficial for a doula to partner with the expectant woman as soon as she is able, even if the survivor enters shelter during her third trimester. In many instances, shelter advocates will work with the pregnant survivor to extend her shelter stay or secure long-term housing prior to the birth of her child. Once committed to working together, the doula and advocate can make arrangements with the survivor to nurture and serve her in a safe environment, even if she exits shelter prior to giving birth. The woman’s prenatal care provider may be able to offer support in this regard by allowing the advocate and doula to meet with the survivor during her medical appointments to ensure proper planning for a safe birth, free from the threats, presence or violence of the abuser. In this way, the entire labor support team will be aware of the concerns and the survivors’ safety plan.

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<sup>3</sup> Learn more about these services from [The Doula Project](#) (based in New York City) whose vision it is to provide care and support needed during pregnancy, whether women face birth, miscarriage, stillbirth, fetal anomaly, or abortion. Another similar resource of doulas across the U.S. is [StillBirthday: Birth & Bereavement Doulas](#) trained to provide support prior to, during and after the birth of a miscarried or stillborn baby, and in cases of live birth outcomes.

<sup>4</sup> According to a survey of 215 domestic violence shelter programs in eight states (Connecticut, Florida, Illinois, Michigan, New Mexico, Oklahoma, Tennessee, and Washington), the median limit for length of stay for shelters participating in this study was 60 days, although 18% reported 30-day limits. A small subset of shelters allowed stays of up to two years and many shelters noted that their time limits could include extensions depending on circumstances ([Lyon, Lane & Menard, 2008](#)).

Doulas work one-on-one with an expectant couple or a single pregnant woman to provide individualized care and help provide comfort in labor through massage, pressure points, position change suggestions, encouragement and other possible support measures such as sharing helpful resources and attending appointments. They also provide continuous care during labor and delivery, and may extend their services to support new parent(s) following the birth up to four weeks, depending on the circumstances and agreed upon terms of service. Even if the expectant woman decides not to have the doula attend her birth—for any number of personal reasons and choices—the childbirth education and opportunity for survivors to explore their labor and delivery options and discuss newborn care can be immensely helpful.



When working with pregnant shelter residents, doulas may find themselves working with women who have recently left an abusive partner and ended the relationship and those who remain connected to their abusive partners. Some residents may also have experienced sexual violence in their relationship prior to the pregnancy, making the current pregnancy complicated for them on many levels. However pregnant women come to be in a domestic violence shelter, it is the goal of both doulas and advocates to share information that responds to and respects each pregnant woman's needs and desires, considers her concerns for physical safety and emotional well-being, and helps her achieve positive outcomes. Both work in advocacy-based and women centered professions that involve reproductive and relationship health, sharing information, and providing support to women during times of major transition.

*Pregnancy may act, for some women, as an impetus to leaving an abusive partner as they begin to consider their future and the possibility of violence being witnessed by, or directed toward, the baby (Bacchus, Mezey & Bewley, 2006)*

### ***What are the benefits of using a doula?***

Multiple studies have shown that using a doula in childbirth may lower the chance of a cesarean section for pregnant women as well as shorten labor, decrease the need for painkillers and encourage parent-child bonding (Hodnet et al., 2012). This process of care typically includes 24-hour, on-call access to a community-based doula and monthly or weekly meetings to talk, visualize, plan and practice positions for labor and increased comfort. Immediate postpartum care is also provided to help with recovery, getting started with breastfeeding, adjusting to life with a newborn and screening for postpartum depression. Doulas based in hospital settings, may have different protocols and/or on-call access than those working independently within the community. Depending on several factors, doulas charge a range of fees for their services. However, most doulas follow the ethical code espoused by Doulas of North America (DONA) and other doula certifying organizations of, "[A Doula for Every Women Who Wants One](#)," meaning that many doulas will offer a sliding scale or waive their fee for women in difficult circumstances. A more thorough discussion of the costs associated with doula services can be found on page 12.

Doulas also specialize in customizing a [birth plan](#) with an expectant mother to address the physical and emotional comfort measures for the pregnant woman, as well as identify preferences for immediate medical care for herself and her newborn (see sample modifiable birth plans in [English](#) or [Spanish](#)). Doulas provide resources and support (also partner support if needed) and advocate for the wishes and directions articulated in the birth plan. When working with domestic violence survivors, the birth plan should include considerations for how the abuser's presence, or lack thereof, may impact the safety of mother and baby (described in greater detail on page 8).

### **Recognizing Signs of Abuse**



While the focus of this TA Guidance is on working with pregnant women residing in domestic violence shelters, it must be noted that doulas have the opportunity to discuss [signs of abuse](#) with all the women they are serving—many of whom may have never considered the need for domestic violence victim services. This is not to suggest that doulas become professional victim advocates or place themselves in danger by confronting an abusive partner. However, it is to say that doulas are in a unique position to engage all members of the family in building and enhancing [healthy relationships](#). A link to a free, online eLearning module on domestic violence has been included on the attached handout for doulas to increase their knowledge, awareness and understanding of domestic violence and helping resources within communities across the U.S.

*"It was easier to split up because I was thinking of myself and the baby. I didn't want the risk of being in a relationship like that. Anything could have happened to the baby. I was thinking the baby cries a lot in the night. Probably that would make him angry and he would take it out on the child." (Survivor quoted in Bacchus, Mezey & Bewley, 2006)*

Warning signs of abuse that a doula may see when visiting with expectant couples in their home may include the abusive partner shaming or humiliating the woman; using put downs and belittling comments towards her, especially in front of others; making hurtful remarks about her changing body and appearance; speaking for her and not allowing her to answer or respond on her own; being cruel and insensitive to the impact of the pregnancy on the woman's life; complaining about the demands of pregnancy that require the woman's full energy and attention; describing negative thoughts and feelings towards having a newborn in the home; and attempting to control the pregnancy and delivery rather than support the woman's needs, wishes and desires. If a doula observes any of these behaviors, it is best that she try to set a time to talk with the woman privately to create an opportunity to raise her concerns in a caring, compassionate and non-judgmental manner.

Alternately, an abuser may not exhibit any of the signs listed above, particularly when someone perceived to be in a position of power is present. The couple may appear to have a mutually loving and respectful relationship and the abusive partner may seem very charming, charismatic and engaged. Clues to look for will have more to do with body language and a gut

feeling that something doesn't quite seem right. You might hear statements like, “sometimes it’s rocky between us” or “it can be tough to get along sometimes.” Look for a combination of factors that may raise concern and be careful not to rush to judgment or make assumptions. A pregnant survivor may not want to discuss current or past domestic violence or sexual traumas. In this case, a doula should not insist on receiving this information. However, a doula should maintain a professional approach that takes possible trauma and potential triggering into consideration (discussed in greater detail below).

The doula may also include domestic violence and sexual assault resources as part of her standard resource packet so that it does not appear strange or unusual to share that information. Links have been provided on the attached handout for doulas to order palm cards, handouts and other awareness materials, many of which may be obtained free of charge.

### ***Isn't a Doula a Midwife?***

Often the role of a doula is confused with that of a midwife. While doula and midwifery professions are rooted in believing in and facilitating natural pregnancy, birth and postpartum recovery, doulas are not midwives—their roles, responsibilities, training and certifications differ. Midwives are medical professionals who are trained to assist laboring women as they deliver their babies, specialize in facilitating natural (vaginal) birth and follow practice laws that vary from state to state. Midwives also have access to the same technology that physicians do and will use it as indicated, particularly if risks to mother or baby are developing. On the other hand, doulas are support and advocacy providers only.<sup>5</sup> One way this distinction is commonly described in layman’s terms is midwives can “catch babies” and doulas cannot.

Doulas are not medical professionals, are not bound by practice laws, and are not trained to help women deliver their babies. While a medical professional will attend the birth, doulas are not supervised by a medical professional unless employed by a health care provider. The doula’s role is generally determined by what she offers and what the expectant mother wants. However, she is expected to remain amicable with attending medical professionals.

### ***Trauma, Pregnancy and Birth***

The mental, emotional and physical health of an unborn or newborn baby and the expectant mother are undeniably linked. Therefore, the health and well-being of both mother and baby must be given “full attention” (Chamberlain & Perham-Hester, 2000) and offered thoughtful, intentional and critical support. Pallitto (2011) states, “[d]omestic violence during or around the time of pregnancy can lead to unique risks for maternal, perinatal and child health.”

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<sup>5</sup> This is very similar to the differences between the role of a legal advocate at a domestic violence program and an attorney that may represent a survivor in a court of law.

Survivors of childhood and adult abuse (possibly ongoing) may present to health care providers with a wide range of trauma symptoms including re-experiencing the trauma(s), avoidance, emotional numbing, sleep problems, disordered eating, or panic disorder (Seng et al, 2002) that could affect the mother and baby's health. One North Carolina study found that domestic violence assaults accounted for 22% of the cases of pregnant patients seen in several North Carolina emergency rooms for trauma (Connolly et al., 1997).

In order to best serve women with a history of abuse, a doula should work with an expectant mother to identify and understand ways that any past or present domestic violence trauma might impact the pregnancy, birth experience and postpartum recovery (including triggers as discussed below). They should work together to determine strategies for response *as part of* the birth plan (see the Simkin and Klaus handout, [Strategies for Specific "Triggers" of Anxiety in Childbirth](#) from the Resource List). Doulas should also encourage the survivor to review the birth plan with her prenatal care provider as early as possible to ensure any requested accommodations can be made. As a result of domestic violence, an expectant mother and child may experience:

- Miscarriage (Goodwin et al., 2006)
- Still-birth (Ibid)
- Preterm labor and delivery (Ibid)
- Direct injury to the fetus (Ibid)
- Fetal hemorrhaging (Ibid)
- Placental abruption (Ibid)
- Fetal death (Pallito, 2011)

Some women experience physical and/or psychological trauma during birth, even without a prior history or experience of domestic violence or sexual assault. The [Birth Trauma Association](#) describes factors such as loss of control, loss of dignity, the hostile or difficult attitudes of the people around them, feelings of not being heard or the absence of informed consent to medical procedures as contributing to women feeling traumatized by the experience of childbirth. More specifically, women that experience a lengthy labor or very short and painful labor, poor pain relief or induction, high levels of medical intervention, emergency deliveries, lack of information or explanation of procedures, lack of privacy and dignity, stillbirth and/or fear for the baby's safety are at greater risk for trauma symptoms.



Going through pregnancy, childbirth, and postpartum recovery may bring some survivors immense comfort, strength, and joy. Labor may also bring a heightened feeling of being out of control over one's body, choices, and privacy. The lack of control and invasiveness a pregnant or birthing abuse survivor may feel during labor and delivery due to an internal vaginal exam or birth, the baby in the vagina at birth, or due to the presence of medical professionals or an abuser may trigger a visceral reaction.

This reaction can adversely affect the birth and postpartum experiences even if a significant amount of time has passed since the abuse occurred. Triggers may include experiences, feelings, smells, objects, people or places that bring up deep memories associated with a traumatic experience. For example, if abuse is associated with a survivor's breasts, such as having been beaten or burned upon the breasts or sexually violated with breasts being the focus, breastfeeding may also trigger traumatic memories and reactions that may need to be managed if the survivor chooses to breastfeed her baby. Other triggers may arise from the various physical positions used in labor that can leave women feeling vulnerable and exposed (e.g., squatting, pulling her legs back in a winged position for delivery, being on her hands and knees) or from feeling confined and tied down to the bed if a lot of medicinal lines are used (e.g., blood pressure cuffs, IVs, fetal monitors, catheters, epidurals).

The very location of the birth, such as in the hospital, may trigger feelings within the woman of having no control or input into her care depending upon her past experiences in the emergency room or receiving treatment following past incidents of abuse. Furthermore, the interaction between medical professionals and the laboring woman are crucial to her feeling empowered and in control of her birth. If medical staff behave in ways that take power away from the woman, they may trigger feelings of her being controlled, manipulated, silenced, threatened or abused. It is the role of the doula to anticipate and help manage the laboring woman's response to these potential triggers. See the Resource List for useful worksheets and materials.

*Canadian researchers found that abused pregnant women were far less likely than non-abused pregnant women to feel they had any personal control over the well-being of their pregnancy. Rather, they expressed a sense of powerlessness over their own lives, which extended to their pregnancies, and left them believing that health and well-being were matters of chance, which they could not effectively influence (MacIntosh, 2006).*

### ***How Can Doulas Better Support Pregnant Survivors?***

The pregnant woman's support providers must act in trauma-informed<sup>6</sup> ways, watch for cues that she is or could be triggered and be prepared to help change the course of what may be happening, such as helping a laboring woman cope with flashbacks and disassociations. This may mean coaching her in advance on ways to ask for clarity with medical professionals and making sure she is in control of her body and her baby, and that her wishes are honored during the birth process. It also means treating her with dignity and respect and prompting others attending the birth to do the same.

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<sup>6</sup> The term **trauma-informed** is used to describe organizations and practices that incorporate an understanding of the pervasiveness and impact of trauma and that are designed to reduce retraumatization, support healing and resiliency, and address the root causes of abuse and violence. The NRC DV's online collection, [Trauma-Informed Domestic Violence Services](#), offers practical guidance and a wealth of resources for advocates working with trauma survivors.

Addressing these concerns during birth planning creates a great opportunity for cross training by and between doulas, advocates and prenatal care providers. Bringing each practitioner's area of expertise into focus and examining the nexus of these issues will result in more comprehensive service provision, enhanced safety and support and greater health care outcomes for survivors.

Four basic tenets for doulas to consider when attending a birth, that may be particularly important for survivors of domestic violence or other forms of abuse, are:

1. Follow her lead in what she says and does.
2. Make sure she is comforted, prepared and heard.
3. Ask people to leave that she does not want at the birth; seek assistance from hospital or birth center personnel if needed.
4. Watch for triggers or signs that she might become upset or distressed, and then work to mitigate those issues.

There is a growing body of strategies and resources available in online support forums and books documenting the experiences of pregnant survivors of abuse. *Survivor Moms: Women's Stories of Birthing, Mothering and Healing after Sexual Abuse* and *When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women* are excellent examples. Links to additional online resources and reading materials have been provided on the Resource List to increase provider knowledge and awareness in this area.

### ***How Can Shelter Advocates Better Support Pregnant Survivors?***

In addition to forming partnerships with doulas willing to work with pregnant women residing in domestic violence shelters, advocates must consider that interaction with an abusive partner (both wanted and unwanted), access to food supply and goal setting will be quite different for a pregnant or new mother who is also a survivor of domestic violence. There may be protective order considerations, child custody concerns that did not pre-exist, and worry about health care and other systems-based professionals (i.e., child welfare, child support, education) finding out about an abuser and possibly alerting child protection services who may remove the baby, possibly at birth.

### ***Considerations for Abusers Being at the Birth, Whether Wanted or Unwanted***

A survivor may worry that an abuser will want to be at the birth, may show up even if unwanted at the birth or may try to take the baby away from her after the birth. Survivors may want to pursue an order of protection to increase their safety and obtain emergency custody of the newborn child, or they may need to amend a current order of protection to bar the abuser from coming to the birth location and gaining access to the baby. Consulting a legal advocate or child custody professional is encouraged to ensure that survivors have accurate and timely legal counsel.



Careful domestic violence safety planning will be particularly important for the survivor whose partner has threatened to kidnap or harm the baby, who is trying to force her to return to the relationship, or who is forcing her to keep a baby whom she has determined she cannot adequately care for or does not want to keep. Some women may be interested in learning more about adoption services, which she may not have been able to explore while under control of the abuser. If she is someone who was forced into pregnancy, or whose birth control was tampered with, information about contraceptives and future family planning may also be wanted.

For domestic violence programs, reproductive health safety planning may mean collaborating with their local family planning organization or women's health care facility to make birth control, pregnancy tests and emergency contraception readily available for survivors, and that staff at both organizations are prepared to take referrals from each other for services and optional counseling.

Staff should cultivate professional relationships with the health care providers in their community to facilitate "warm referrals," both from advocates to health care providers *and* from health care providers to advocates. A warm referral acknowledges that helping professionals are more comfortable referring survivors to outside services when there's a meaningful relationship with those care providers. Survivors will more likely feel comfortable and follow up when advocates can give them a specific individual to contact.

*The health and well-being of mother and child are "influenced by the conditions in which women's daily lives are lived." (Small et al., 2011, p. 9)*

### ***Food Supply and Other Needs in Shelter***

Despite scarce resources, domestic violence shelter programs across the country provide life-saving services and supports, including providing food for shelter residents who may be at increased risk for food insecurity<sup>7</sup> due to poverty, abuser control of family resources, disrupted mealtimes, eating disorders resulting from trauma, and more.

In addition to food related needs and concerns, a survivor seeking support from a domestic violence shelter while pregnant or with a new baby will be concerned about:

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<sup>7</sup> It is estimated that 1 in 6 people in the US are "food insecure." Note that among the more than [50 million](#) food insecure people in the U.S., nearly 17 million are children (see current data and further discussion at [Feeding America](#)). Broadly speaking, the term "food insecurity" means limited or uncertain access to enough nutritious and safe foods to lead an active and healthy life. For additional information, see [An Introduction to the Basic Concepts of Food Security](#).

- Her changing sleep patterns as the pregnancy progresses;
- Her ability to follow through with shelter expectations, which will have to be modified to meet her needs and ensure compliance;
- Availability of diapers, wipes and other newborn care necessities;
- Access to a crib, sheets and maternity and/or baby clothes;
- Noise levels and cleanliness in the shelter;
- Adequate nutrition and vitamins during pregnancy and after childbirth if breastfeeding or access to formula if bottle-feeding;
- Access to prenatal and pediatric care; and
- Whether she will experience postpartum depression and where to go for help.

Throughout the year, advocates will need to work with volunteers and other donors in their community to ensure the availability of needed resources for pregnant survivors in residence. Many domestic violence programs will host donor drives specifically to collect maternity and baby care items for residents, as well as include those items on the organization's wish list or request gift cards to maternity and baby retail stores.

Together, doulas and shelter advocates can make sure expectant and postpartum women have ready access to fresh and abundant food, fruits, vegetables, protein, and whole grains; access to diapers, wipes and baby clothing; a stroller and/or baby carrier; clothing and supplies for the expectant mother; and knowledge about how and when to arrange for birth location transport (usually women labor at home until contractions are five minutes apart for at least an hour).

### ***Goal Setting***

There will also be questions about survivor priorities in the shelter. It is vital that advocates use a survivor-centered approach in working with women to determine next steps for rebuilding their lives after shelter. It is reasonable for survivors to need and receive adequate and regular medical care, including help accessing Medicaid or other health insurance and WIC; options for an extended stay at the shelter; exemptions from chores for at least 6 weeks; and ongoing support from staff. If a woman gives birth via cesarean section, extra time and care will be needed for the incision and body to heal.

Other considerations may include:

- Who will help with childcare?
- Should she first look for a job, home, or spend precious time bonding with her newborn? How will this impact her economic security?
- If she was working prior to entering shelter, what are her remaining options for paid sick leave, maternity leave or short-term disability through her employer?
- Once she returns to work or finds employment, how can she be supported in continuing to breastfeed and/or [pump on the job](#)?

- If the survivor decides that living with an abuser is a better quality of life than homelessness or inadequate or dangerous living conditions, then safety planning (for mom and baby) and other supportive discussions will need to be part of the counseling sessions, possibly including the discussion of non-detectable forms of birth control such as an intrauterine device with a clipped string.<sup>8</sup> Use this [Birth Control Methods Chart](#) to help prompt discussion of this delicate issue; provide referrals to the local family planning organization or women’s health care facility for medical guidance.

Realistic program-oriented goals that consider pregnancy and life with a new baby, including housing advocacy, financial planning, building a network of support and ongoing safety planning will be crucial to survivors feeling empowered and renewed in building their lives free of abuse and harm.

### ***How Can a Doula Be of Help to a Domestic Violence Program?***

There are many ways that doulas can work with a domestic violence shelter program. On a long-term basis, a doula may want to:

- Offer doula services to expectant mothers who are in need of services;
- Train program staff on how to support pregnant and postpartum survivors;
- Help seek out supplies so the shelter is equipped to host pregnant and postpartum survivors;
- Work with program leadership on policies and protocol that embed and sustain efforts that support pregnant and postpartum women;
- Help advocates develop a list of birth care providers who are knowledgeable about domestic violence, sexual assault and trauma;
- Review general safety planning strategies with advocates and understand how protective orders work;
- Connect with legal advocates to understand custody and abuse potential; and
- Coordinate with public health nurses to conduct visits in shelter, particularly for women following a cesarean.

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<sup>8</sup> During a training in 2013 for the Pennsylvania Coalition Against Domestic Violence, Elizabeth Miller, M.D. with the University Medical Center of Pittsburgh recommended intrauterine device insertion with a subsequently clipped short string as a form of low or no-detection birth control for women in relationships where there is reproductive coercion or other types of sexual abuse. Note that there are some restrictions and recommendations for waiting for several weeks after giving birth for IUD insertion. This may be especially important for women who gave birth by cesarean to allow the uterine incision to fully heal. Survivors are strongly encouraged to seek advice and guidance from their health care provider, family planning organization, or women’s health care facility.

## ***How Can an Advocate Find a Doula and What are the Costs?***

Shelter advocates can contact a local doula alliance, collective or national doula training organization to identify doulas who is or might be interested in providing these services to abuse survivors. [Radical Doula](#), [Doula Match](#), any of the certifying organizations on the *Resource List* and word of mouth are great ways to find a doula. Fees for hiring a doula are not regulated by any state or federal level organization, so a doula generally charges what she assesses to be the value of her services. That being said, the range is usually between \$250 and \$950 depending on location.

Expectant women or couples that remain together (see the [Advocacy Beyond Leaving Guide](#) for guidance on supporting survivors in contact with an abusive partner) may begin contacting and interviewing doulas to find one who meets their needs and budget. A doula may charge more for her services if she lives in an area where the cost of living is higher (for example, in the DC Metro area, the cost for doula services ranges from \$850-\$1300), or if she provides other services in addition to being a doula, such as lactation consultation, prenatal massage, prenatal yoga, homeopathic remedies, etc. She may also charge more if she is working with a high-risk client and more time and special attention will be devoted to pregnancy, birth and postpartum times.



Doulas should be sensitive to the reality that women utilizing domestic violence shelters and victim services programs may not have the money to pay. Some doulas will barter, trade, accept credit cards or assist women with third party reimbursement through insurance (not guaranteed). For pregnant survivors who are unable to financially cover the cost, doulas-in-training/student doulas may be willing to provide services at a lower cost or free of charge. As mentioned previously, most doulas follow the ethical code espoused by Doulas of North America (DONA) and other doula certifying organizations of, "[A Doula for Every Women Who Wants One](#)," meaning that many doulas will offer a sliding scale or waive their fee for women in difficult circumstances.

Advocates should understand that a doula may only provide services at a reduced cost during the time that she is in training, unless compensation can be arranged or if she is committed to being a volunteer. A doula partnering with a domestic violence program may provide free or discounted services, or the program and the doula could partner on applying for a grant to cover the doula's cost of services. Other means to compensate doulas for their services may be through seeking donations from women's charitable and social organizations or faith-based groups.

Because confidentiality, trust, and physical and emotional safety are held to high standards in victim services programs, domestic violence programs can should also explore with a prospective volunteer doula if her work within the program will conflict with any paid or unpaid births she may have lined up otherwise (such as time spent assisting at another birth or emergency commitments that may arise). It is reasonable for the program to request that the doula plan to avoid conflict or provide a back up doula with equal training in domestic violence.

If a back up doula is identified by the program and the survivor, that survivor should request to meet the back up doula at least once and as soon as a potential conflict is identified.

### ***Collaborating to Enhance Services and Supports***

Doulas interested in partnering with local domestic violence programs should be prepared to go through an interview process with the program volunteer coordinator, or other staff that recruit, train, and oversee volunteers. Visit the state domestic violence coalition website for a listing of programs in each community here: <http://vawnet.org/links/state-coalitions.php>.

Once the coordinator and doula decide that the relationship is compatible, the volunteer doula will likely follow through with state or agency mandated training, usually around 40 hours but may be more if the program provides both domestic violence and sexual assault victim advocacy. Once these requirements have been fulfilled, there are four general ways to approach building capacity in a domestic violence program.

1. A doula can work with advocates to help women plan for a safe and supported pregnancy and postpartum time at the hospital, birth center or back at the shelter. This entails planning for access to resources needed to ensure a healthy pregnancy, when to go to the hospital, complications and emergency signs, and who would be permitted at the birth.
2. Doulas can provide services directly to pregnant or postpartum women as part of the domestic violence program services. A doula can be placed on the program's resource list to contact for potential services when a pregnant woman enters the shelter.
3. Doulas can help connect advocates to training and certification organizations for those interested in enhancing their service offerings with doula skills. This entails how to prepare for training, what to expect and how to find an organization that meets the advocate's needs.
4. Doulas can work with program leadership and staff to establish policies, protocol and skills to enhance and sustain overall program responses to pregnant and postpartum women. This entails:
  - a. Intentional work with program leadership on understanding pregnant women's needs;
  - b. Addressing barriers to meeting those needs;
  - c. Implementing mechanisms and strategies for meeting those needs;
  - d. Identifying and changing program forms;
  - e. Revising shelter policies and protocol; and
  - f. Training and engaging staff to adapt to and sustain the necessary changes and expectations.

## ***In Conclusion***

Due to the power and control issues central to domestic violence, a survivor with an abusive partner may not have the opportunity to negotiate the terms of her pregnancy, birth plans and experience. However, a *victim services-doula partnership* can offer women who utilize these services the opportunity to regain control at a precious and transformative time.

With trauma-informed and tailored planning and support, birth can be a beautiful and empowering experience for survivors of domestic violence. As hormones are being released that encourage love and connection, birth and immediately after is an ideal time to begin to practice parent-child bonding and a healthy relationship with a newborn baby. It may also offer a turning point in time for many domestic violence survivors to explore possibilities in their new beginning.

*Abuse survivors have shared that they became motivated to seek help when they felt that their child(ren) were at risk. As one survivor put it, "We fight for our children before we fight for ourselves." Lyon, Bradshaw & Menard, 2011.*

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## Resource List

### For Expectant Survivors

#### Crisis Support

- National Domestic Violence Hotline: [thehotline.org](http://thehotline.org) – 1-800-799-SAFE (7233)
- RAINN: The Rape, Abuse, Incest National Network: [rainn.org](http://rainn.org) – 1-800-656-HOPE (4673)

#### Reading Materials (may be available at the local library)

- Gentle Birth Choices by Barbara Harper
- A Good Birth, A Safe Birth: Choosing and Having the Childbirth Experience You Want by Diana Korte and Roberta Scaer
- The Nursing Mother's Companion by Kathleen Huggins
- The Womanly Art of Breastfeeding by Diane Wiessinger, Diana West and Teresa Pittman

#### Online Communities

- **Post Traumatic Stress Disorder After Childbirth**  
<http://www.angelfire.com/moon2/jkluchar1995/index.html>  
This site focuses on the trauma that women may experience during childbirth, including educational materials, coping strategies, resources breastfeeding, support for healing and links to online support forums. Specific resources are provided for [survivors of sexual abuse](http://www.angelfire.com/moon2/jkluchar1995/abuse.html) (<http://www.angelfire.com/moon2/jkluchar1995/abuse.html>).
- **A Safe Passage**  
<http://www.asafepassage.info/intro.shtml>  
This site is dedicated to [pregnant women survivors of abuse](http://www.asafepassage.info/women.shtml) (<http://www.asafepassage.info/women.shtml>), their [family and friends](http://www.asafepassage.info/family-friends.shtml) (<http://www.asafepassage.info/family-friends.shtml>) impacted by the abuse, and [care-providers](#), looking for information and training so that they may better meet the needs of women in their care who have experienced childhood sexual abuse, woman abuse, sexual violence or trauma from a previous pregnancy.

#### Breastfeeding Support, including Breast Pump and Pumping in the Workplace Information

- **La Leche League International** – [llli.org](http://llli.org) – Get breastfeeding help, learn about breastfeeding and the law, find resources for health care providers or Leader and more.

### For Advocates

#### Find a Community-based Doula

- Radical Doula (Volunteer Doula Programs) – <http://radicaldoula.com/becoming-a-doula/volunteer-programs/>
- Doula Match – [DoulaMatch.net](http://DoulaMatch.net)
- Doulas of North America (DONA International) – [DONA.org](http://DONA.org)



- International Center for Traditional Childbirth (ICTC) – [ICTCMidwives.org](http://ICTCMidwives.org)
- Birthworks International – <http://www.birthworks.org/site/find-a-doula.html>
- Childbirth and Postpartum Professional Associate (CAPPA) – <http://www.icappa.net/search/custom.asp?id=438>

### Online Resources

- **Connections**

[http://www.wcsap.org/sites/wcsap.huang.radicaldesigns.org/files/uploads/resources\\_and\\_pubs/reproductive\\_justice\\_2013/Connections\\_2013\\_06.pdf](http://www.wcsap.org/sites/wcsap.huang.radicaldesigns.org/files/uploads/resources_and_pubs/reproductive_justice_2013/Connections_2013_06.pdf)

This issue of *Connections* includes more answers to the question of why reproductive justice is important for advocates, reprinted from Law Students for Reproductive Justice, SisterSong, National Latina Institute for Reproductive Health, and Futures Without Violence. This issue also includes a focus on supporting survivors during the childbearing year (pregnancy, birth, and postpartum).

- **Toolkit for Working with Pregnant and Parenting Survivors: An Integrated Approach to Intimate Partner Violence And Reproductive & Sexual Coercion**

<http://pregnantsurvivors.org/>

The goal of this Toolkit is to present an integrated, multidisciplinary approach to service delivery in order to meet the needs of pregnant and parenting survivors of these forms of victimization. Created by the Washington State Attorney General, the Washington Coalition of Sexual Assault Programs and the Washington State Coalition Against Domestic Violence, this Toolkit includes information on: intimate partner violence, reproductive & sexual coercion and how these connect; creating trauma-informed services for pregnant and parenting survivors of abuse and coercion; understanding the reproductive health effects of victimization; innovative harm reduction strategies; and effective ways to work with teens. View the [Quick Start Guide](#) for more details.

### Books

- Birth As An American Right of Passage by Robbie Davis-Floyd
- The Birth Partner – Revised Fourth Edition: A Complete Guide to Childbirth for Dads, Doulas and All Other Labor Companions by Penny Simkin
- Heart and Hands – Fifth Edition: A Midwife’s Guide to Pregnancy and Birth by Elizabeth Davis

<p><b>For Doulas – Also see the attached 1 pager on DV services</b></p>
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### Handouts

- [Clinical Challenges in Childbirth Related to Childhood Sexual Abuse](#) from Penny Simkin (<http://bit.ly/1d4jffT>)
- [Strategies for Specific “Triggers” of Anxiety in Childbirth](#) from Penny Simkin and Phyllis Klaus (<http://bit.ly/1ctGWkJ>)

## Workshop – Bastyr University

- [About “When Survivors Give Birth”](#) – This important client care workshop focuses on understanding and healing the effects of childhood sexual abuse on childbearing women.
- **A Safe Passage**  
<http://www.asafepassage.info/intro.shtml>  
Dedicated to [pregnant women survivors of abuse](#), their [family and friends](#) impacted by the abuse, and [care-providers](#) (<http://www.asafepassage.info/professionals.shtml>) looking for information and training, this site provides resources to better meet the needs of women who have experienced childhood sexual abuse, woman abuse, sexual violence or trauma from a previous pregnancy. Curators of this site are a group of woman abuse counsellors who have specific skills and knowledge related to supporting women survivors of abuse through the childbearing year. As skilled doulas and childbirth educators, they also have a solid foundation in understanding the choices, obstacles and fears related to pregnancy, birth and becoming a mother. Read about [Screening for Abuse](#) (<http://www.asafepassage.info/screening.shtml>) within this context.
- **Toolkit for Working with Pregnant and Parenting Survivors: An Integrated Approach to Intimate Partner Violence And Reproductive & Sexual Coercion**  
<http://pregnantsurvivors.org/>  
Created by the Washington State Attorney General, the Washington Coalition of Sexual Assault Programs and the Washington State Coalition Against Domestic Violence, this Toolkit includes information on: intimate partner violence, reproductive & sexual coercion and how these connect; creating trauma-informed services for pregnant and parenting survivors of abuse and coercion; understanding the reproductive health effects of victimization; innovative harm reduction strategies; and effective ways to work with teens. View the [Quick Start Guide](#) for more details.

## Books

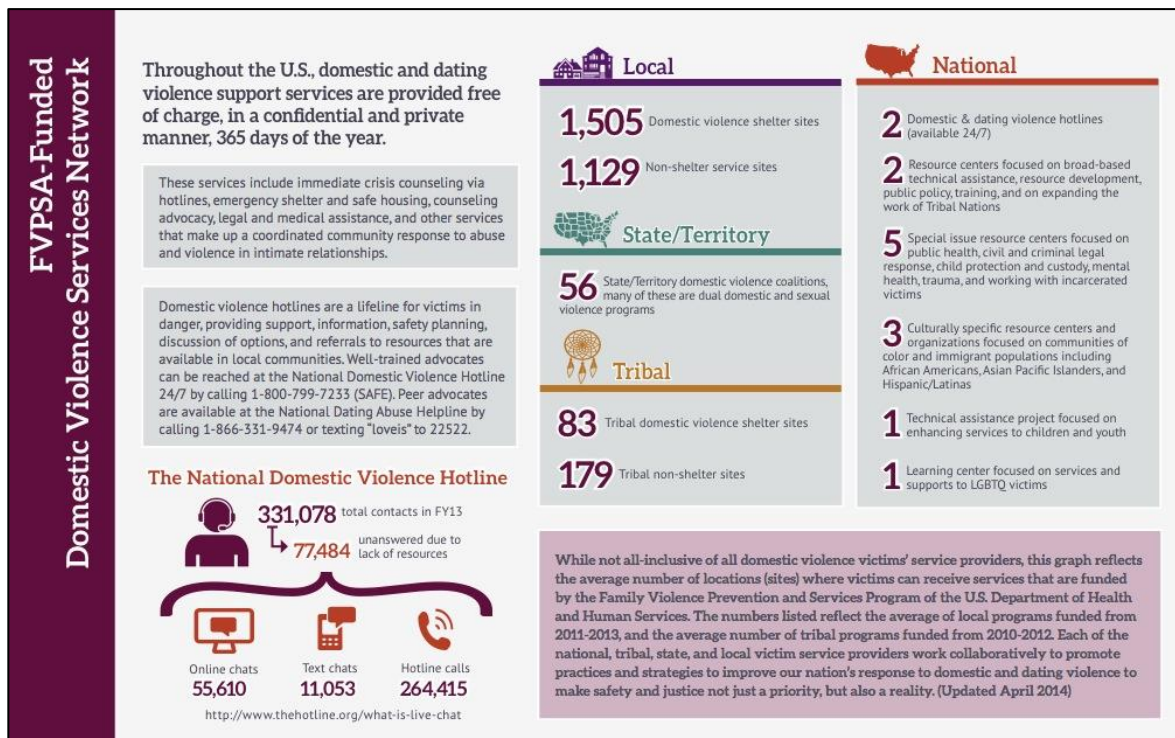
- **When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women** by Penny Simkin, PT and Phyllis Klaus, MFT (\$32.95) – <https://www.pennysimkin.com/shop/when-survivors-give-birth/> – The only book of its kind, *When Survivors Give Birth* provides survivors and their maternity caregivers with extensive information on the prevalence and short- and long-term effects of childhood sexual abuse, emphasizing its possible impact on childbearing women.
- **Survivor Moms: Women’s Stories of Birthing, Mothering and Healing after Sexual Abuse** by Mickey Sperlich, MA, CPM and Julia S. Seng, PhD, CNM (\$34.95) – <http://www.survivormoms.com/books/survivormoms.asp> – *Survivor Moms* was written to help break down the isolation pregnant women and their caregivers often feel having to cope with sexual abuse and the reactions to its affect on mothers' whole lives. The book includes some complete narratives of survivor experiences along with resources and information from current research.

## FOR DOULAS: DOMESTIC VIOLENCE BASICS

### How are domestic violence service providers organized?

The [Family Violence Prevention and Services Act Program \(FVPSA\)](#)<sup>9</sup> is the primary funding stream for local domestic violence programs to provide core, life-saving services to victims of family violence, domestic violence and dating violence and their dependents that include immediate shelter and crisis intervention as well as comprehensive support services that include counseling, safety planning and legal, medical and house advocacy.

As of FY 2012, FVPSA funds over 2,500 domestic violence service providers ([view larger 2-page image](#)): 1,600 domestic violence shelters and 1,100 non-residential services sites, 56 state and territorial [domestic violence coalitions](#) (many of which are dual domestic and sexual violence programs), over 200 Tribes, and 13 national, special issue, and culturally specific [resource centers](#). FVPSA programs provide services including immediate crisis intervention via hotlines, emergency shelter and safe housing, counseling advocacy, legal and medical advocacy, and other services that make up a coordinated community response to abuse and violence in intimate relationships. All victim support services are provided free of charge, in a confidential and private manner, 365 days of the year throughout the U.S.



<sup>9</sup> FVPSA is located within the [Family and Youth Services Bureau \(FYSB\)](#), a division of the [Administration on Children, Youth and Families \(ACYF\)](#) in the [Administration for Children and Families \(ACF\)](#) under the [U.S. Department of Health and Human Services \(HHS\)](#).

## ***What is the Role of a Domestic Violence Shelter Advocate in the Community?***



Emergency domestic violence shelters are in place to provide immediate safety and support to those within their community that are in imminent danger of being physically harmed by a violent and abusive partner. The shelter system has been utilized by women fleeing abusive homes across the U.S. since the early 1970's.

Most women connect with the shelter by calling the [National Domestic Violence Hotline](https://www.nvhw.org/national-hotline) (1-800-799-7233/SAFE), their local domestic violence program, if known, or through law enforcement as they respond to 911 dispatch calls. After completing a short intake to help assess their situation and being accepted into shelter, survivors can expect to receive safe shelter in a communal living environment, meals and other sundries, clothing and access to a laundry room, supportive counseling and case management services to assist with meeting long-term needs for housing, legal assistance, childcare, and job placement, among other needs.

Shelter advocates have a broad range of responsibilities that often include responding to crisis line calls, conducting initial screening, intake and orientation of new families, assisting families with transportation to/from the confidential shelter location, maintaining a positive, welcoming atmosphere and environment with the shelter, assisting with childcare and other children's programming, overseeing the "run of the house" including food shopping, meal preparation, cleaning and maintenance, planning family-oriented activities for residents and managing disputes between residents, among many other duties that come with being a part of the shelter community.

Training and certification varies from state to state, however, all domestic violence programs offer a minimum of 40 hours of training on the dynamics of domestic violence and intersecting issues, the history of the battered women's movement, feminist theory, social justice and available remedies throughout the community for survivors. Some shelter advocates may have experienced domestic violence themselves, while others may be drawn to the work based on their passion to end violence against women and girls; either may have any range of formal education and background.

### ***Where Can I Learn More About Domestic Violence?***

#### **[Domestic Violence: Understanding the Basics](http://www.vawnet.org/elearning/DVBasics/player.html)**

<http://www.vawnet.org/elearning/DVBasics/player.html>

Created by the [National Resource Center on Domestic Violence](https://www.nvhw.org/national-hotline) and [VAWnet: The National Online Resource Center on Violence Against Women](https://www.vawnet.org/), this free one-hour interactive eLearning module describes the dynamics and common tactics that characterize domestic violence, offers insight into the various risks and choices that survivors face, and shares how to be part of the solution. Divided into 10 sections addressing common questions related to domestic violence, this course will help new advocates, allied professionals, students, and the general public achieve a basic understanding of this complex issue.

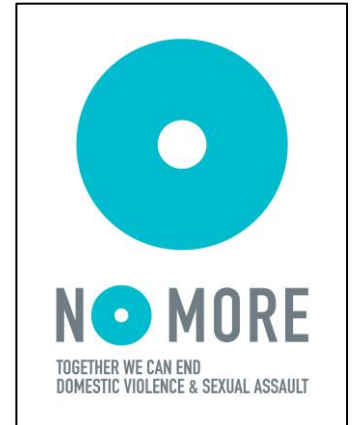
## ***How Can I Raise Awareness of Domestic Violence?***

### **Domestic Violence Awareness Project – <http://www.nrcdv.org/dvam>**

The [Domestic Violence Awareness Project](http://www.nrcdv.org/dvam) (DVAP) provides a variety of free forms and templates, artwork files, awareness campaign ideas, media related publications, webinars and audio recordings, an online store and a searchable events database that allows advocates and the general public to post their awareness events. For a guided-tour of website highlights, advocates can watch this short informational [video](#).

### **NO MORE – <http://nomore.org>**

NO MORE is a new unifying symbol designed to galvanize greater awareness and action to end domestic violence and sexual assault. Download the [NO MORE Activation Tools](#) to get started using and sharing the NO MORE symbol in your community. Resources include an FAQ, logos, fliers, postcards, posters, digital Twibbon, and palm-sized Action Guide, among others.



### **Futures Without Violence: Project Connect Materials –**

<http://www.futureswithoutviolence.org/content/features/detail/2538/>

*Project Connect: A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women* is a national initiative to build collaborations between the public health and domestic violence fields to improve the public health response to domestic and sexual violence.

- [When You Bring Your New Baby Home](#), you will have lots of new experiences together... being hurt or threatened by someone you love should not be one of them. Poster available in English or Spanish, as hard copy or free, downloadable PDF.
- [Healthy Moms, Happy Babies: Creating Futures Without Violence](#) is a safety card that provides safety resources for women and functions as a prompt for home visitors by providing quick phrases to improve discussions with women about the impact of domestic violence on their parenting and children. The safety card outlines questions women may ask themselves about their relationships, birth control use and parenting, while offering supportive messages and referrals to national support services for help.



### **Promote the Purple Purse –**

<http://purplepurse.com/>

A project of the Allstate Foundation, PurplePurse.com is designed as an online shopping magazine, but its real purpose is to encourage people to talk openly about domestic violence and financial abuse. Allstate's Domestic Violence Program helps provide both supporters and survivors themselves with the financial knowledge, skills and resources they need to help get safe, stay safe and thrive.