

A Letter From An Anonymous Survivor Of Sexual Abuse For The Attention Of Birth Policy-Makers

If you have not been a victim of childhood sexual abuse or adult sexual violence and have a role in policy-making which impacts upon women's birthing options, I urge you to read this letter.

I have decided to write it in order that you may understand better the implications of 'standard hospital care' on women like myself who have survived childhood sexual abuse or like others who have suffered sexual violence against them in adulthood. For many reasons women are not always able to articulate their feelings about this taboo subject. It's not even a subject many women feel able to share with friends, so I hope that by being brave and talking about this with you it may help other women.

I would like to start by sharing some sobering statistics that I gathered from Rape Crisis England and Wales website to help you understand the gravity of the situation...

Approximately 85,000 women are raped in England and Wales alone every year

Nearly half a million adults are sexually assaulted in England and Wales each year

1 in 5 women aged 16 - 59 has experienced some form of sexual violence since the age of 16

31% of young women aged 18-24 report having experienced sexual abuse in childhood (NSPCC, 2011)

Source: <https://rapecrisis.org.uk/statistics.php>

I find the last figure perhaps the most shocking. 31% is almost 1 in 3 women. That is a significant amount of the female birthing population who have experienced sexual abuse in their childhood years. Just let that sink in.

It is a reality that being pregnant and giving birth is one of the most vulnerable acts a woman may do – especially so, if she has been a victim of abuse or sexual violence. There is no other time when a woman is subjected to so much petting from total strangers – from having her belly randomly patted by every person who feels that her body is game for handling because of the baby inside her. For the whole pregnancy and during birth, she is expected to open her legs, over and over again, and have many people touching her genitals, and she is

expected to just get on with it all like a good girl and do it with a smile, while those people insert their hands and/or instruments inside her, sometimes roughly, or stand around talking between themselves while she lies down with her legs wide open.

Can you blame a woman for not casually mentioning to every single staff member she will see throughout her pregnancy and labour – “Oh by the way, did I mention that I was sexually molested?” Or imagine for example, a single mother with no childcare options who has to take her toddler along to appointments where she is whizzed through tick-boxes during a 10 minute appointment – exactly how would she find the words, in front of that child, to slip into the conversation that she was once drugged and gang-raped? Given that a woman will see anything up to around 30 different people, possibly more, under standard NHS care during the perinatal period, which might include midwives, nurses, sonographers, consultants, anaesthetists, surgeons and health visitors, this level of alienation is more likely to mean a woman keeps quiet – why drag up all those painful feelings and memories at every meeting? The taboo, shaming and blaming of women for their own sexual abuse and assault, means that women may do in appointments what they have learnt to do so well as a child, or even as an adult - swallow down her feelings, keep quiet and not make a fuss.

As someone who has survived childhood sexual abuse myself, I can tell you that giving birth in an NHS hospital was one of the lowest moments in my life. For years I have been reframing that birth story with a more positive spin to make myself feel better but essentially it was very triggering for me and left me feeling disempowered and without a real voice. I had been promised a homebirth. After having a string of strangers touching me for 9 months, I was looking forward to giving birth at home with just my husband and two midwives present. Midwives refused to believe I was in labour over the telephone so after many hours of painful labour, I went in. It turned out upon arrival, my labour was very far along, and wild horses could not have gotten me back in the car to go home – the journey had been agony. What awaited me was a very typical NHS birth.

Looking back honestly and without trying to sweeten it for myself, it was one of the most impersonal and humiliating experiences I have endured as an adult. A string of different strangers came and went, leaving me feeling exposed and vulnerable in my semi-naked state. I have hazy memories of many people surrounding me, me on the bed with my legs wide open, the door opposite - open. A male staff member cracking jokes. I remember being given an episiotomy cut, (which I may not have needed if allowed to give birth in more natural positions) and being handed my baby.

I want to cry when I look at the first photographs of my new baby's first hours on earth – I was simultaneously pleased to have a baby, but also pink eyed, drugged with pethidine, sore from having my vulva cut and stitched, and wondering how I came to be tricked into this birth, with my husband sent home for the night and not allowed to stay with me after the most vulnerable and in some ways terrifying experience I had been through in my adult life so far. I'm tired of saying it was ok just because me and my baby survived and that we should be grateful it wasn't worse. In my birth work since then, I've heard such horrific stories of poor care and bad management of birth that I have always felt my story to be relatively ok – yet no-one else has to live with my memories, so I am finally after all these years saying it truthfully – my hospital birth felt horrible.

After that first birth in hospital I got wiser and with the fantastic support of midwives who were experts at homebirth and enthusiastic supportive GPs, I went on to have several children at home without the trauma of having to be triggered constantly by hospital staff touching me repeatedly. Unfortunately, however, my last baby was born without the assistance of my local NHS midwives. I did not want to give birth without a midwife present, but the alternative of hospital was too awful.

I feel sadness and anger when I think of the women who are denied the increased privacy and dignity of birthing at home because of the lack of protection and support for homebirth services, partly due to poor guidance from the NMC and lack of robust protection of homebirth by policy makers per se, about a hospital's duty of care to provide a homebirth service with no questions asked to all women who request it.

Whether one likes to admit it or not, for some women, institutionalised care during birth can feel like abuse – us birth-workers see a lot of this going on. The language women use sometimes to describe their hospital birth and their behaviours after the birth suggests they feel something close to being raped – albeit with instruments. It is not something that anyone likes to talk about as it is so taboo and the channels for talking so frankly about this are just not there. But this is a reality for some women with profound consequences on them as they are launched into motherhood which is an intense time as it is.

Given the bravery of us survivors and what we have endured already in our lives, it is insulting for us as full-grown women, to be told we are being selfish or irresponsible for wanting to give birth at home in our own surroundings where we feel most safe. Especially when we have suffered enough already. In 2017, in the fifth wealthiest nation in the world, it

should be possible for every single Trust to reliably offer this service to women instead of us being made to feel we are asking for something extraordinary, that we value some kind of fluffy 'experience' over and above the safety of our baby, or that our choice to give birth at home diverts midwives away from hospital and thus jeopardizes other labouring women and babies' safety. How is it ok that we, who have paid taxes all our working lives into the NHS are made to feel this way? If policy makers only knew how the panic attacks and other PTSD-related symptoms felt for mothers who should be enjoying this magical time I am sure the homebirth-sceptics among you would see things from a new perspective.

It is not in the least selfish to want to give birth to one's baby, in one's own surroundings, with the support of a skilled, trusted midwife or midwives and as many family members as a woman needs to help her feel safe and relaxed, and ought to be an inviolable human right protected by UK law. You policy makers have the power to help secure that.

I hope that sharing my story and my vulnerability will open the way for further understanding into why some women at least, might choose to give birth at home, and why the NMC, government and any other senior figures involved in policy making ought to be helping such women by proceeding more carefully in decision making that affects women and their babies.

It's time for us who have been silent to have our voices heard. We may be a vulnerable sector of society when in the birth rooms and corridors of institutions, but together we are strong.

Please do all you can in your meetings and boardrooms, in whatever ways you can, to shape better policies for women so we don't have to worry whether or not the option of homebirth might be snatched away at the last minute purely because of staffing issues and policies.

Thanks so much for reading what I appreciate is a long letter.

Yours, on behalf of all pregnant and birthing women who have suffered sexual abuse and sexual trauma,

A.N. Anonymous Survivor