

Background

- One in five women in the UK are survivors of rape and sexual assault, and four in five women will give birth.
- A substantial number of women experience rape and sexual assault before pregnancy.
- We highlight and explore the voices and lived experiences of survivors during pregnancy and birth, to better understand the relationship between sexual violence, biomedicine, and pregnancy and to inform maternity care practice.

Method

- Qualitative research with an intersectional feminist approach
- Fourteen In-depth individual interviews with women in England who self-identified as survivors of rape or sexual assault, and who had experienced pregnancy and birth after the assault.
- Identified key themes and sub-themes inductively using open line-by-line coding

Results

Control

“And there was just *suddenly all these people, and all these hands*, and nobody was really saying 'I'm gonna do this, I'm gonna do that' it was all just kind of like that.”

“[T]here's just been... fresh awareness around just *Black women, women of colour not being taken seriously*. And I... just had not realised that... when we do present in pain, people were just like... either you're not in pain, or you're not in as much pain as you think you are.”

“Yeah, I feel like from the moment I arrived in the hospital I was just this annoying *thing that surrounded the important part...*”

“And the funny thing is, *I did feel more in control* in a way with the *Caesarean*. Because they explain everything to you, it's all very predictable...”

“[I]f you just think of a *Caesarean* section, you can't- you can't do or be anything that you are... You have no say. That's what I feel like, for me, is like the handing over of my body. This erm... *complete loss of control* essentially.”

Trauma

“It was just traumatic- it was just the trapped- it was people sort of, you know grabbing onto your thighs and pushing your legs and doing things with your body that I've obviously experienced before under different circumstances and every time it happened just another image in your mind. So you just lay there, *like you're going through it all over again.*”

“Yeah. When- when I was pregnant with [baby], I was- I wasn't, err, I wasn't 100% well... I don't like to say it, but *I had take[n an] overdose...* [N]o one had said but *it was PTSD... constant flashback[s]... nightmare[s]* all the time... And then when you're pregnant, all the thing[s] they have to do, which... triggers some of the flash back- a[s] well. So [pause] yeah, that was really hard. Even though I really wanted this baby.”

“So I- I- told her that I'm not feeling too well, I'm- sometimes I think I might... I'm gonna die or I had really negative thoughts. They said, ‘Okay, just wait a little bit. Maybe it's just your hormones, you just gave birth’. And I think after that, I started to think- and *I was really worried that they would take my [baby] away from me*. And after that, even if I didn't feel well I just said, ‘I'm alright.’”

Safety

“I'm talking in a kind of wishful thinking way, because I appreciate that it's- it would be impossible really to do it. But I think *I would've felt safer, more trusting of my doctor if he'd known my name*, or if he was even able to give the illusion that he knew my name. And- and feeling like he's genuinely interested... in what I want from- from my pregnancy and from my birth. He's genuinely interested in my wellbeing.”

“...she just said, well, put it this way *if you've managed to get a penis in there to get yourself pregnant you'll be able to have this examination done...* I just felt so embarrassed, I was- felt so humiliated.”

Practice Implications



- Healthcare professionals
- Obtain informed consent
 - Provide choice where there are care options
 - Build trust, for example by using names



- Maternity care leads
- Ensure teams are trained on caring for survivors of sexual assault
 - Build a trauma-informed model of care



- Service delivery
- Improve funding for maternity care and mental health services
 - Meet basic standards regarding staffing and waiting times

Discussion

- Survivors of sexual violence had specific maternity care needs which were often not met, risking their physical and mental health.
- There is currently a widespread failure to recognise the prevalence of rape and the impact on survivors’ care needs.
- Safety and experience are important and interconnected.
- Structural biases regarding (for example) pregnancy, gender and race affect care and must be addressed