Oxfordshire Sexual Abuse & Rape Crisis Centre

Oxford Academic Health Science Network
Maternity

Giving back control: Improving the maternity care experience of survivors of sexual violence

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15th March 2017

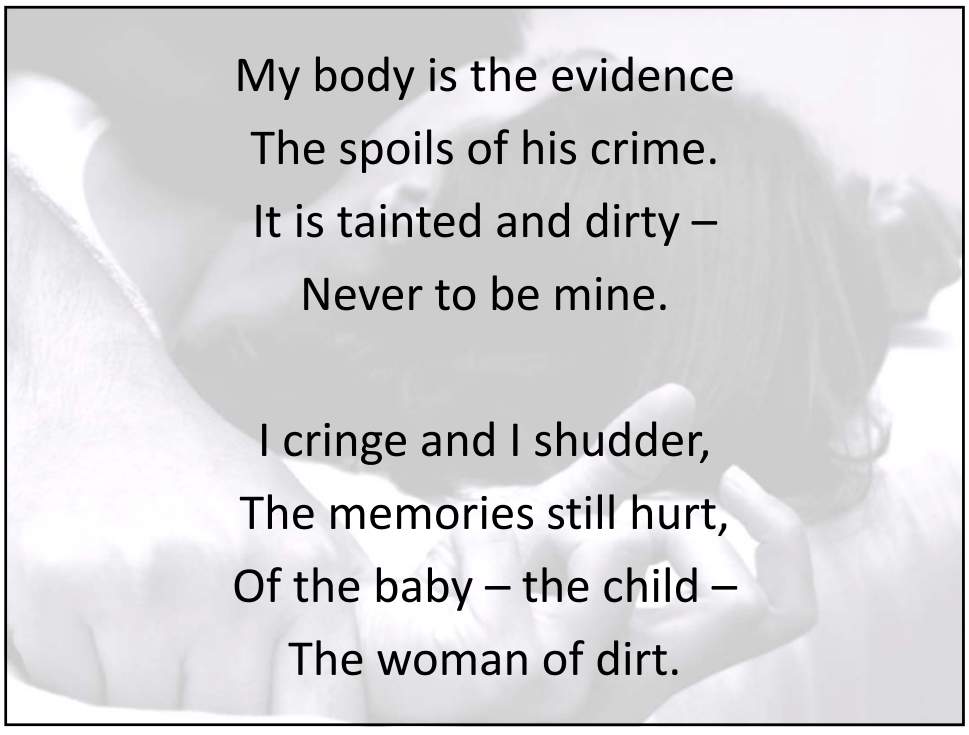

Figure 4.1 Prevalence of lifetime physical violence and sexual violence by an intimate partner among ever-partnered women, by site

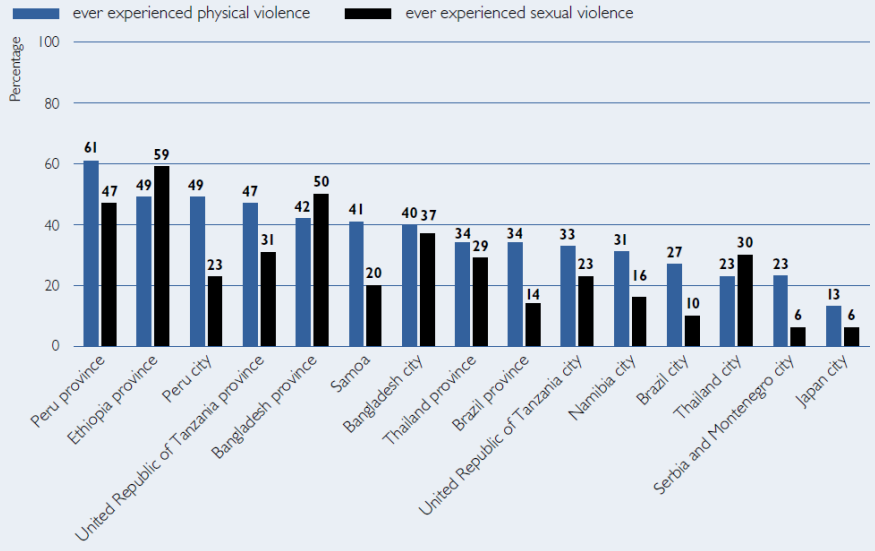

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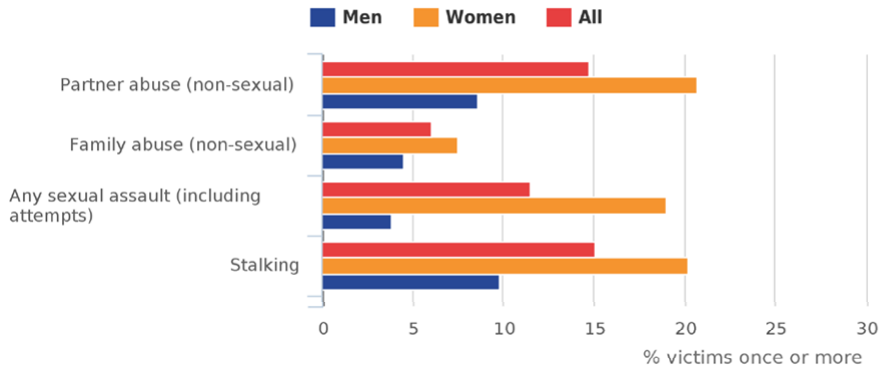
Figure 4.1: Percentage of adults aged 16 to 59 who experienced intimate violence since the age of 16, by sex and headline category, year ending March 2015 Crime Survey for England and Wales



Source: Crime Survey for England and Wales, Office for National Statistics

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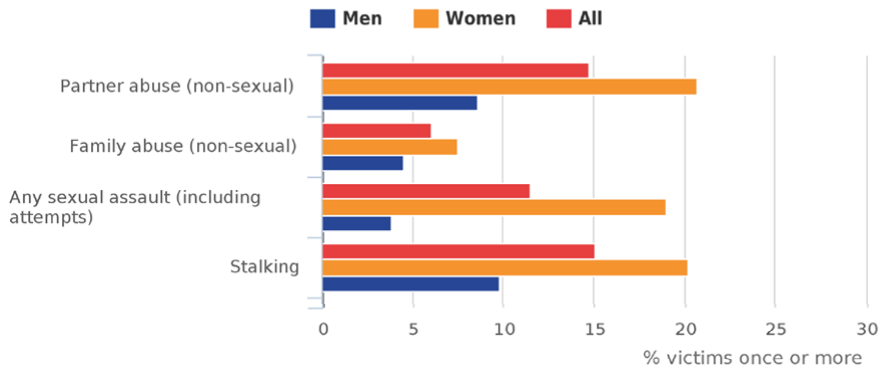

Source: Crime Survey for England and Wales, Office for National Statistics

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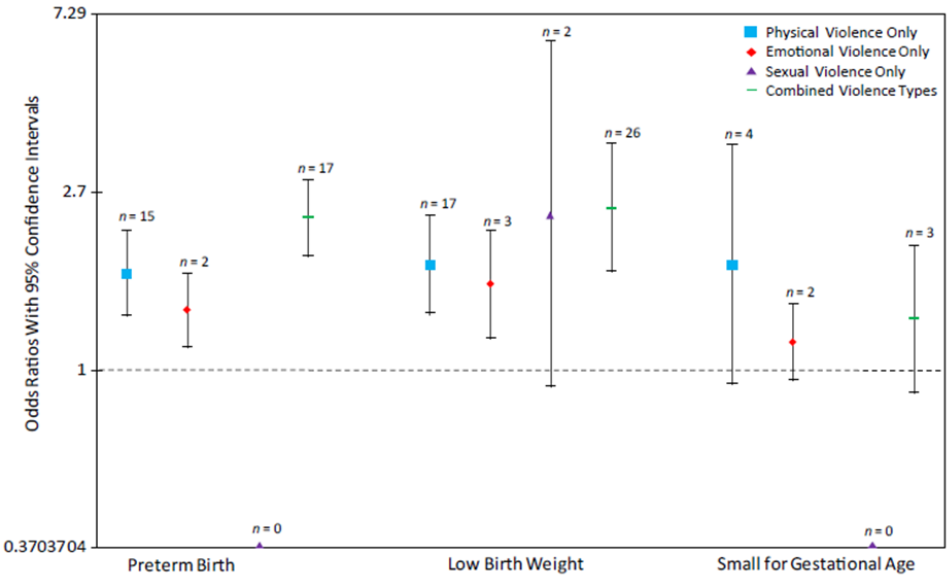

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Table 3. Maternal daily cigarette smoking and illicit drug use at some point during first subsequent pregnancy by violence severity, age and time.

	Smoking of ≥10 cigarettes				Illicit drug use			
	n[a]	%	RR[b]	95% CI	n[a]	%	RR[b]	95% CI
Unexposed	1489	4.4	ref.		1468	0.4	ref.	
Severity of the exposure								
First pregnancy after any sexual violence	540	15.0	3.55	2.46–5.12	523	3.8	6.27	2.13–18.43
First pregnancy after penetrative sexual violence	387	15.8	3.71	2.51–5.49	376	4.0	7.33	2.25–23.87
Age at time of first attendance[c]								
<20 years	311	12.2	2.17	1.33–3.54	302	3.6	2.46	0.95–6.39
≥20 years	227	18.9	4.04	2.81–5.83	219	4.1	10.89	3.93–30.13
Missing	2				2			
Time from assault to first delivery[c]								
<3 years	217	20.3	3.55	2.27–5.54	209	5.7	9.52	2.62–34.64
3–6 years	190	15.3	3.54	2.18–5.74	184	3.3	4.82	1.26–18.47
≥6 years	127	6.3	2.19	0.98–4.89	125	1.6	2.20	0.48–10.12
Missing	6				5			

[a]Number of women with available information and the proportion with each risk factor.
[b]Relative risks adjusted for age, parity and year of delivery.
[c]Some women attended the Rape Trauma Service more than once. Age categorization is according to age at first attendance. Time between assault and delivery was calculated from the most recent assault to date of delivery.

Risk factors and health during pregnancy among women previously exposed to sexual violence
Acta Obstet Gynecol Scand 2014; 93:351–358.

Table 2
Odds ratios (and 95% confidence intervals) for thoughts and wishes about birth for previous sexual violence, stratified by parity.

Nullipara	No violence n=35,570	Previous sexual violence n=7280		
	%	%	OR	AOR*
Fear of childbirth	16.4	21.8	1.4 (2.3–2.5)	1.2 (1.1–1.3)
Hope for a a pain-free birth	7.4	8.8	1.2 (1.1–1.3)	1.0 (0.9–1.1)
Epidural regardless	9.1	10.8	1.2 (1.1–1.3)	1.0 (0.9–1.1)
Desire for caesarean section	3.2	4.6	1.5 (1.3–1.7)	1.2 (1.0–1.4)†
Worries about infant's health	11.2	16.0	1.5 (1.4–1.6)	1.2 (1.1–1.3)
Looking forward to infant	97.1	96.0	0.7 (0.6–0.8)	0.8 (0.7 (0.9)
Multipara	No violence n=28,622	Previous sexual violence n=6394		
	%	%	OR	AOR*
Fear of childbirth	20.6	25.4	1.3 (1.2–1.4)	1.1 (1.0–1.2)†
Hope for a pain-free birth	8.6	9.6	1.1 (1.9–1.2)	1.0 (0.9–1.1)
Epidural regardless	10.7	12.6	1.2 (1.1–1.3)	1.1 (1.0–1.2)
Desire for caesarean section	6.2	7.4	1.2 (1.1–1.4)	1.0 (0.9–1.1)§
Worries about infant's health	10.7	14.1	1.4 (1.3–1.5)	1.1 (1.0–1.2)†
Looking forward to infant	97.2	96.0	0.7 (0.6–0.8)	0.8 (0.7–0.9)

§ =Additionally controlled for a previous caesarean section.
* Controlled for: Age, education, civil status, pre pregnancy risk factors and mental distress.
† *P*-value < 0.05.

Lifetime sexual violence and childbirth expectations – A Norwegian population based cohort study
Midwifery 36(2016)14–20

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"I was alone against them. All information was given with their hands inside me… I tried to tell myself "Relax! Get a grip!" but it was no use."

When they put in that "vacuum cup" it was the first time I really had thought about the rape in years. I was back in it, being held down and not being able to move.

It got so important to get on my feet again, after the caesarean section. Everything had to be washed away, sweat, blood, filth, bits of tape, and most important, hands. All the hands that had been there, had to go

Giving Birth with Rape in One's Past: A Qualitative Study
BIRTH 40:3 September 2013

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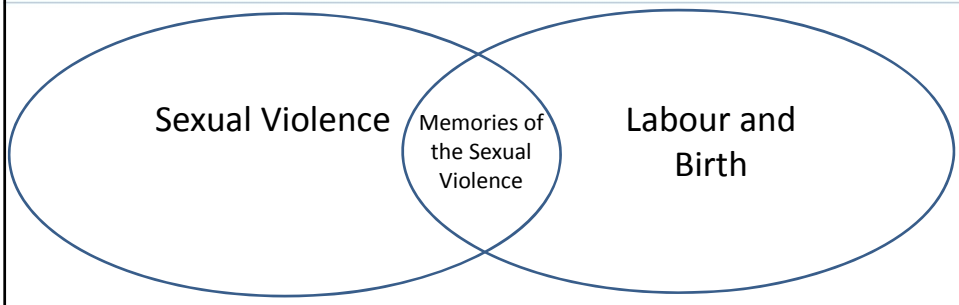

Lying supine, forcibly restrained
Violent approach to the body/genitals
Painfully forced entry and vaginal penetration
Perpetrator takes over control of her body
Struggle, shouting, crying for help
Darkness, blood, semen, sweat, breath
Feels unclothed, despised
Helpless, degraded
Gives up, lets it happen, feels ashamed, leaves her body, disappears

Being placed supine, physically restrained
Legs forced apart, placed in stirrups
Invasive procedures, not being listened to or seen
Invasive vaginal examinations
Unfamiliar hands touching body, being overruled
Sight / smell of blood, amniotic fluid, faeces, sweat
Dimmed lighting/being unclothed
Bodily integrity not ensured
Being tied to bed or operating table, giving up
Birth attendants control body, room, time

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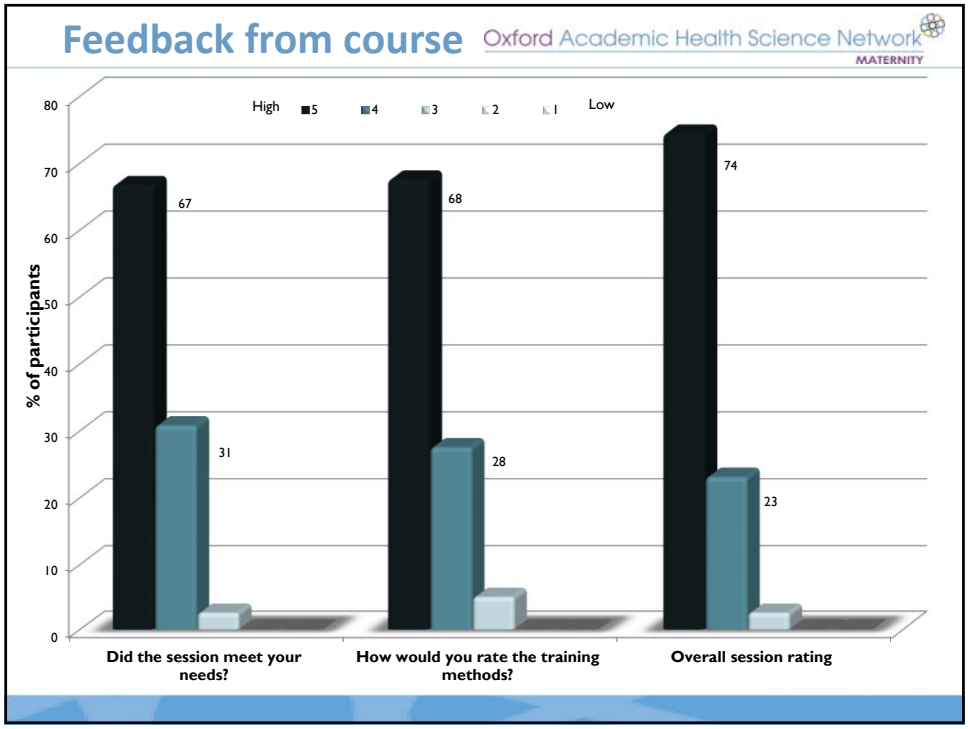
Oxford Sexual Abuse & Rape Crisis Centre
Supporting female survivors of sexual violence

NHS South of England

- Increasing **understanding** of sexual violence
- Understand how sexual violence can **impact** on pregnancy
- **Build confidence** in responding to women's fears and concerns about pregnancy arising from sexual violence
- Consider how we can **empower** women to make **positive** choices about their pregnancy

Sensory triggers


Feedback from course
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High
5
4
3
2
1
Low
% of participants
80
70
60
50
40
30
20
10
0
67
31
68
28
74
23
Did the session meet your needs?
How would you rate the training methods?
Overall session rating

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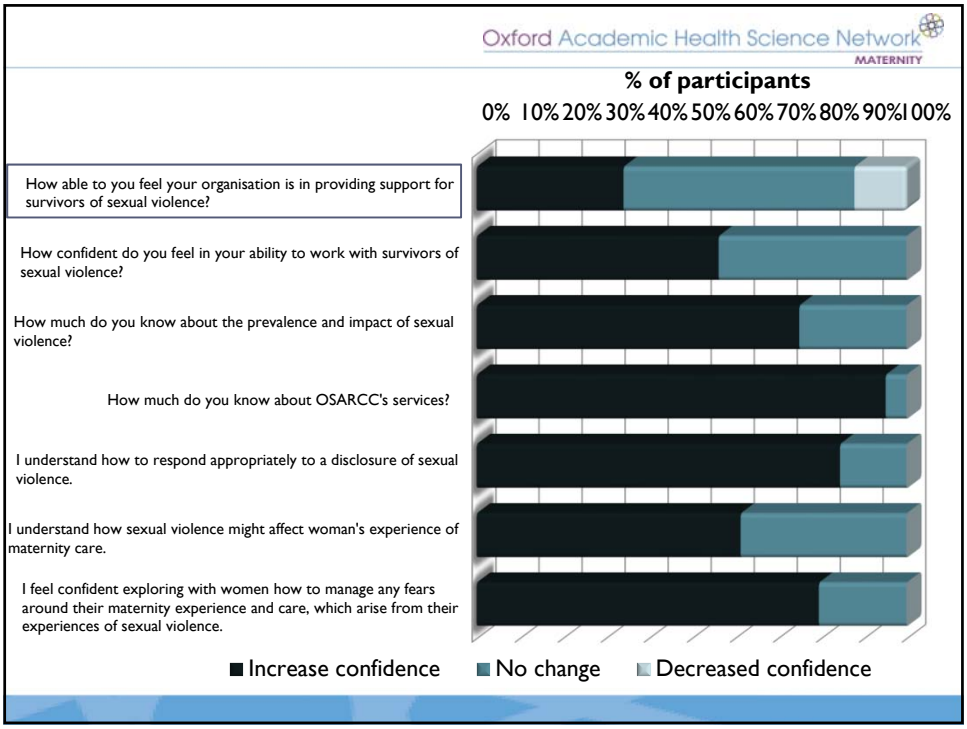

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Thematic Analysis

- Interactive training

Very interactive, really valued the communication skills I have learned from today.

Fantastic interactive training. Thank you!

Good mix of group/pair/scenario etc.

Great session- very helpful. I hate role play but it was actually very useful & I will put new skills into practice re. calming, questioning, changing language.

Really liked group work, role play, I was never bored and my mind focussed on this session. It did not wander as it does normally at study sessions.

I liked the props, made me think about my environment.

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Thematic Analysis

- Changes to practice

Has greatly improved my awareness
- lots to reflect on re. my practice.

Thank you! I thought this was a really important + useful session + not something as doctors we receive any other training on. It will really make me think about how I interact with women in the future.

I will take this information to heart & will use in future practice.

I am a midwife and I have been qualified a long time. I was horrified by how much I learnt at this session [that I] had not thought about in my practice but would now

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Next time …

- More time on … everything!
- Interview with a survivor
- Legal Aspects
- Network Development

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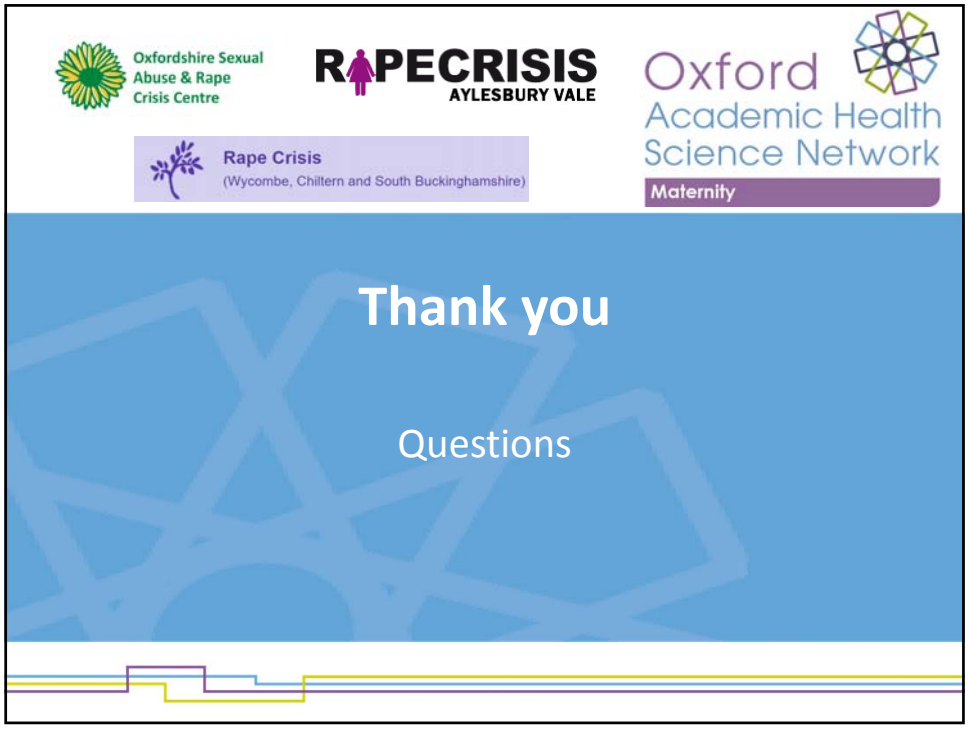
Oxfordshire Sexual Abuse & Rape Crisis Centre

RAPECRISIS
AYLESBURY VALE

Rape Crisis
(Wycombe, Chiltern and South Buckinghamshire)

The Future

- Training available to everyone
- Survivors of sexual violence feel empowered
- Thames Valley is know for its care, not its crime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(Wycombe, Chiltern and South Buckinghamshire)
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Thank you
Questions