AIMS Submission to the consultation on Tackling Violence Against Women and Girls (VAWG) strategy 2021-2024

Since 1960, AIMS has been the leading advocate for improvements in UK maternity care. We have national and international links and over 8000 subscribers to our social media pages, who include midwives, health visitors, obstetricians and lay people. Our mission statement is: "***We support all maternity service users to navigate the system as it exists, and campaign for a system which truly meets the needs of all."*** Collectively, our volunteers have decades of experience researching, advocating and campaigning for improvements in UK maternity care. Importantly, we also support women directly. We use our knowledge, influence and experience to instigate policy changes at local and national level.

We run an email and telephone helpline which has provided support to more than 600 maternity services users over the last year. We also have a large network via our volunteers and members, who engage with mothers, healthcare providers and others on social media and at meetings about maternity issues. We provide information on our website and in a series of books. These have been produced to help women to make informed decisions about their care and to challenge misinformation. In 2019 we supported the UN Special Rapporteur's investigation 'A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence'[1] via an evidence submission[2].

We welcome the Government's initiative in developing a new strategy to tackle violence against women and girls. In the last few years there has been an international grassroots movement which has challenged violence against women and brought the issue to the fore. It is beginning to be widely recognised that there is a long-standing cultural presumption in which violations of women's autonomy and bodily integrity are normalised. This is evidenced by women's calls to tackle a range of abuses from on-street harassment to domestic violence. However, it is not yet widely recognised by society at large that this cultural problem also affects the healthcare services, and in particular how women are treated during pregnancy and childbirth.

Obstetric violence is a very specific form of violence against women and is gaining international attention, including from the United Nations[1]. In 2014, the World Health Organization issued a statement[3] highlighting the disrespectful and abusive treatment that can occur during childbirth in facilities, including "outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures (including sterilization), lack of confidentiality, failure to get fully informed consent, refusal to give pain medication, gross violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening, avoidable complications, and detention of women and their newborns in facilities after childbirth due to an inability to pay."

Obstetric violence, and medical intervention without informed consent, are long-standing issues which continue to occur in the UK despite the existence of laws[4] which guarantee the right to bodily integrity and autonomy, including the right to decline any medical treatment. There appears to be widespread ignorance of maternity service users' rights to make their own decisions and to have these supported even if their doctor or midwife disagrees with them. This frequently leads to women being harassed, coerced or manipulated into accepting interventions that they do not want or consent to. Sometimes interventions are scheduled without the woman's agreement or informed consent and in this situation it can be hard to assert the right to decline.

Many women who contact AIMS for support or to share their maternity experience for our Journal report suffering obstetric violence carried out by doctors and midwives when giving birth.

Obstetric violence can be both direct and structural. We have supported women who have been subjected to direct forms of this violence including being:

- denied pain relief during labour or after giving birth, including after caesarean surgery;
- sutured without anaesthesia;
- physically restrained during birth;
- subjected to interventions without consent including vaginal examinations, rupturing the membranes, episiotomy, forceps/ventouse;
- administered drugs without consent;

- ignored when they withdraw consent i.e. unable to stop staff from continuing an intervention;
- verbally humiliated and abused.

Women have described to us the violence suffered during their births using terms such as:

- ‘brutal’
- ‘barbaric’
- ‘torture’
- 'like rape'
- 'dehumanised'

They described feeling:

- 'threatened'
- 'bullied'
- 'helpless'
- 'ignored'
- 'invisible'
- 'trapped'
- 'being held hostage'
- 'not listened to'

Mothers tell us about how shocked and degraded they felt about the way the staff treated them, overruling their autonomy. Mothers approaching subsequent births come to us seeking ways to avoid being assaulted again.

We also hear many experiences of structural violence. These are exacerbated by the increase in medicalisation of childbirth with interventions such as caesarean surgery and induction of labour being seen as routine. The National Maternity Review[5] called for a focus on personalised care and this has been endorsed by NHS England. It is also worth noting that NICE guidelines on various aspects of maternity care state that interventions should be 'offered' to women, reflecting a

recognition of the woman's autonomy. Despite this, women are increasingly being forced or coerced into interventions on the grounds that these are in line with hospital/national guidelines without consideration of their legal and human rights, decisions, wishes or individual circumstances. These often lead to women suffering invasive, intrusive and painful procedures.

Other common forms of structural violence include:

- forcing women to birth on their backs, often with their legs in stirrups for no clinical reason, and the overuse of continuous fetal monitoring, both of which are forms of indirect restraint and can cause labour to be longer and more painful, and birthing to be more difficult;
- use of coercive control to enforce compliance with interventions which the woman has declined
- understaffing and lack of continuity of care leading to neglect by staff, for example being left alone during labour, an induction or after giving birth;
- policies which restrict food or drink intake without clinical justification.

All these forms of obstetric violence can lead to both physical and psychological injuries that can last a lifetime, as well as having serious consequences for the whole family.
Furthermore, they also have financial consequences for the NHS in terms of the need to provide treatments for these physical and psychological injuries caused by obstetric violence.

In the UK, law, policy and professional guidance all prohibit violence against women within the maternity setting. On paper therefore, it would appear that there are some accountability mechanisms to provide redress to women who have experienced obstetric violence. However, the reality is very different. AIMS frequently supports women to file complaints about their maternity services experience. One disadvantage to women is that the notes made by maternity professionals are often considered by the hospital complaints team as providing the 'truth' as to what happened. This version is frequently very different to a woman's experience or that of her birth companions, and complainants often find it difficult to challenge this. In our experience, maternity service providers often deny the abuses or try to justify them, as opposed to carrying out an objective

investigation and identifying actions required to improve safety. This issue of complaints not being taken seriously by NHS Trusts has been highlighted by the Ockenden review[6].

The Public Health Services Ombudsman (PHSO) is required to investigate complaints of incidents occurring within the healthcare setting, including those within the maternity system. One problem that complainants experience is that they must first complain to the Trust in which the incident took place. This is not only a distressing experience for women, but it also precludes the opportunity for the actions of a hospital to be immediately and independently investigated.

A further issue is that the PHSO will normally only investigate complaints someone makes to it "within a year of when they became aware of the problem they complain about". There is some limited flexibility around this time limit, but it presents a barrier as during the first year of a baby's life, all mothers are challenged by time, energy and the demands of a newborn. For those who experienced obstetric violence, this will also be coupled with the anguish of coming to terms with the abuse they suffered, and in many cases psychological injury related to that, such as PTSD.

Unfortunately, even when women have made a complaint within the required timescale, the Ombudsman has usually shown a lack of understanding and knowledge of the law on consent. For instance, where a hospital Trust or Board has responded to a complaint about a physical assault by claiming that it was clinically justifiable, the Ombudsman considered this to be sufficient evidence not to investigate or uphold the complaint. This is despite the fact that the law is clear that procedures which are undertaken without consent are assault and battery, and may, in some cases, be sexual assault.

Other organisations set up for receiving and addressing complaints are similarly ineffective. The Patient Advice and Liaison Service (PALS) for example, is not independent from the Trust/Board so cannot be relied on to thoroughly and objectively investigate complaints. It often simply acts as a messenger service between the hospital departments and the complainant. Equally, the Care Quality Commission (CQC), although the health and social care regulator, does not have the power to investigate individual complaints.

The Nursing and Midwifery Council (NMC) and General Medical Council (GMC) support service users to make complaints to them directly about their registrants. Our experience with these organisations has been similar to the Ombudsman: if a Trust or Board claimed that a procedure was "clinically appropriate", then the fact that the registrant had not obtained consent, had forced a woman into a procedure or ignored her withdrawal of consent was not considered grounds to impose sanctions.

One avenue some women have attempted to pursue as a way to seek redress for the abuse they have suffered or to prevent similar occurrences happening to other women is to complain to the police. Legally, obstetric violence could be a criminal offence. In our experience of supporting women who have attempted this route, the police refused to get involved even when the abuse was blatant, for example, physical restraint and forced vaginal examinations. The police dismissed the issue saying it must be taken up with the hospital, and as it related to medical practice it was not a police matter. This is clearly untrue, but it leaves many women without recourse to the law. This article from the AIMS Journal is one woman's experience of reporting obstetric violence to the police.[7] The police's responses and dismissals suggest to us that maternity providers are free to operate outside of the criminal law. This issue needs to be addressed to prevent obstetric violence and improve safety for women and protect them when they access maternity services.

Women who attempt to seek recourse through the civil courts are almost always left without support for their legal rights. The only recourse available is financial compensation, and unless a serious physical injury has occurred to mother or baby, 'No Win, No Fee' lawyers have no incentive to take on a case.

There is much that the UK government needs to do to stop the obstetric violence against women carried out by doctors and midwives in practice. We believe that it is time for this issue to be highlighted in this national strategy. We call for the strategy to include a focus on the need for:

- initial and ongoing education and training for all relevant staff (including frontline maternity staff, management at the provider level, and the police) to understand and respect the autonomy of women in making decisions about their maternity care, both to prevent cases of obstetric violence and to ensure good support for victims
- a new mechanism offering an independent complaints pathway for all maternity complaints, staffed by those with the specialist training to understand the issue of obstetric violence, ensuring that lessons learnt are shared nationally
- a new national framework for monitoring and dealing with incidents of obstetric violence, with transparency for the public, including an annual review and the timely publication of data around complaints of obstetric violence, by maternity provider
- a national leaflet to be publicly available and provided to all maternity service users, explaining their rights and the complaints pathways

AIMS would be pleased to assist the Government's Tackling VAWG Strategy with any additional information and discussions. Our submission is only a brief overview of the evidence we have on obstetric violence women experienced when accessing maternity services. For any further assistance, please contact:

Nadia Higson
AIMS Coordinator
nadia.higson@aims.org.uk

References

1. Dubravka Šimonović, UN Special Rapporteur on violence against women "A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence" July 2019 A/74/137 - E - A/74/137 -Desktop (undocs.org)
2. AIMS Submission to the UN Special Rapporteur on violence against women, its causes and consequences 2019 aims-submission-to-the-un-special-rapporteur-2019.pdf

3. WHO statement "The prevention and elimination of disrespect and abuse during facility-based childbirth" WHO_RHR_14.23_eng.pdf
4. Birthrights "Consenting to treatment" April 2017 https://www.birthrights.org.uk/factsheets/consenting-to-treatment/
5. National Maternity Review "Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care" February 2016 national-maternity-review-report.pdf (england.nhs.uk)
6. "Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust" December 2020 Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust - GOV.UK (www.gov.uk)
7. Whitehead, B. "In Search of Justice" AIMS Journal 31 (1) 2019 www.aims.org.uk/journal/item/justice-for-birth-assault