



TRAUMA-INFORMED MATERNITY CARE

Key Statistics.

Sexual trauma, disclosure, birth, and why maternity care needs a trauma-informed approach.

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Verified July 2026. Next review November 2026.

This is not a small specialist issue.

How to use these figures These numbers are a reminder that many women entering maternity care may be carrying experiences of sexual trauma, whether or not this is ever disclosed. Use them to support awareness, team discussion, business cases, training proposals, and reflective practice. Statistics do not tell us who is in front of us. They support universal trauma-informed care.

Use with care Figures are for England and Wales unless otherwise stated. The Crime Survey does not ask about abuse before the age of 16. These figures exclude childhood sexual abuse entirely. ONS year ending March 2025 data is based on a half sample. ONS advises caution.

1 in 4

women aged 16+ in England and Wales have experienced sexual assault since the age of 16

25.6%, an estimated 6.3 million women — ONS, year ending March 2025

1 in 6

children aged 11 to 17 have reported experiencing sexual abuse

Radford et al., NSPCC, 2011. Fieldwork 2009

1 in 5

women meet clinical criteria for a traumatic birth

20.1% met DSM-5 Criterion A — Webb et al., 2025

Three separate populations. Three separate claims. No causation implied.

What this means for maternity care. A woman does not need to disclose for trauma to shape pregnancy, birth, examinations, procedures, or postnatal care. Silence, compliance, or calm presentation do not always mean safety. Routine maternity care can feel exposing, invasive, or unsafe for someone with a trauma history.

Disclosure is not an oversight. It is a decision she has made about you.

Statistics that help professionals understand why trauma may remain hidden, and why sensitive care matters.

85%

of victims who experienced rape or assault by penetration since 16 never reported it to the police

ONS, year ending March 2020 and March 2025 combined. 14.7% reported.

1 in 3

children sexually abused by an adult told no one at the time

Radford et al., NSPCC, 2011

1 in 2

adult survivors of rape or assault by penetration have experienced it more than once

ONS, year ending March 2020 and March 2025 combined. 51.8%. reported.

“She is not withholding information. She has assessed the room, the hierarchy, the exposure, and what happens to her next if she speaks. Most of the time, she is right.”

Why she doesn't tell, and who is doing the harm.

39% · 35% · 31%

of those who told someone but not the police, said they did not think the police could help; that they were embarrassed; that it would be humiliating

ONS, year ending March 2020 and March 2025 combined.

6 in 7

rapes of women are carried out by someone known to them. Around 4 in 10 by a partner or ex-partner

ONS, year ending March 2020 and March 2025 combined. 15.0% by a stranger.

Rarely disclosed

Lifetime sexual violence is rarely disclosed to maternity teams, even where routine questions are asked

de Klerk et al., 2023

Justice system context. 2.7% of rapes recorded by police in the year to December 2024 resulted in a charge or summons. Adult rape cases take an average of two years to complete in court. Home Office crime outcomes data. The Home Office states this figure rises as investigations conclude; the year ending March 2023 figure rose from 2.1% to 3.9% on revision.

Routine care is not neutral.

48%

of those who experienced rape or assault by penetration since the age of 16 said the perpetrator used physical force, such as holding them down.

ONS, year ending March 2020 and March 2025 combined. 48.3%.

Now consider the phrases used a hundred times a day in maternity care:
“Try to relax.”
“Stay still for me.”
“Nearly done.”

What routine care can activate. Vaginal examinations. Positions of exposure. Procedures carried out without adequate explanation. Being told to relax. Being told to be still. Being touched without clear permission. A door opening without warning. Not knowing who is in the room, or why. Losing control over what happens and when. Being surrounded by strangers while undressed. Pain that cannot be stopped. None of that is bad care. Most of it is standard care.

Across the whole childbearing cycle, not only at birth, survivors report lack of control, dissociation, and flashbacks as recurring themes. — LoGiudice, systematic review, 2017

In pregnancy, survivors report greater fear of childbirth, more PTSD symptomatology, more anxiety, and more concerns with their care. — Brunton and Dryer, systematic review, 2021

In the room, maternity care can re-enact childhood sexual abuse. Not resemble it. Re-enact it. — Montgomery, Pope and Rogers, 2015

After birth, 5.9% of UK women develop childbirth-related PTSD. — Webb et al., 2025

What staff may see, and what may be happening.

WHAT STAFF MAY SEE

Controlling or rigid preferences

Resistance or non-compliance

Anxiety that seems disproportionate

Extreme modesty

A detailed birth plan

Emotional distance

WHAT MAY BE HAPPENING

A need for safety and predictability

A survival response to feeling unsafe

A body remembering what the mind may not

Protection of bodily boundaries

A need for control and predictability

Learned self-protection

These are adaptive survival responses. Not pathology. Not difficult behaviour.

Care as if trauma may be present, whether disclosed or not.

The All-Party Parliamentary Group on Birth Trauma (2024) drew on over 1,300 submissions from women who had experienced traumatic birth. It found systemic failures in listening, informed consent, communication and kindness, and called for mandatory training in trauma-informed care. — Listen to Mums: Ending the Postcode Lottery on Perinatal Care, 13 May 2024

The American College of Obstetricians and Gynecologists (2021) recommends universal trauma-informed care, and states that physical and psychological safety are paramount. There is no equivalent UK clinical guidance. — Caring for Patients Who Have Experienced Trauma, ACOG Committee Opinion

THE S.A.F.E.R. MODEL

S	See the Survivor	Shift your lens. Assume trauma may be present, disclosed or not.
A	Ask and Affirm Consent	Ongoing, not one moment. Explain. Ask. Check in.
F	Foster Safety	Reduce exposure. Protect privacy. Create predictability.
E	Empower Control	Offer real choices. Restore pace, position, and control wherever you can.
R	Respond, Do Not React	Understand behaviour through a trauma lens. Pause. Adapt. Repair.

Important note. Statistics show scale. They do not identify individual survivors. The clinical and ethical response is to make care safer for everyone, whether trauma is disclosed or not.

“Care as if trauma may be present, whether disclosed or not.”

Safer maternity care is possible. Not only clinically. Emotionally too.

Check for next free webinar.

Sign up for Foundational Training.

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Sources: ONS (2025); Radford et al., NSPCC (2011); Webb et al. (2025); LoGiudice (2017); Brunton & Dryer (2021); Montgomery et al. (2015); de Klerk et al. (2023); ACOG (2021); APPG on Birth Trauma (2024); Home Office crime outcomes.