TRAUMA-INFORMED MATERNITY CARE

Key Statistics.

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

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01 · THE SCALE

This is not a small specialist issue.

How to use these figures These numbers are a reminder that many women and birthing people 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 or a birthing person 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.

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Trans and non-binary people are survivors too.

How to read these figures These figures come from the 2015 US Transgender Survey, an anonymous online survey of 27,715 trans adults in the United States. It is a US community survey, so it is not comparable with the ONS figure on the previous slide, and we have not found a comparable UK lifetime figure.

Why it matters Trans men and non-binary people get pregnant and give birth. They often face misgendering, invasive questions and care designed around women only. For a survivor, each of these can add to the exposure and loss of control that routine care can already carry.

51%

of trans men said they had been sexually assaulted in their lifetime

2015 US Transgender Survey. James et al., 2016.

58%

of non-binary people assigned female at birth said they had been sexually assaulted in their lifetime

2015 US Transgender Survey. James et al., 2016.

47%

of all trans respondents said they had been sexually assaulted in their lifetime

27,715 respondents. 2015 US Transgender Survey.

One US community survey. Not comparable with ONS. Not a UK figure.

What this means for maternity care. Some of the people in your care will be trans men or non-binary people, and some will be survivors. Use the name, pronouns and words each person uses for themselves and their body, and never ask anyone to explain or justify their gender identity. The same trauma-informed care applies to everyone.

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

We say 'she' because that is how most of the people we support describe themselves. Everything here applies to women and birthing people alike, including trans men and non-binary people.

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

85%

of people 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%.

“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.”

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Why survivors don'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. More than 4 in 10 by a partner or ex-partner. ONS female victims: 44.5%.

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.

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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

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What staff may see, and what may be happening.

WHAT STAFF MAY SEE	WHAT MAY BE HAPPENING
Controlling or rigid preferences	A need for safety and predictability
Resistance or non-compliance	A survival response to feeling unsafe
Anxiety that seems disproportionate	A body remembering what the mind may not
Extreme modesty	Protection of bodily boundaries
A detailed birth plan	A need for control and predictability
Emotional distance	Learned self-protection

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

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04 · WHAT TO DO

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

The All-Party Parliamentary Group on Birth Trauma (2024) drew on more than 1,300 submissions from people who had experienced traumatic birth, and nearly 100 from maternity professionals. It found systemic failures in listening, informed consent, communication and compassion, 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.*

Black, Asian and minoritised ethnic women and birthing people face well-documented inequalities in maternity care. LGBTQ+ people, including trans men and non-binary people, often face misgendering, invasive questions and care designed around women only. Trauma-informed care has to reach everyone.

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“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.

saferbirthproject.co.uk

hello@saferbirthproject.co.uk

Our EDI policy: saferbirthproject.co.uk/edi

If anything here has brought something up for you: Rape Crisis 24/7 Support Line 0808 500 2222, Samaritans 116 123, NHS 111 option 2, 999 in an emergency.

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.

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