

15/5/2024



Dear ALRC,

I am a retired midwife, who practiced in several states of Australia and overseas for more than four decades, ending in early 2018. During that time, I witnessed repeated incidents of intimate examination and, or treatments of pregnant, labouring and, or post-natal women happening without their balanced, informed or sometimes any form of consent.

Therefore this letter is my submission toward the ALRC Inquiry into the Justice Responses to Sexual Violence in Australia.

The current NSW parliamentary Inquiry into “Birth Trauma”^A has revealed such incidents as common in maternity units across that state. Similar accounts have been repeatedly presented in the recently concluded UK inquiry^B. Both these inquiries were titled and talked about ‘Birth Trauma’, rather than using the internationally recognised label of “Obstetric Violence”^C. This article says about Obstetric Violence; *“There is no set list of acts, or even a settled definition. Throughout South America, for example, there are laws prohibiting this type of violence, yet each country has formulated its own description of what it is.”* The World Health Organisation uses the definition; *“disrespect and abuse during facility-based childbirth.”*

Whereas in Australia, public censorship has been applied to health professionals who attempt to explain their research^D on this *“gender-based violence perpetrated by healthcare providers against a parent before, during or after pregnancy”, using this term.*

Yet these behaviours are common, such that junior staff are either desensitized to them, or leave their vocation due to the traumatising impact of witnessing such acts^{E, F}.

Meanwhile many women develop Post-Traumatic Stress Disorder (PTSD)^G, like survivors of other catastrophic events, with long-term social and emotional consequences and repercussions on their family members^H and community^I as well as themselves.

The knowledge and evidence that pregnancy and childbirth in particular are not medical events, but hormonally driven physiological, psychosexual and emotional behaviours^J that flow when the women is supported by the care of a known midwife in a familiar and accommodating environment has been shown to reduce these events and heal past experiences^K. All of these types of events involve a power imbalance with a vulnerable woman, so it is not difficult to see them as a form of Sexual Violence, therefore I seek their inclusion and consideration of them in your inquiry.

Yours sincerely,

Denise Hynd

^A <https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=318>

^B <https://maternalmentalhealthalliance.org/news/birth-trauma-inquiry-calls-for-new-maternity-strategy-to-address-birth-trauma/>

^C <https://www.aims.org.uk/journal/item/obstetric-violence-definition>

^D <https://www.smh.com.au/national/nsw/birth-trauma-experts-pull-out-of-conference-over-censorship-concerns-20231117>

^E <https://www.sciencedirect.com/science/article/pii/S026661382200211X>

^F <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9114466/>

^G <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9316477/>

^H <https://pubmed.ncbi.nlm.nih.gov/38676931>

^I <https://www.sciencedirect.com/science/article/abs/pii/S1871519217300616>

^J <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4720867/>

^K <https://pubmed.ncbi.nlm.nih.gov/36774286/>