

**Submission  
No 223**

## **INQUIRY INTO BIRTH TRAUMA**

**Organisation:** ACON

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# ACON SUBMISSION TO

Select Committee on Birth Trauma

August 2023



## About ACON



ACON is NSW's leading health organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

Our head office is in Sydney, and we also have offices in Lismore and Newcastle. We provide our services and programs locally, state-wide, and nationally. We are a fiercely proud community organisation, unique in our connection to our community and in our role as an authentic and respected voice.

Members of Australia's sexuality and gender diverse communities experience health disparities when compared to health and wellbeing outcomes experienced by the total population. They may also face significant barriers to accessing traditional healthcare pathways.

We recognise that members of our communities share their sexual and gender identity with other identities and experiences and work to ensure that these are reflected in our work. These can include people who are Aboriginal and Torres Strait Islander; people from culturally, linguistically, and ethnically diverse migrant and refugee backgrounds; people who use drugs; mature aged people; young adults; and people with disability.

## Contact

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*ACON acknowledges the Traditional Owners of the lands on which we work. We pay respect to Aboriginal Elders past and present.*

## Executive Summary

ACON thanks the Select Committee for this opportunity to provide evidence on the subject of birth trauma. This submission comments on the particular terms of reference in the inquiry as they relate to our communities.

We welcome any interventions that seek to reduce the experience of birth trauma for people in our communities, who are often already invisibilised in the reproductive health sector, and subject to negative and traumatic experiences.

Prejudice, stigma, and bias persist within healthcare services, impacting the health outcomes and increasing traumatic experiences for LGBTQ+ people during pregnancy and birth. The lack of gender-affirming care and trauma-informed practices exacerbates the trauma faced by LGBTQ+ patients in perinatal healthcare settings.

The *NSW LGBTIQ+ Health Strategy 2022-2027* outlines the government's commitment to delivering high-quality, safe, inclusive, and responsive healthcare that addresses the needs of gender diverse people. It includes a specific strategic priority of capturing data on sex, sexuality, and gender at the point of care and at the population level. If the goals of this strategy are to be achieved, more needs to be done across all medical settings.

To address these challenges, standardised education on LGBTQ+ bodies and relationships in perinatal healthcare is needed. Introducing trauma-informed and gender-affirming care in medical education, removing heteronormative language, and improving data collection to ensure inclusive care for all will create a more compassionate and inclusive healthcare system, supporting the well-being of all individuals, irrespective of their gender and sexuality.

## Recommendations

ACON makes the following recommendations to reduce the experience of birth trauma for everyone, including sexuality and gender diverse communities:

1. Require standardised education about LGBTQ+ communities and unique health needs in perinatal healthcare across all levels of tertiary medical education, including medical, nursing, and midwifery school.
2. Introduce trauma-informed and gender-affirming care into teaching and learning principles in perinatal medical education at all levels.
3. Include imagery of all kinds of families in messaging to increase inclusivity of perinatal settings.
4. Adopt inclusive language in pregnancy and birthing services to better reflect the needs of all women and people using those services.
5. Improve data collection processes to include sufficiently detailed questions about gender diversity and sexuality at patient intake, including of partners.

## Introduction

LGBTQ+ parents create loving, enriching environments for their rainbow families, which in turn make invaluable contributions to our diverse communities in NSW and are increasingly part of the fabric of Australian society. Research has long demonstrated strong outcomes for children of LGBTQ+ parents. However, experiences of prejudice, stigma, discrimination and bias persist within healthcare services, and more broadly. These factors are known to create disparity in LGBTQ+ health outcomes and to increase experiences of trauma in institutional healthcare settings at all levels, including services around pregnancy and birth.<sup>2-5</sup>

For many lesbian, bisexual, and queer cisgender women, and for transgender men and non-binary people with uteruses, perinatal healthcare settings can be highly cisgendered and heteronormative spaces.<sup>a</sup> Consequently, navigating pregnancy and birth within healthcare settings that already feel hostile towards sexuality and gender diverse people can often result in severe experiences of birth trauma, and this is particularly true for trans people with uteruses.

Unfortunately, there is limited Australian research specifically addressing LGBTQ+ people's experiences with birth trauma, and limited collection of data related to sexuality and gender across all medical registries and Australian health surveys.

For the purposes of this submission, we have included data from international studies that indicate existing parallels in the experiences of LGBTQ+ patients in comparable international settings<sup>6</sup> ACON also defers to the lived experience of any LGBTQ+ people who may have shared their personal experience with birth trauma through a submission to this inquiry.

In 2022, ACON provided a submission to the Commonwealth Government's Inquiry into Universal Access to Reproductive Healthcare. We have supplied that submission as an attachment, for your information.

## 1.d) Exacerbating factors in delivering and accessing maternity care that impact on birth trauma generally, but also in particular for

### (iv) LGBTQIA+ people:

#### **Existing barriers for LGBTQ+ people accessing healthcare:**

LGBTQ+ communities already face significant barriers when accessing any form of healthcare, and accessing perinatal healthcare is no exception. Common factors include frequent experiences of discrimination where assumptions are made about LGBTQ+ people's bodies and their partners, that render their gender identity and their sexuality invisible and invalid.<sup>7,8</sup>

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<sup>a</sup> Heteronormative is the perspective that sees heterosexuality as the only, preferred or 'normal' sexuality, and spaces that are cisgendered create a form of prejudice that denies, denigrates and/or pathologises non-cisgender identities and expressions, where cisgender refers to individuals whose gender is the same as the sex that was presumed for them at birth.

These pervasive and ingrained expectations of heteronormativity and cisgenderism in healthcare settings make LGBTQ+ people feel abnormal and out of place in perinatal healthcare settings. These factors are known to create disparity in LGBTQ+ health outcomes and to increase experiences of trauma in institutional healthcare settings at all levels.<sup>4</sup>

Trans people in particular face high levels of discrimination, harassment, and violence. But transgender men and trans masculine people in pregnancy and birthing spaces frequently face overwhelming levels of judgement, prejudice, unreasonable and irrelevant questioning, constant misgendering, incorrect assumptions about their bodies and even outright obstruction of access to services.<sup>5,9,10</sup>

This lack of gender affirming care leads many transgender people to avoid hospital settings when making birthing arrangements, which may carry increased risk in circumstances where complications are experienced in the lead up to, or during birth.

## 1.b) causes and factors contributing to birth trauma including:

### (iii) the availability of, and systemic barriers to, trauma-informed care being provided during pregnancy, during birth and following birth:

#### **LGBTQ+ specific trauma informed care:**

LGBTQ+ people's experience of trauma as a result of gender and sexuality-based prejudice and sexual violence is already statistically significantly higher than that of the general population<sup>1</sup> (Hill et al 2020), and the additional layers of trauma they experience in healthcare settings compounds their existing trauma.

It is known that pre-existing trauma plays a role in amplifying the experience of trauma during birth, and studies focused on the subject emphasise the need for trauma-informed care to mitigate this harm.<sup>4,6,11</sup>

However, because little, if any, education on gender diversity and sexuality, LGBTQ+ bodies, LGBTQ+ family structures, or LGBTQ+ specific experiences with trauma is given within tertiary medical education at any level, perinatal healthcare providers are generally not given the necessary tools to provide trauma-informed care to LGBTQ+ people. As a result, LGBTQ+ patients who have faced trauma in medical settings often encounter further significant marginalisation within perinatal healthcare settings.

Because medical treatment often involves invasive bodily examination, and because LGBTQ+ bodies and sexualities can contradict expected norms in perinatal healthcare settings,<sup>6,8,12</sup> LGBTQ+ patients are often forced to re-experience the trauma of "coming out" to healthcare workers, in order to correct their assumptions and misuse of language, and access appropriate care.

Maternity spaces are traditionally very cisgender and heterosexual spaces, and healthcare professionals' implicit biases, rooted in heteronormative assumptions, become evident through their lack of knowledge and sensitivity towards pregnant LGBTQ+ bodies during childbirth.<sup>6,12,13</sup>

Having to correct healthcare workers, or to explain their bodies, identities and/or relationships to medical professionals, can contribute to feelings of distrust and fear for LGBTQ+ patients.<sup>6,14</sup>

For LGBTQ+ patients who have also experienced sexual violence, the trauma of medical settings is further amplified when a patient feels a loss of control over their body. This is particularly true in the experience of pregnancy and birthing.<sup>5,6,9</sup>

Empowering perinatal healthcare workers at all levels with knowledge of how to provide gender affirming care, and how to adjust their approach to a patient based on the patient's prior experience with trauma can significantly reduce the impact of birth trauma for LGBTQ+ people.<sup>7</sup>

The *NSW LGBTIQ+ Health Strategy 2022-2027* lists trauma-informed care as a key pillar in its strategy for improving health outcomes for LGBTQ+ patients. If this is to be achieved, trauma-informed and gender-affirming care must be introduced into teaching and learning principles in medical education at all levels and applied in all medical settings.

### **Post care: Care services after the event of birth trauma**

Peer support services, offered by community-led organisations like ACON, play a pivotal role in the recovery journey of LGBTQ+ people who have experienced trauma in a generalised sense. ACON provides a number of mental health support services, including suicide aftercare, and our services are committed to trauma-informed approaches.

These services provide a safe and non-judgmental space to access sensitive and empathetic support from those who truly understand their unique challenges. Employing trauma-informed approaches that acknowledge the compounding impacts of intersecting experiences with marginalisation can create a sense of trust that promotes healing and growth after a traumatic event.

Caring for LGBTQ+ patients in the aftermath of birth trauma is a critical aspect of ensuring inclusive and compassionate perinatal care. Community-led peer support services could be invaluable in supporting LGBTQ+ people to overcome the impacts of birth trauma, but are largely non-existent. Community-led organisations, such as ACON, are in a position to offer such services when provided with funding opportunities to make this expansion.

## **1.g) The information available to patients regarding maternity care options prior to and during their care:**

### **Lack of availability of information on pregnancy and birth for LGBTQ+ parents, and information using gendered language that is not inclusive:**

Pregnancy and birthing healthcare can be among the most stigmatising spaces for LGBTQ+ people,<sup>6,11</sup> and language is a key factor in signalling potential exclusion. Because language used in perinatal care is so gendered, and so much of the narrative around the concept of family excludes LGBTQ+ families, LGBTQ+ patients often feel unsafe and out of place in these spaces.

Information on pregnancy and birth centres cisgender, heterosexual women in traditional family arrangements, creating a narrative around perinatal and birthing services that often excludes LGBTQ+

people. This is exacerbated in the attitudes and assumptions of many healthcare workers in the sector, who are not provided adequate education on the unique needs of LGBTQ+ people. <sup>6,15,16</sup>

Because of this gap in the knowledge of healthcare workers across the sector, many LGBTQ+ people in birthing settings find themselves having to educate their doctors and healthcare providers on appropriate language about their sexualities, their genders, and their bodies. <sup>7,8</sup> This constitutes a significant compromise in the ethical principles of “duty of care”, creating the kinds of fear, uncertainty, and a lack of control that translates into birth trauma. <sup>9,11</sup>

Experiences of trauma throughout the journey can lead to complete disengagement from services. <sup>6,7</sup> Education that uses inclusive language and recognises the unique needs of LGBTQ+ people that translates into the service delivery setting can significantly contribute to reducing trauma and providing safer perinatal environments for our communities.



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