

This is a very important and timely film, which needs to be shown widely to medical professionals, a film which shows the commitment and informed understanding of the filmmakers and the courageous women who took part. My own research projects at Edinburgh University and my work with support groups repeatedly gave evidence that women who survived sexual abuse have much higher rates of postnatal depression and postnatal psychosis than women as a whole. I am not talking about the “baby blues” which lasts usually a short time and affects many women after childbirth, but the more serious, prolonged and repeated end of the spectrum of these conditions.

I believe that, spurred by this film survivors and all who support them need to campaign strongly now for professionals in medicine, in psychiatry and psychology to re-examine their assumptions that this is to do either with hormones or with biogenetic causes of mental illness. There has been the usual reluctance to think again on this, because of the power of the biogenetic model and the power of the pharmaceutical companies. I believe instead they need urgently to look at the possibility that this is not some unique event, but depression or psychosis at a particular time of life, triggered by the *experiences* surrounding pregnancy and childbirth and the traumatic memories of sexual violence which can often be unleashed. These include the range of intrusive physical experiences in medical settings, often reminiscent of sexual assault, the helplessness and powerlessness involved in Western methods of delivery, and the range of emotions and traumatic memories which so often happen. That includes for some women a sense of dread that their own baby may become a victim of CSA, and/ or that they will not be able to protect her or him.

That has repercussions for good practice by all the relevant professionals- by sensitively “asking the question” during pregnancy, by checking for and responding helpfully to fears that women may have in both pregnancy and childbirth, by educating themselves to recognise the release of traumatic memories, by considering the need for therapeutic support after the birth, by actually listening to what women may say and reveal in a psychotic episode (and taking it seriously instead of dismissing it as wanderings or fantasy), and by funding research projects which actively explore the connections between a sexual abuse history and postnatal depression or psychosis. This is likely to spare present and future women not only the extent of trauma and pain survivors can experience around pregnancy and childbirth; but to reduce or remove the risk that some may lose the right to look after their own child, a child who is very precious to them.”