

Helping Survivors of Sexual Abuse

Targeting a silent breastfeeding barrier: Child and adult sexual abuse, physical and emotional abuse



Sensitive Intervention

Lactation consultants and those who offer mother-to-mother support have a special role in helping women who have faced abuse reconnect with their bodies.

Background

In a 2005 study of the infant feeding practices of women who were sexually abused in childhood, the women raised many issues that may be useful for people who assist women with breastfeeding. This information sheet provides some background information on the impact of childhood sexual abuse (CSA) on women's infant feeding experiences. It also offers some suggested sensitive practices for lactation consultants, doctors and others who assist mothers with infant feeding. We must always be mindful that the mothers we help may have experienced abuse in the past.

The words of this adult survivor of CSA serve as a reminder that violence against girls and women is a broad social problem:

- *My father had always made fun of women's breasts.*
- *I can remember being frustrated about my breasts after the abuse.*
- *And I sometimes see moms nursing and holding babies and just having that total closeness, the physical closeness with the baby, and I wanted that so much.*

The experience of CSA, sexual abuse as an adult, and other physical or emotional abuse can impact a woman throughout her life. A history of abuse can be an invisible

obstacle to a successful breastfeeding experience.

Since the rates of all types of abuse and CSA are high and underreported, lay and professional lactation consultants may find themselves working with women survivors of abuse. Sexual abuse violates women's body boundaries, and handling breasts or seeing other women breastfeeding may trigger sudden intense emotional memories of abuse. Alternatively, some women learn to dissociate and disconnect from their bodies, and learning to breastfeed may be particularly difficult for them.

It is difficult to assist women who have low self-esteem, do not trust their bodies, and lack confidence in their ability to breastfeed their children. Helpers may also encounter women who do not really want to breastfeed or who are repulsed by the idea of breastfeeding. Often, helpers have no clue about the origin of their clients' bodily based feelings about breasts and breastfeeding. These women may have experienced abuse as children or as adults, and thus need very special attention.

The issue of control is very important for women who have been violated in childhood; birthing and breastfeeding may create a sense of lack of control. Lactation consultants and those who offer mother-to-mother support have a special role in helping women who

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have faced abuse reconnect with their bodies.

Many people assume that survivors of CSA will have limited success with breastfeeding. Research suggests that this is not true. When women have a hard time breastfeeding, it is easier for hospitals and health professionals to encourage bottle feeding than to identify and address possible underlying problems stemming from prior abuse such as depression. Special services for new mothers are critically important, including having access to people with counseling skills and clinical experience in dealing with breastfeeding problems.

Sensitive Practice

Why draw attention to the infant feeding experiences of women survivors of child and adult sexual abuse? After all, they may not even recognize that breastfeeding problems could be a result of their abuse, and many consider bottle feeding to be equivalent to breastfeeding, or a safe alternative. One reason for drawing attention to this experience is the possibility that breastfeeding may offer women an opportunity for healing. How mothers will respond to this intimate nurturing practice depends partly on whether breasts played a part in their abuse, and on their stage of recovery and healing. Issues such as breastfeeding in public and the use of breast pumps may be particularly problematic.

Since the problem of sexual abuse is often kept out of sight, doctors, lactation consultants, and other helpers often do not know that the nursing mother they are trying to help has experienced abuse. They do not know how clients will react when their breasts are touched. For this reason, "Sensitive Practices" are in order. "Sensitive Practices" should be layered on top of generally accepted universal precautions. The following suggested "Sensitive Practices" are aimed at increasing all clients' sense of safety. "Sensitive Practices" are a way of ensuring thoughtful awareness to the fact that any woman might have experienced abuse.

- Know who in your area you should contact if your client has faced sexual abuse and needs support.
- If mothers cringe and move away, shake, cry, or alter their breathing patterns when their breasts are touched, stop touching and advise client to take slow deep breaths.
- Expect that disrobing may be particularly problematic.
- Ask what she needs right now, and if she has a memory of abuse, remind her that she is safe right now.
- Explain process before acting: "This is what I am going to do next."
- Always ask for permission to touch.
- Share control of the situation.
- Make sure your client knows she has permission to stop anything she is uncomfortable with, to say no to anything, including breastfeeding.
- Provide written information about assisting with breastfeeding.
- Locate client where she can see a door, so that she need not feel closed in.
- Provide favorite music.
- Suggest more positions for feeding comfortably.
- Consider a client's need for privacy. Would she prefer to be alone or with others when help is offered?
- Note client's response to pain. Does she ignore it or is she supersensitive to it?

Resources

Kendall Tackett, K.A. (2003). *Treating the Lifetime Health Effects of Childhood Victimization*. Kingston, N.J.: Civic Research Institute.
Schachter, C., C. Stalker and E. Teram (2001). *Handbook on Sensitive Practice for Health Professionals: Lessons from Women Survivors of Childhood Sexual Abuse*. Health Canada.

This information sheet is based on the 2005 study "From Hurting Touch to Healing Touch: The Infant Feeding Experiences of Women Survivors of Child Sexual Abuse (CSA)" by Penny Van Esterik and Karen Wood. This research was completed in partnership with the National Network on Environments and Women's Health (NNEWH) in Canada.