

## Breastfeeding After Child Sexual Abuse

**The importance of breastfeeding to child and mother's health is well documented.<sup>1</sup> This information sheet is for those women who have experienced sexual abuse and have decided they would like to breastfeed.**

Women who have experienced childhood sexual abuse may face challenges with breastfeeding. Despite sexual abuse survivors being twice as likely to initiate breastfeeding<sup>2</sup> difficulties may arise which interfere with sustaining the breastfeeding relationship.

For some women survivors, developing a successful breastfeeding relationship with their child is a healing experience. Tess says, "It was a validation. That is what [my body and breasts] were for. My breasts can have a positive story"<sup>3</sup>.

Lily says, "I can nurture him and provide for him and that's making him grow. It's quite amazing to me that it happens, and that I can do it. I love it"<sup>3</sup>.

For other women, the challenges feel overwhelming. Certain aspects of breastfeeding can trigger memories and emotions associated with abuse. Following are some ideas for managing these challenges.

- Get as much information about breastfeeding as you can. It helps to understanding how breastfeeding works, what is normal and how to manage common problems.
- Having some control over the environment in which you breastfeed, both in hospital and once at home, can make a big difference. Being clear to staff about your needs when in hospital can be helpful (including a preference not to be touched on the breasts); ask a partner or another support person to advocate for you if needed.
- Covering up or seeking privacy can be beneficial. There are many breastfeeding tops/ capes available that allow for discreet feeding.
- Watching television, reading, or listening to music while breastfeeding can be a way to provide distraction from emotional discomfort.
- Night feeds can be challenging to some women. Changes to the nighttime environment, including consideration of where you feed and lighting, may be helpful; feeding in a space that feels safe to you is important. Distraction techniques, as mentioned above, can be effective.
- If abuse-related symptoms cause nighttime feeds to be intolerable, having your partner or another helper take over night feeds can allow day time breastfeeding to continue. These feeds can be done with expressed breast milk, if using a breast pump or hand expressing is tolerable.
- Some survivors feel uncomfortable breastfeeding, but feel able to express milk and feed their babies this way.
- Older infants can be playful, smiling and touching the breasts. This can be confronting, but is normal behaviour in infants. It can be useful to learn how to gently redirect behaviour that doesn't feel comfortable. A nursing necklace can be a useful distraction for baby while he or she feeds.
- Many women gain some sensual pleasure from breastfeeding. This is a normal physiological response and does not mean that a woman is experiencing sexual feelings towards her child.
- Some women, particularly those who have experienced severe trauma from a young age, may have increased sensitivity to pain which may affect their breastfeeding experience<sup>2</sup>.
- Others may experience dissociation or numbness, and this may make it more difficult to manage breastfeeding problems due to detachment from physical sensations<sup>2</sup>.
- Some women experience negative comments if they breastfeed into their child's toddlerhood. The World Health Organization recommends that breastfeeding be continued up to two years of age or beyond. There is much evidence documenting the physical and psychological benefits of sustained breastfeeding<sup>4</sup>. As long as both mother and child wish to continue, breastfeeding beyond infancy is a valid choice.
- Survivors of childhood sexual abuse can be more susceptible to infection due to a lowered immune response<sup>2</sup>. Self care is always important, but particularly in the early days of breastfeeding when recovering from the physical changes of childbirth and adjusting to interrupted sleep.
- Sometimes women who have experienced childhood sexual abuse use drugs or alcohol to cope. These are not always compatible with breastfeeding as they may harm your infant, so if this applies to you seek medical advice.
- Women who have experienced sexual abuse have higher rates of depression than the general population<sup>5</sup>. It is important to get support as soon as possible if you think you might be depressed. Speak to your GP or counsellor.
- If a survivor feels unable to breastfeed or weans because of her level of psychological discomfort, it is important to remember that breastfeeding is a choice based on an individual's circumstances. If a mother feels distressed, resentful or repulsed whilst breastfeeding,

this is likely to negatively impact on her relationship with her child. Choosing not to breastfeed if this is the case for you does not detract from your ability to love and care for your child.

## Other Resources

*Information Sheet on Infant Feeding for Women Who Were Sexually Abused in Childhood*, National Network on Environments and Women's Health  
[www.nnewh.org/images/upload/attach/4020Info%20Sheet%20for%20Survivors%20of%20CSA.pdf](http://www.nnewh.org/images/upload/attach/4020Info%20Sheet%20for%20Survivors%20of%20CSA.pdf)

*Pregnancy to Parenting Pamphlet*  
[www.dvirc.org.au/PublicationsHub/Pregnancy2Parenting.pdf](http://www.dvirc.org.au/PublicationsHub/Pregnancy2Parenting.pdf)

Australian Breastfeeding Association  
Helpline 1800 mum 2 mum (1800 686 2 686)  
Website: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

*Postnatal Depression and Breastfeeding* booklet from the Australian Breastfeeding Association

## References

1. Brodribb, Wendy (2004) *Breastfeeding Management*
2. Kendall Tackett, Kathleen (2004) *Breastfeeding and the Sexual Abuse Survivor*, Lactation Consultant Series Two, La Leche League International
3. Coles, Janice (2006) *Breastfeeding and Maternal Touch After Childhood Sexual Assault*, PhD Thesis, Centre for Health and Society, University of Melbourne
4. Dettwyler, Katherine (2004), When to Wean: Biological Versus Cultural Perspectives, *Clinical Obstetrics and Gynaecology*, Volume 47 (3), pp 712-723
5. Cheasty, M., Clare, A.W., Collins, C. (1998) Relation between sexual abuse in childhood and adult depression: case control study, *British Medical Journal*, Volume 316 (7126), pp 198-201

## Bibliography

Australian Breastfeeding Association website  
[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)  
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Wood, Karen and Van Esterk, Penny (2007) From Hurting to Healing Touch, *Canadian Women's Health Network*, Fall/Winter 2007, pp 23-25

World Health Organization  
[www.who.int/nutrition/topics/infantfeeding\\_recommendation/en/print.htm](http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/print.htm)  
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