Objectives for this session:

- Identify current statistics on abuse and violence affecting women
- Review current literature on abuse/violence and its impact on women and their choice to breastfeed
- Discuss therapeutic strategies that nurses and caregivers can use to empower a woman’s feeding choice

Introduction

What piece do you hold?

A threat to a woman’s efforts to breastfeed presents a risk to public health
What does the current literature reveal?

Let’s begin with Intimate Partner Violence (IPV)

IPV is a term used to describe physical violence, sexual violence, stalking, and psychological aggression by current or former intimate partners including current or former spouses, boyfriends, girlfriends, dating partners, or sexual partners.

Although IPV can occur against men, 74% of all IPV is directed toward women and is perpetrated by current or former partners.

Approximately 1 in 3 women in the U.S. experience rape, physical violence, and/or stalking by their intimate partners in their lifetime.

IPV by race:

- 57% multiracial women
- 48% American Indian/Alaska Native women
- 45% Black women
- 37% White women
- 34% Hispanic women
- 18% Asian-Pacific Islander women

(data from National Intimate Partner and Sexual Violence Survey)

Compared to heterosexual women, bisexual women are 1.8 times more likely to report IPV and 2.6 times more likely to report intimate partner sexual violence.
Individuals with physical or mental disabilities have nearly double the lifetime risk of IPV.

Unknown! WHY?????

Cuts, bruises, scratches, welts, broken bones
Chronic medical conditions: arthritis, asthma, chronic pain, cardiovascular, GI, reproductive, and nervous system disorders, depression, anxiety, PTSD, substance use and sexual dysfunction
Short term effects: unintended pregnancy, STI, sleep disruption, pregnancy complications

Current research concludes
Pregnancy may serve as a trigger for IPV
Many women in abusive relationships find that violence escalates during pregnancy
Silverman, Decker, Reed & Raj (2006) found that partner abuse was a less important factor in initiation and duration of breastfeeding than smoking and socioeconomic status.

Public Health researchers/USA

An association between IPV before pregnancy and suboptimal breastfeeding practices among women of reproductive age was supported by the data in a 2018 study.

Women who experienced IPV are just as likely to breastfeed as the broader population of women.

Kendall-Tackett (2007)-Research on the impact of violence on women

Women who have a history of violence need proactive lactation management!

Cortisol-negative effects of the stress hormone
What do these different studies tell us?

1. Pregnancy may be a trigger for abuse
2. Partner abuse was a weak factor in women’s breastfeeding behavior
3. IPV was associated with suboptimal breastfeeding behavior
4. There were no significant differences in breastfeeding rates between women who suffered IPV vs. those who did not.
5. Stress/cortisol levels may influence milk let down.

Childhood Sexual Abuse (CSA) and Breastfeeding

www.youtube.com/watch?v=rxkauwbh4LeU

Summary of Studies on CSA and Breastfeeding

- 9 studies, 1 book
- 1 literature review
- 6 qualitative studies (using case examples of 1-11 women)
- 3 quantitative studies
- Countries: USA, Germany, Australia, UK, Canada
- Date range-book (2004), articles 2007-2017

Let’s look at important Findings and Implications
Beck (2009)
- Impact of birth trauma
- One case study
- Breastfeeding triggered panic attacks, dissociation and flashbacks to abuse

The “Take-Away”
If breastfeeding is a threat to the woman’s mental health, she may need permission to stop

Byrne, Smart & Watson (2017)
- 3 women from the UK interviewed
- Themes of identity, embodiment, empowerment & disempowerment

The “Take Away”
Health professionals should use clear descriptions and work jointly with mental health professionals.

Coles (2009)
- Australian women who suffered intrafamilial CSA and their breastfeeding experiences

The “Take Away”
Pay attention to safety of location of breastfeeding, provide control of touching the woman, explain the dual response of the breastfeeding experience

Elfgen et al., (2017)
- German women with history of childhood sexual abuse reported complications associated with breastfeeding...
- 20% had memories of CSA triggered
- 58% of the women psychologically dissociated while breastfeeding

The “Take Away”
Lactation support adjusted to a mother’s specific need could improve breastfeeding

Jansson, Velez & Butz (2017)
- Case study report of a woman with Substance Use Disorder (SUD) and a history of sexual abuse and her attempt to breastfeeding her newborn who experience Neonatal Abstinence Syndrome

The “Take Away”
Pay careful attention to “red flags” such as SUD

Klingelhafer (2007)
- 3 Case study reports on the impact of prior abuse and the women’s desire and ability to breastfeed

The “Take Away”
Woman can reclaim their bodies by breastfeeding


- Explored the effects of CSA on a woman’s breastfeeding and infant feeding experiences
- The “TakeAway”
  Breastfeeding can serve as a “trigger” for memories of past abuse, therefore providers should be trained in sensitive practice approaches

Summary of Literature on CSA and Breastfeeding

- Some women may need “permission” NOT to breastfeed
- Women may experience empowerment or disempowerment by breastfeeding
- HCPs must provide safety/privacy
- Women with a history of CSA experienced more breastfeeding complications (58% dissociated)

Sexual abuse should be considered a root cause for breastfeeding difficulties
Breastfeeding MAY help a woman “reclaim” her body
For some women, breastfeeding is healing; for others it is a “trigger”

Let’s Share
Spend a few minutes discussing your thoughts on the following...

- Have YOU encountered patients/clients with histories of IPV or CSA in your own practice or experience?
- What strategies would you suggest when working with women who have histories of IPV/CSA?

Trauma Informed Care

https://www.youtube.com/watch?v=dF20Fa0YU3

- Treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the person.

5 Principles of Trauma Informed Care

- Safety
- Transparency & Trustworthiness
- Choice
- Collaboration & Mutuality
- Empowerment

Ask the question “what happened to you?” vs. “what’s wrong with you?”

Clinical Implications for Healthcare Providers/“Best Practices”

- Red flags: feeding only pumped breastmilk, conflicting statements about desire to breastfeed, inability to put infant to breast, maternal discomfort with her body

Best practices (cont.)

- Postpartum nurses/staff should be aware of the complex relationship between sexual abuse and breastfeeding
Adaptations to prenatal and postpartum care should be made: limiting body exposure, asking permission to touch, recognizing the woman’s discomfort, awareness of the environment at night or in the dark, minimizing male staff.

Formula feeds/Pasteurized Donor Human Milk may be needed to supplement breastfeeding until the woman gains comfort.

Women with histories of sexual trauma who experience difficulty with lactation may require referral for trauma-informed care and support.

Always Ask Permission
“is it OK if I touch your breast?”
“can I help you learn to breastfeed your baby?”

Start the Conversation
“Some women who have dealt with violence say that having a baby can bring up uncomfortable feelings. Is that something I can help you with?”

“Violence is so common in women’s lives that I ask all my patients this question…Do you feel safe at home?”

Seek Alternative Solutions
“Do you need more privacy while nursing your baby?”

“Would you be interested in pumping your breastmilk?”
Know When to Take 'NO' for an answer

“I respect your decision. Please don’t hesitate to call me if you would like my help, or need assistance with formula feeding.”

“Please feel free to contact me with any further questions about caring for your new baby.”

Offer Support

“I know this is hard for you, but you’re doing a great job feeding your baby.”

“I can provide you with some resources for survivors of abuse/violence.”

Resources for Providers and Patients

American College of Obstetricians & Gynecologists Violence Against Women Site: www.acog.org/departments/dept_web.cfm?recno=17
Adult Survivors of Child Abuse www.ascasupport.org
Family Violence Prevention Fund www.endabuse.org/
National Domestic Violence Hotline 1-800-799-SAFE

Resources (cont.)

National Organization for Victim Assistance www.trynova.org/
National Sexual Violence Resource Center www.nsvrc.org
RAINN Hotline 1-800-656-HOPE
RAINN Online Hotline https://online.rainn.org/index.aspx

SIDRAN Institute: Traumatic Stress Education & Advocacy www.sidran.org/index.cfm
Survivors of Incest Anonymous www.siawso.org
CDC: Proper Handling and Storage of Human Milk www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm
When encountering others who may have a history of past violence or trauma, I urge you to…

“Be Someone’s Mrs. Duncan”

References


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Contact information:
Janet A. Jerardi, Ph.D., RNC, CNE
jjerardi@lmh.edu
or
jaierardi@comcast.net
Cell: 978-430-2358