

From hurting to healing touch

Infant feeding experiences of women survivors of childhood sexual abuse

From the National Network on Environments and Women's Health

Violence against girls is a broad social problem. While there is a great deal of literature available on Childhood Sexual Abuse (CSA), most of it is related to clinical research or service provision; there is very little focus on breasts and breastfeeding in relation to the abuse experiences of women survivors of CSA.

Sexual abuse in childhood affects every woman differently. For many women, the experience of childhood sexual abuse has a lifelong impact, and may affect their feelings and decisions about breastfeeding. Coping with issues such as breastfeeding in public and the use of breast pumps may be particularly difficult. How a woman survivor of CSA responds to nursing depends on whether breasts played a part in her abuse, her stage of recovery and healing, her past experience of breastfeeding and the support she receives pre- and post-natally.

Anthropologist Penny Van Esterik of York University and Karen Wood, Director of Tamara's House, Services for Sexual Abuse Survivors in Saskatoon, teamed together recently to carry out participatory action research on the impact of CSA on women survivors and their breastfeeding experiences and infant feeding decisions. The goal of the study was to find out how breastfeeding and support for breastfeeding for women survivors of CSA could flourish. Drawing upon the literature on CSA and using key informant interviews, Van Esterik and Wood found that breastfeeding, with proper support, could offer important opportunities for healing for survivors of CSA – opportunities that are currently being missed.

During their research Van Esterik and Wood found that many lactation consultants and helpers may not know whether their clients have been abused, or how their clients will react when their breasts are touched. The problem of CSA is often kept out of sight.

In an effort to improve breastfeeding experiences and service delivery for abused women and their children, Van Esterik and Wood reviewed the findings of their study and produced two information sheets in consultation with key informants of CSA.

One information sheet, *Assisting Adult Survivors of Childhood Sexual Abuse through Breastfeeding*, is aimed at lactation consultants and mothers helping other mothers with infant feeding, and recommends some of the following sensitive service practices:

- Know who in your area you should contact if your client has faced CSA 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 the client to take slow deep breaths;
- Explain the process before acting: "This is what I'm going to do next;"
- Always ask for permission to touch;
- Make sure your client knows she has permission to stop anything she is uncomfortable with, and to say no to anything, including breastfeeding.

By using this sensitive practice model, lactation consultants and those who offer mother-to-mother support can have a special role in helping women who have faced abuse reconnect with their bodies and heal through breastfeeding.

Van Esterik says that "women who were sexually abused as children are often vulnerable, and unable at times to ask for the support they need, or even know what they want. Without sensitive practice, and a great deal of support, women who want to and are able to breastfeed are missing the opportunity."

Wood adds that "in addition to missing out on the health benefits for the children, throughout their lifetime, there is also a missed opportunity for the mother to go through what might have been a healing experience."

Whether or not a woman decides to disclose her history of abuse to a professional support person, the women in the study indicate that survivors of CSA still have choices in how to make their experience with service providers the best it can be. In response to this, the study authors compiled a second Information Sheet, *Infant Feeding for Women Who Were Sexually Abused in Childhood*, which draws from the survivors' recommendations for fellow survivors, and includes some of the following suggestions:

- You are not alone. Know who to contact for support. Bring a support person, or someone you trust, with you for your appointments if you find it helpful;
- Let the professional know in advance that it is important to you to know when they will be touching you, and that they will stop if you ask;
- If you are uncomfortable disrobing, ask them what options you have;
- Tell them to explain the process before acting: "This is what I am going to do next;"
- Know that you have the right to stop anything you are uncomfortable with, and to say "no" to anything, including breastfeeding. If a professional is not respectful of your body and your needs, you have a right to seek support elsewhere.

Both Van Esterik and Wood note that the women in their study want health practitioners to be aware that any woman may have been sexually abused in childhood, but that, with support, her experiences with breastfeeding could be positive. As one participant in the study says, "This is what my body was designed for! That's what those parts were for! Not just, you know...I did not have positive touch in my life, and this [breastfeeding] was so healing for me."

Though both study authors agree that, in many ways, their work has raised more questions than answers, they acknowledge that for many health professionals, the study has already provided an important opportunity to understand the possible links between maternal health programs and programs directed at ending gender-based violence.

"But it is imperative that further research be done to ensure policy and program changes that would have far-reaching benefits for infant, child and women's health," both authors add.

This research was completed in partnership with the National Network on Environments and Women's Health (NNEWH), www.nnewh.org

Penny Van Esterik is a Professor of Anthropology at York University. She recently won the 2007 Weaver-Tremblay Award for applied anthropology from the Canadian Anthropology Society (CASCA) for advocating for better nutrition for women and children nationally and internationally, and for her outstanding contribution to the fields of nutritional and feminist anthropology.

Karen Wood is the Director of Tamara's House, Services for Sexual Abuse Survivors, a feminist non-profit organization dedicated to providing services to support healing for female survivors of childhood sexual abuse. She is also a PhD candidate in the Department of Community Health and Epidemiology at the University of Saskatchewan.

<http://www.cwhn.ca/network-reseau/10-1/10-1pg12.html>

For more information, consult:

*[Infant Feeding for Women Who Were Sexually Abused in Childhood \(Information Sheet\)](#)

*[Assisting Adult Survivors of Childhood Sexual Abuse \(CSA\) through Breastfeeding \(Information Sheet\)](#)

*[Getting Through Medical Examinations: A Resource for Women Survivors of Abuse](#) and their Health Care Providers (Information Sheet) from the Prairie Women's Health Centre of Excellence

*[Women Survivors of Childhood Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs](#) from the Prairie Women's Health Centre of Excellence