

How Birth & Breastfeeding Professionals Can be Impactful in Helping to Heal Sexual Abuse

Presented by

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housecalls**
& lactation clinic

Breastfeeding Housecalls'
PASSION STATEMENT:

*To be God's heart and
hands in the lives of
new families.*





DISCLAIMERS

- I am not being paid to give this chat.
- I am not a sexual abuse expert.
- I am an expert at breastfeeding, *who has experience working with Survivors of sexual abuse during their birth and breastfeeding seasons.*

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The birth and breastfeeding season is not only about the birth of a baby...it is also about the ***rebirth*** of a mother's **heart** and **body**.

Objectives

- To understand how **sexual abuse plays a role in how a mother births, breastfeeds & parents**
- To understand how **your approach** as a professional **can compound the trauma of sexual abuse, or help heal it**
- To learn counseling and reframing **strategies that empower Survivors**



How can sexual abuse impact birth?

- Impacts a mother's **body image**
 - Distorts her perception of her **body's cleanliness, function, purpose** and **abilities**
- Can give feelings of complete **loss of ownership** over their bodies
 - To the extent a woman may be “programmed” to seek approval of what her body can do
- May be **sensitive to necessary touch** by healthcare providers during the pregnancy and birth season

How can sexual abuse impact breastfeeding?

This is a complex question, which leads to more questions than concrete answers

- Will she want another person appropriating her body?
 - *What if her baby is male?*
- What about the demands of night feedings? Of someone waking her up for the purpose of using her breasts?
- If breastfeeding doesn't go as planned, will it compound her feelings of inadequacy about her body's ability to "perform"?



An Survivor's Perception

- Breastfeeding is an interaction in which a **mother's anatomy enters her child's**
 - Sexual abuse often involves a body part penetrating a child
 - If a vagina is only sexual for a mother, what does a baby passing through her vagina mean to her?
- In the case of early abuse, it's likely that **a Survivor's breasts may have been used for sex before they were used for nutrition**
 - A mother may feel like she is perpetuating abuse by using her breasts with her baby in the way she was first shown them to be used

- Because **breastfeeding sometimes causes sensual sensations**, a Survivor may feel guilt, as if she is perpetuating abuse
 - Can we normalize this by telling mom that sensations like these are well documented in many nursing mothers, and are physiological
 - Could a Survivor be more stoic about nipple pain, because she doesn't want it to feel good?
- Breastmilk is body fluid, and letdowns come with baby's suction
 - Explaining the science of breastmilk ingredients and how breast milk is made available to moms could help normalize
 - When working with a mother prenatally, encouraging that she attend a lactation class could proactively prepare her with this knowledge

What if things get even more complicated?

- A Survivor who had unexpected birth outcomes, such as:
 - Emergency procedures during birth
 - Previous pregnancy loss
 - Present loss or still-birth
- A Survivor whose baby was conceived from sexual abuse/rape?
 - Providers need to explore first their own opinions and misperceptions surrounding this



Practical Techniques for Discovery

Make asking about history of sexual abuse a part of your intake paperwork

Ask about concessions she would like you to make
then, listen, listen

Become a trusting source via your consistency and
show-through

Watch for no control, or too much control

Counseling Considerations

- Take the “hands-off” approach as much as possible
- If you must touch **ALWAYS, ALWAYS, ALWAYS** ask for **permission to touch** her BEFORE touching (not *on your way* to touching)
- **Avoid all unnecessary touch** for other things not related to normal “Hello” or “Good bye” (side hugs, hand shaking, etc.)
- **Avoid using patronizing terms** of endearment like “Honey”, “Sweetie” or “Baby”

- Would mom feel better pumping?
 - Remind mom that **latching can indeed be had later**, contrary to Google, and popular belief
 - **Plenty of moms exclusively pump and DO feel fulfilled by providing expressed breastmilk**
- **Appropriate touch means touching shoulders and knees** only, and only if a mom seems open to affection
- **Avoid trigger words** or phrases like “Is he sucking?”, “Grab your breast.”, or “Shove it in.”
- **Ask permission to enter her personal spaces** (or baby’s spaces) such as her bedroom, or when using her personal space, such as sitting on her bed
- **NEVER EVER broach trauma topics around other family members or friends**—even her partner

Offering Alternatives

If a mom says that she doesn't want to birth vaginally or breastfeed...

- How much of that is *really* our business?
 - Could imposing our values make things worse?
 - Could you approach education about vaginal birth and breastfeeding as giving her balanced information
- “You know, other Survivors I've worked with have preferred to have balanced information about birth and breastfeeding. I can give that to you so that when you can make sure you're making the best decision for yourself and your baby.”

Things to Explore

- Could exploring therapy be an option?
- Could a nipple shield be enough to reduce sensation of her baby's mouth and add a comfortable level of separation she can work with?
- Help mom arrive at peace with bottle-feeding, if nursing is a source of guilt for her

Reframing Experiences

Verbally...

- “Your body is doing/did exactly what it was created for.”
 - “Incredible what our bodies are capable of...”
 - “
- “You’re protecting your baby for a lifetime with the antibodies your body is making specifically for your baby.”
- “What’s happening here is so special. No one else can protect/birth your baby this way.”

Pro-Active Preparation

- Encourage Survivors to **take birth and breastfeeding classes** well before birth, since classes can plant seeds of thoughts, and help prepare hearts for what is to come
- Encourage Survivors to **attend breastfeeding support groups** (prenatally) so that she is comfortable with a community well before she needs them
- Encourage Survivors to **explore their concerns, anxieties or traumas** prenatally
- Encourage Survivors to **establish care with a mental health professional experienced prior to delivery**

Resources

Local Sexual Abuse Resources

- Alamo Area Rape Crisis Center
www.rapecrisis.com
- San Antonio Sex Crimes
www.sanantonio.gov/SAPD/Sex-Offenders

Online Trafficking Resources

- National Sexual Abuse Hotline: 1-800-656-4673
- Truckers Against Trafficking
www.truckersagainsttrafficking.org
- Trafficking Resource Center
National Hotline; 1 (888) 373-7888

Breastfeeding & Sexual Abuse

- EXCEPTIONAL ARTICLE for Survivors and Providers:
www.pandys.org/articles/breastfeeding.html
- La Leche League Article about Sexual Abuse & Breastfeeding:
<http://www.lalecheleague.org/llleaderweb/lv/lvaprmay97p27.html>
- Best for Babes Article:
<http://www.bestforbabes.org/booby-traps-series-a-history-of-sexual-abuse-can-be-an-invisible-challenge-for-some-moms/>



Remind a Survivor that...

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