

# Breast-Feeding as a Rape or Sexual Abuse Survivor

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*By Katy*

In recent years, the introduction of the World Health Organization's and UNICEF's sponsored [Baby Friendly Initiative \(UK\)](#) and the [Baby Friendly Hospital Initiative \(USA\)](#) into healthcare has aimed to increase breast-feeding rates among mothers in the developed and developing world.

Having received UNICEF's BFI training, together with ten years experience of working in a neonatal, I have had the opportunity to support many abuse survivors as they are making the decision whether to breast-feed their child – or not - and to help support them with some of the issues they confront during this time.

Throughout the antenatal period, most women are given information which dictates that "**breast is best**" but – in my experience - there is little time or effort given to exploring the psychological concerns that breastfeeding may bring up for survivors of sexual assault / abuse. When talking to one midwife about the fact that I would chose not to breastfeed if I had a baby, she replied "*Well, you don't deserve to be a mother then!*" – without exploring any of the reasons with me that I may have come to this conclusion. Unfortunately, this attitude is not totally unheard of within the hospital environment, and rather than perhaps supporting survivors to be able to overcome their fears, this attitude can close a survivor down and prevent them from getting the support which may prove helpful to them.

The [benefits of breastfeeding](#) are well publicised in the media and in the healthcare literature. However, many survivors opt not to breastfeed their baby because of concerns, emotions, sensations etc. that breastfeeding may conjure up for them. Of course many survivors breast-feed successfully with no survivor - related concerns at all! This article seeks to look at some of these difficulties and also make some suggestions for addressing them so that any mother who **wants** to breastfeed can be given every opportunity to be assisted to do so. This information may be helpful for new mothers-to-be, new mothers, partners, friends and family, and health care professionals.

## Talk to the health care professionals

If you are a survivor, let your midwife / obstetrician / healthcare professional know you are a survivor.

While this may be difficult to do, being able to give them this information should be able to provide you with more appropriate care, as well as highlighting to them that there may be certain areas where you may need additional support or information - not only with breastfeeding, but also with the experience of pregnancy, childbirth and parenting itself. It is far better to be able to pre-empt any potential difficulties by highlighting any potential concerns to the team of health care professionals caring for you, than for you to sit in silence and suffer with concerns alone. Remember that anything you tell a health

care professional is confidential, although it may be shared with other health care workers in an attempt to ensure continuity of care.

If you have any worries about breastfeeding, try to talk these over with a trusted professional. Most hospitals have access to a breastfeeding counselor or advisor (usually a specialist midwife) who you may feel more comfortable talking to, and who may be able to help you to identify exactly what your concerns are. Remember that these people are there to help support you, but they are not mind-readers and they may not be aware that there is a problem if you don't say so. Particularly, junior members of staff may take what you say at face value without reading between the lines, and so it helps if you can be explicit about your concerns and what your needs are. If you don't feel able to talk about it, then you can always write it down and hand it to someone you trust.

Similarly, getting in touch with the coordinator of a breastfeeding support group may be useful as sometimes they are able to identify other survivors who have had similar issues in the past and now feel able to support others:

[National Childbirth Trust UK](#): provide excellent breast-feeding support and information.

[La Leche League](#)

**Don't sit there in silence.**

**Hands off approach:**

Some survivors worry that if they choose to breastfeed that breastfeeding advisors will need to touch them when teaching them how to breastfeed their baby.

Most breast feeding advisors now adhere to the "hands off approach". When they are teaching you how to breastfeed your baby, they should be able to do so without needing to touch your breasts. In order to teach you what to do, i.e. how to position your baby at the breast, the advisor may:

- Talk you through it in a step-by-step process.
- Talk you through it, using diagrams / photos.
- Use a doll so that you can mirror her actions.

Certainly no advisor should touch your breasts in any situation without seeking your permission first. If an advisor does ask if its okay to touch your breast to help fix your baby on, one thing you could suggest is that they position their hands over the top of your hands so that it is your hands touching you. In fact *them* touching you to fix your baby on serves no purpose since the goal is for *you* to be doing it without their assistance.

**Privacy:**

Many survivors are very private about their body, and the thought of whipping a breast out to feed a baby in public is simply too scary - and so breastfeeding is something they do not consider possible. It's

important to realise that how and where you choose to breastfeed is up to you.

Some women are perfectly happy to breastfeed in public, whilst for others, it is something that feels more comfortable in private. As a survivor, the need for privacy may feel paramount. **YOU** are the boss on this!

If you are in hospital whilst learning to breastfeed, the health care professional should ensure that your privacy is maintained. You should not be left in a position where you feel exposed. If you feel your privacy needs are not being met, then let someone know. Hospitals may be public places, but that does not mean that you aren't entitled to your privacy.

If you are in a private room, you can ensure that your door is closed and the blinds closed. You can sit with your chair facing away from the door so that if someone was to enter the room, your modesty is maintained. Some maternity wards have privacy signs to put up on the door so that you are not disturbed during this time. If you are in an open ward, you can ask for the curtain to be pulled around your bed, and again turn your chair away from where people would enter. Let health care workers know that you do not want to be disturbed by unexpected or unnecessary visitors at this time. Please let someone know if you feel you need more privacy to breastfeed than is currently being provided to you.

When you are learning to breastfeed, it is often easier to be able to completely remove your bra and your top so you can see what the baby is doing. However, once you get the knack, removing your top will not be necessary, and you will be able to breastfeed much more discreetly without needing to show very much flesh at all!

It is recommended that if you are planning to breast feed your baby (and even if you're not actually!) that you do skin-to-skin with the baby. This involves the baby lying naked on your chest so that there is skin to skin contact. This is supposed to promote bonding, good health and your milk supply. If you plan to do this, a tip to maintain privacy can be to wear an oversized shirt so that you can do the buttons up over you and your baby. Similarly, ensure you have a sheet draped over the top of you both.

Obviously, once you go home, you will have more control over your privacy during feeding - so don't let lack of privacy in hospital put you off.

### The sex of the baby:

As a survivor, the sex of your baby could be the relevant deciding factor driving your feelings about breast feeding. This appears to be more likely if you were abused by a male - you may feel uneasy about the idea of having a male child breastfeed from you. Many survivors have commented to me that they were concerned that they would regard this as a sexual feeling and didn't want to have negative associations of this regarding their child. If you take a moment, it's perfectly easy to understand why this may be the case, so don't chastise yourself for this.

Talk this concern through with someone you trust.

Once your baby is born – if you feel up to it – try it. Some women have commented that the feeling is not as they expected, and although *sensual*, it is totally different to the sexual feeling they were concerned about. Try to remind yourself that the breastfeeding is not a sexual activity, but is about giving the best food to your baby.

If you cannot put the baby to your breast because of the sex of the baby, maybe think about expressing your milk by a pump and feeding it to your baby by bottle.

### Feeding at night

Some survivors mention that they find night time feeds more difficult and are more likely to be triggered and have an unpleasant experience. Obviously, this is more likely if you were abused at night.

Try to give yourself understanding about why this is the case and don't chastise yourself for it. You're not alone with that feeling. There are some things you could try to make night time feeds less trigger for you:

- Turning on the light and seeing that it is your baby feeding.
- Getting out of bed to feed your baby.
- Having some music, or the tv on to help distract you from unwanted thoughts.
- Holding your baby's hand to stop the baby touching / playing with the breast – and keeping the other breast covered.

If night time feeds are just too difficult for you, then maybe compromise and breast feed your baby by breast in the day and by bottle at night. Most babies manage to breast AND bottle feed perfectly well.

### Terminology

Survivors can be triggered by certain terminology and so be sure to let anyone know if there is any terminology related to breastfeeding that may trigger you. For example, you may prefer people to say that the baby seems "latched on well" or is "feeding well" rather than using words like "sucking" - which obviously can have other connotations. There may be certain terms for your breasts that you find triggering – and even other words that may seem innocent to others but are triggering to you. Try to let people know, and maybe suggest an alternative to them.

### Painful breasts / nipples

In the early days, engorged breasts *may* be painful, and sore nipples *may* develop. Pain, especially in the breast / nipple area can understandably be triggering to a survivor.

The first few days are usually the most painful - and after this the pain should ease up and breastfeeding should become easier. If it doesn't, there are certain things you can consider or do to help the pain ease up:

- Speak to a health care professional who may want to examine you for signs of infection, such as mastitis.
- Ensure the baby is latched on properly when feeling as if the baby isn't latched on properly, as this can cause pain and even blistering.
- Rub some breast milk into your nipples after feeding as breast milk has healing properties.
- Try putting a cabbage leaf (savoy cabbage) inside your bra after feeding!
- When removing the baby, slip your finger into the corner of their mouth to reduce suction gently.
- Use ice packs after feeding.

### Feelings that your body is dirty

Survivors may feel that their body is too dirty for the baby to feed from. One mother even asked me if she needed to sterilize her breast before offering it to her baby because she felt she was unclean.

Your milk is not dirty for your baby. In fact it's PERFECT for your baby. Breast feeding results in fewer feeding related infections in the baby than formula milk.

### Feeling like a failure

As we all know, survivors are prone to feelings of low self-esteem, and following childbirth when hormones are all over the place, this can seem even more acute. Experiences with breastfeeding can feel like a source of failure.

You may find yourself saying or thinking things like *"I'm not a good mother as I don't want to breast feed"*. This is **NOT** true. Breastfeeding is ONE aspect of motherhood – and it certainly does not determine who is a good mother and who is a bad mother. Baby's need food to thrive....and they generally are not too bothered where this food comes from!! Feeding your infant is a necessity and should also be a pleasurable experience – and children will still thrive on formula milk!

Other survivors who breast feed may find themselves saying *"My baby lost weight when breastfeeding. I'm useless"*. Your baby losing weight is not your failure. There are all number of reasons why babies loose weight, and none of them can be blamed on you breast feeding. Remember that within the first ten days after birth, almost ALL babies lose up to 10% of their birth weight. Most babies, by about 2 weeks old, are back to their birth weight. There are some medical reasons why occasionally a woman may not produce enough milk, or a baby may not take enough milk – and if this is the case then a health care professional will be able to suggest ways forward. It does not mean you have failed.....it is unfortunately one of those things that happens through no fault of your own.

Some mothers try to breast feed and believe they have failed because it doesn't happen straight away - and then say "*I can't do it!*". Survivors, in particular, may feel that their body isn't "normal" and that its letting them down. **Don't give up!** Most people think that breastfeeding comes naturally to both mother and baby – but for many it doesn't and its something that needs to be learned. You will learn it and your baby will learn it – just try and be patient.

### Drugs / Medications

There are certain medications which are not advisable when breastfeeding so always check this out with your doctor or pharmacist. Certain antidepressants / anti-anxiety medications, for example, may need altering if breastfeeding.

### Eating Disorders

These are more common in survivors, and if you have an uncontrolled eating disorder this could affect your milk supply. Breastfeeding and milk production is demanding on the body and requires more calories – and so in order to keep up supply, it will mean you needing to eat little but often.

### Sleep disturbances

Many rape and sexual abuse survivors struggle with insomnia or disturbed sleep patterns – which can affect both milk production and the desire to breastfeed. If you are having problems sleeping, talk to a health care professional and / or ask for referral to a sleep clinic.

### Difficulty trusting

Because of being betrayed in the past, many survivors have a difficulty in trusting people and forming trusting relationships with others.

The early stages of breastfeeding are not easy as you and the baby get to grips with how to do it. Pair this with the fact that you are likely to be tired, possibly feeling overwhelmed and sore and suffering from a lack of privacy, and its not surprising that everything can feel a little too much. Being able to ask for support and receive support is crucial, and research shows that women who are more able to reach out to others, are more likely to continue breastfeeding. Trust issues can make this reaching out more difficult.

Try to identify a person or group of people who you can turn to for support. This may be a friend, or a partner, or a relative, or even a mental health professional who you can rely on to hold your hand and give you a confidence boost if needed. Motherhood is wonderful – but it is also hard – and no one can do it completely alone.

## Breastfeeding the older infant

As your baby gets older, they are more likely to become "playful" at the breast – touching your breast, suckling for comfort, etc. It's important to try to realize that this is your baby's way of connecting with you and is an active part of social development. Keep reminding yourself of this fact if ever you feel uneasy. Even with a baby it is possible to set boundaries and if your baby is doing something at feed time you don't feel comfortable with you can redirect their behavior to something more acceptable.

## Survivors can find breastfeeding to be a wonderful experience:

As a survivor, some find breastfeeding to be a very positive experience from the very beginning – healing and empowering in nature. One survivor said to me, "Now I know what my breasts are for. They don't feel dirty anymore".

Breastfeeding is also something that is unique to motherhood, and so when it feels "right", it can enhance the special-ness of that bond which exists between you and your child. Unfortunately, survivors are at a higher risk of suffering from post-natal depression, and breastfeeding can help to lower this risk.

## Other things to consider

- It is YOUR body and YOUR decision. No one has a right to tell you what to do with it.
- If you try breastfeeding you can change your mind at any time.
- There is so much support out there if you ask for it.
- Many survivors have found breastfeeding to be an enjoyable experience.
- If you decide not to breastfeed or for some reason you can't breastfeed – that's OK. You have nothing to feel guilty about. There are the following options which you can talk to your HCP about:
- Think about expressing your milk by pump and giving it by bottle. This may especially be a good idea if you have a premature or sick newborn.
- Formula milk these days is very nutritious and carefully balanced to meet the baby's needs.
- You could think about buying milk from a breast milk bank.
- If you know someone who is breastfeeding, you could ask if they would consider surrogate feeding. A patient of mine was breastfed by her aunt for 8 weeks!

**What is right for you, will also be right for your baby.**

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