

When the Crisis is Sexual Trauma: Empowering the Survivor Community

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NEW MEXICO BREASTFEEDING TASK FORCE 2022 ANNUAL CONFERENCE
EMPOWERING COMMUNITIES IN TIMES OF CRISIS: FEEDING, SUPPORTING, AND STRENGTHENING
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About the Facilitator

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- Psychotherapist & Trauma Consultant
- When Survivors Give Birth Approved Trainer
- Adjunct Faculty @ Bastyr University Dept of Midwifery
- Former Prevention & Treatment of Traumatic Birth Board Member
- Birth Doula (not currently practicing)
- Childbirth & Parenting Educator (not currently teaching)
- Former Program Committee Chair @ Open Arms Perinatal Services

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Conflict of Interest Disclosure

- ▶ I regularly facilitate trainings on working with sexual abuse, sexual assault, and birth trauma survivors during the perinatal period. I may reference my experience as a trainer in this training, but no additional training is required in order to attend this session.
- ▶ No financial or in-kind contributions have been given by a commercial interest in relation to this training.

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Honor

- ▶ It's important for each of us to honor the people who came before us and inhabited the land we now live and work on:



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Acknowledgement

- ▶ It's also important to acknowledge the history of slavery and injustice that our country was built on and the impact that continues to have on Black & Indigenous People of Color. And specific to maternal health, the black and brown bodies that were (and still are) exploited in the name of science.



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Learning Objectives

- ▶ Learner will be able to explain the impacts of trauma on breast/chestfeeding.
- ▶ Learner will be able to identify their biases regarding breast/chestfeeding.
- ▶ Learner will be able to assign potential feeding triggers to the appropriate theme(s).

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Foundational Concepts

- ▶ According to the research, we should be continuing to promote and encourage breastfeeding with all our clients/patients, including trauma survivors:
 - ▶ Breastfeeding was similar (96.5% vs. 90.6%) in women with and without CSA experiences. (Elfgren, 2017)
 - ▶ A higher percentage of sexual abuse survivors indicated an intention to breastfeed than did their non-abused counterparts (54 vs. 41 %). (Kendall Tackett, 2004)
 - ▶ Women who were sexually abused were twice as likely to initiate breastfeeding as the nonabused women. (Kendall Tackett, 2004)
 - ▶ "Women with a history of sexual trauma desired clear communication ... control over who was present in the labor room at the time of cervical examinations and for health care providers to avoid language that served as a stressing reminder of prior sexual trauma. They wanted control over the exposure of their bodies during labor and... In the postpartum period, some women with a history of sexual trauma found breastfeeding healing and empowering." (Sobel, 2018)

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Impacts on the Breast/ Chestfeeding Experience

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Anecdotal Experience

- ▶ What do we need to be especially mindful of when working with clients/patients who have a history of childhood sexual abuse or other trauma?
 - ▶ Strong desire to breast/chestfeed for many clients
 - ▶ Feelings of helplessness in how to meet that desire while not feeling retriggered or retraumatized
 - ▶ Importance of recognizing trauma impacts and providing sensitive care
 - ▶ Story of Sally*
 - ▶ Story of Maria*

* names changed to protect confidentiality

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Complications Related to CSA

- ▶ Childhood sexual abuse survivors more often described complications associated with:
 - ▶ breastfeeding
 - ▶ mastitis
 - ▶ pain
- ▶ 20% of childhood sexual abuse survivors stated that breastfeeding was a trigger for memories of CSA.
- ▶ 58% of women with CSA reported dissociation when breastfeeding.

(Etgen, 2017)

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Types of Impact

- ▶ A history of childhood sexual abuse (or other types of trauma, including sexual assault or intimate partner violence) can impact a pregnant, birthing, or postpartum person in a variety of ways:
 - ▶ Sexually
 - ▶ Physically
 - ▶ Psychosocially
 - ▶ Emotionally
- ▶ Each of these can have an impact on a parent and baby's breast/chestfeeding experience...

(Simkin & Klaus, 2004)

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Sexual & Physical Impact

- ▶ Sexual
 - ▶ Exposure of breasts
 - ▶ Body memories arising during breast/chestfeeding
 - ▶ Desire to avoid sexual implications of breast/chestfeeding
- ▶ Physical
 - ▶ Hyperemesis gravidarum
 - ▶ Feeling "touched out"
 - ▶ Difficult recovery, especially after a traumatic birth

(Simkin & Klaus, 2004 & Kivrok, 2018)

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Psychosocial & Emotional Impact

- ▶ Psychosocial
 - ▶ Discomfort with Touch
 - ▶ Hyper alertness / Hypervigilance
 - ▶ Self-harm
 - ▶ Bonding difficulties
- ▶ Emotional
 - ▶ Fear of the unknown, resulting in panic
 - ▶ Birth Trauma/PTSD
 - ▶ PMADs

(Simkin & Klaus, 2004)

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Looking at Our Own Biases

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Reflection Moment

- ▶ How did you come to work in this field?
- ▶ What do you believe about the importance of breast/chestfeeding?
- ▶ What image comes to mind when you think of someone breast/chestfeeding their baby?
- ▶ Are your beliefs based on research, personal experience or values, program metrics/goals, or something else altogether?

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Check Yourself

- ▶ Acknowledgement of our Biases
- ▶ Humility
- ▶ Reexamining Program Expectations/Statistical Goals
- ▶ Finding the Balance
- ▶ Working with the Client/Patient In Front of Us

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Trigger Themes

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Seven Themes

- ▶ Consider these seven potential trigger themes in your work:
 - ▶ Control and/or loss of control
 - ▶ Bodily pain, injury, invasion, or damage
 - ▶ Dependency on partner, doula, caregiver
 - ▶ Mistrust of strangers
 - ▶ Shame or being judged over body image, behavior, secretions
 - ▶ Exposure (modesty, people staring)
 - ▶ Fear of the unknown

(Simkin & Klaus, 2004)

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Trigger / Theme Exercise

- ▶ Can you match the following triggers to their theme(s)?
 - ▶ Evidence of Sexuality/Exposure of Sexual Parts of the Body
 - ▶ Conflicting Feelings
 - ▶ Sensitivity with Being Touched
 - ▶ Sensations of Suckling
 - ▶ "On Demand" Feeding
 - ▶ Restricted Movement while Feeding
 - ▶ Feelings of Shame/Judgement from Family or Friends
- ▶ What did you notice?
- ▶ How does that further inform your lens on working with your clients/patients around breast/chestfeeding?

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How to Engage Your Clients/Patients Differently

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Strategies

- ▶ Consider these when working with clients/patients around breast/chestfeeding:
 - ▶ Disclosure of History
 - ▶ Respect for all Decisions
 - ▶ Encouraging Trust (especially of their own body)
 - ▶ Breastfeeding Management in the Hospital
 - ▶ Normalize the Sensations of Breastfeeding
 - ▶ Strategies, Options, and Solutions
 - ▶ Boundaries and Self-Care for the Client
 - ▶ Relaxation Methods
 - ▶ Resources & Support Groups

(Klaus, 2021)

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Questions & Insights

- ▶ What questions do you have for me?
- ▶ How will this training impact your work moving forward?
- ▶ What additional information or perspective would be helpful to you?

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Thank You for Attending

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