Navigating Infant Feeding Support with Sexual Assault Survivors

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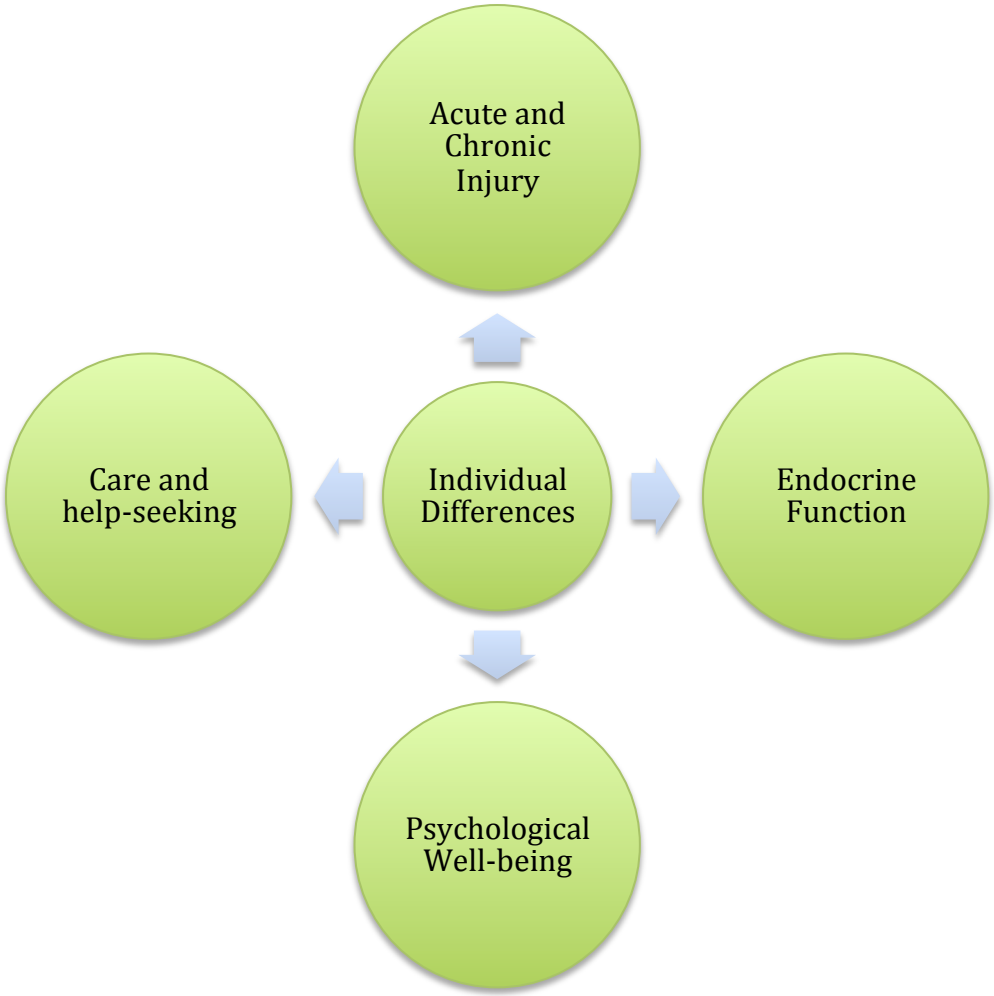
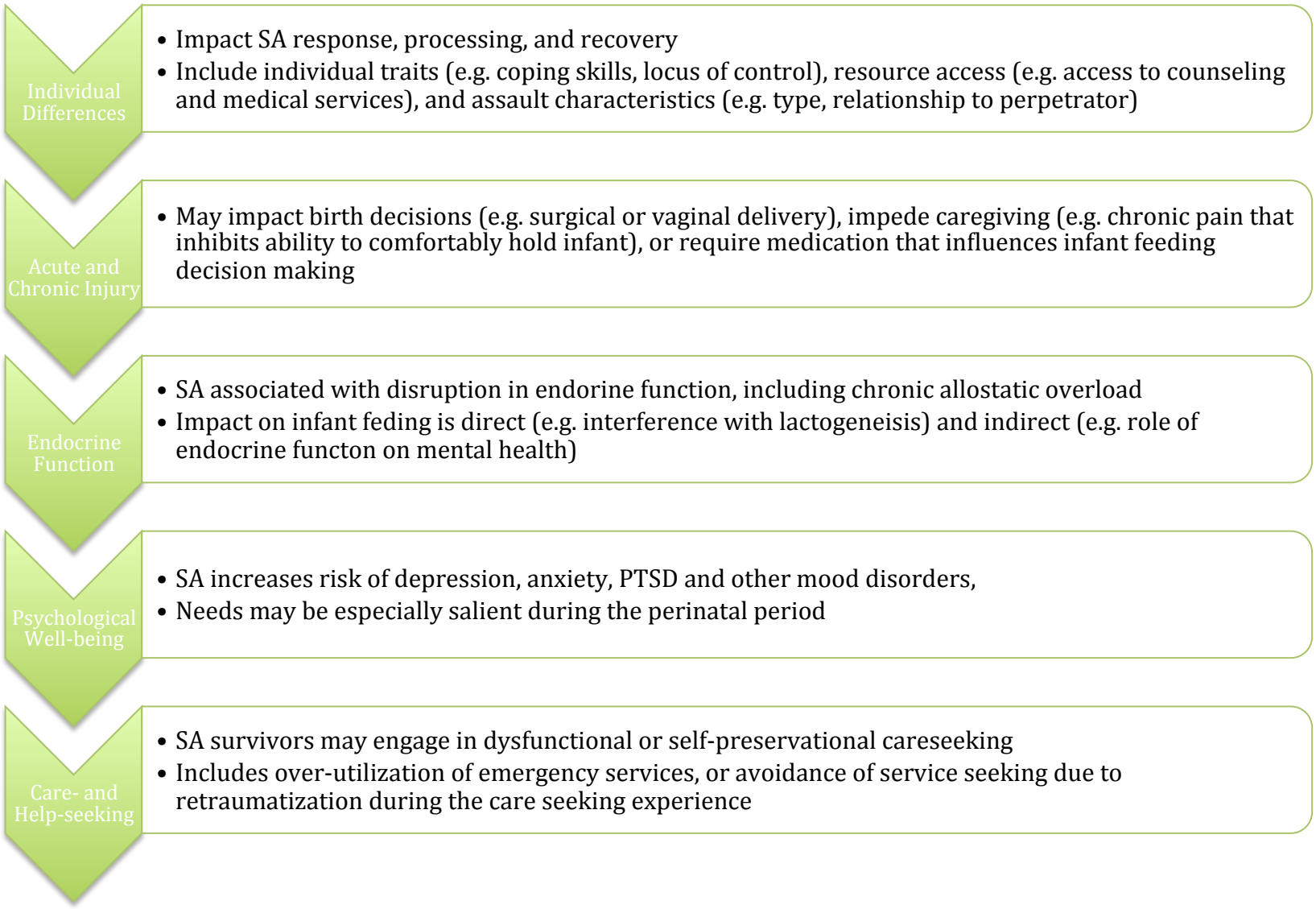
Sexual assault (SA) impacts several domains of well-being that are especially salient to post-natal experiences, especially infant feeding



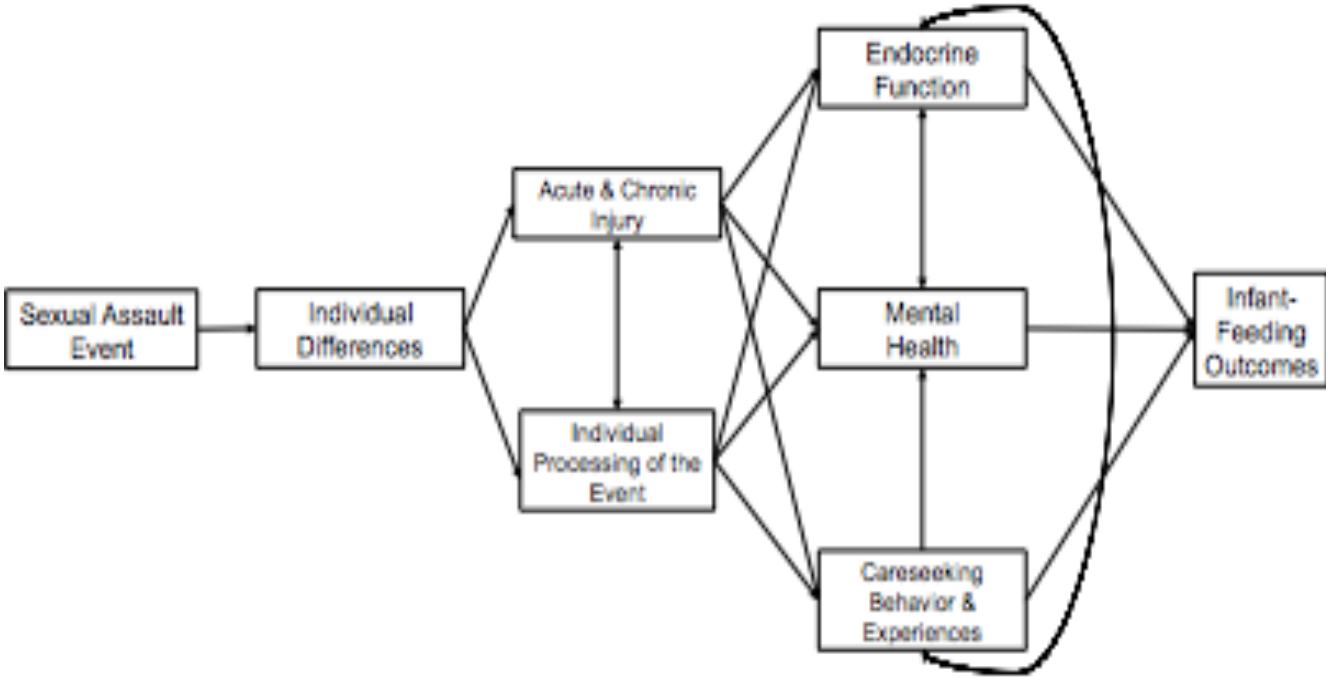

Individual Differences
• Impact SA response, processing, and recovery
• Include individual traits (e.g. coping skills, locus of control), resource access (e.g. access to counseling and medical services), and assault characteristics (e.g. type, relationship to perpetrator)
Acute and Chronic Injury
• May impact birth decisions (e.g. surgical or vaginal delivery), impede caregiving (e.g. chronic pain that inhibits ability to comfortably hold infant), or require medication that influences infant feeding decision making
Endocrine Function
• SA associated with disruption in endorine function, including chronic allostatic overload
• Impact on infant feding is direct (e.g. interference with lactogeneisis) and indirect (e.g. role of endocrine functon on mental health)
Psychological Well-being
• SA increases risk of depression, anxiety, PTSD and other mood disorders,
• Needs may be especially salient during the perinatal period
Care- and Help-seeking
• SA survivors may engage in dysfunctional or self-preservational careseeking
• Includes over-utilization of emergency services, or avoidance of service seeking due to retraumatization during the care seeking experience

Brainstorming Point-of-Care Adjustments for SA Survivors

Your role:

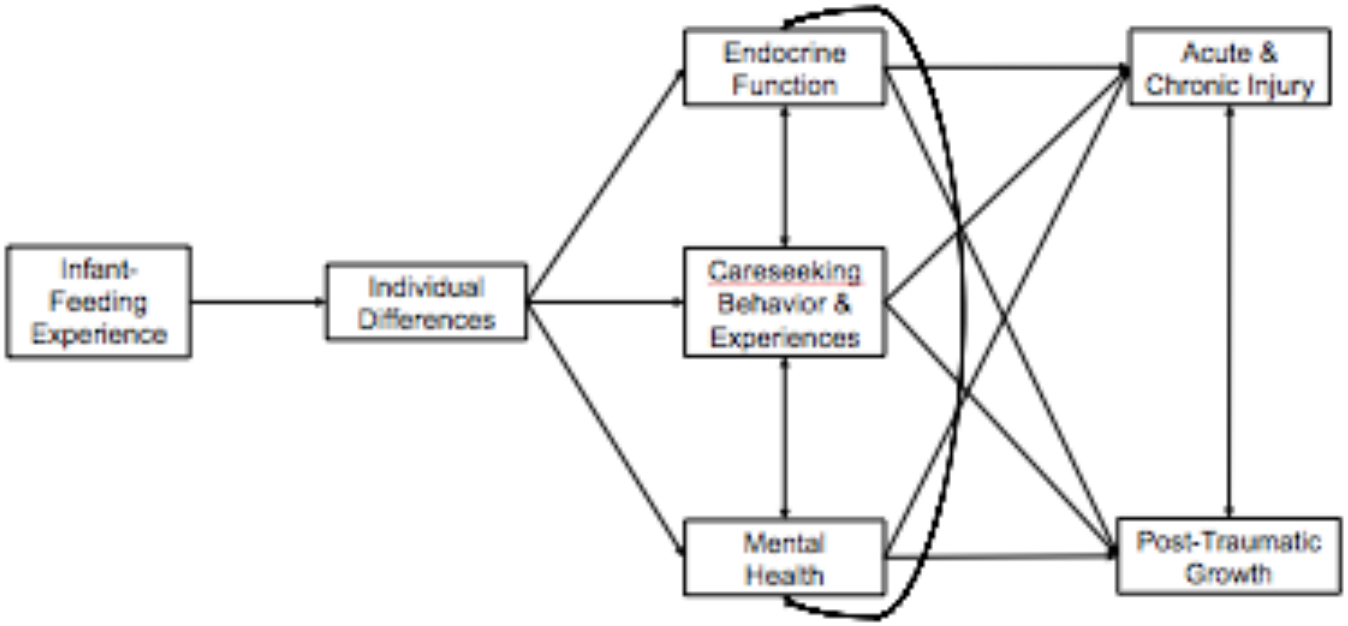
Domain	Possible Need	Point-of Care Adjustment
Example: *Psychological Well-being*	*Parent is extremely uncomfortable exposing breast/chest to feed infant during a peer group meeting*	*Include in opening remarks my strong commitment to allowing all parents the right to feed their babies in the way that they personally feel the safest and most empowered*
Example: *Care-seeking*	*Parent experiences anxiety during routine examinations of their infant*	*Request parent permission prior to all contact with infant; describe the scope of all contact with infant, including the reason and length of time it should take; invite parent to hold infant during examination; do not remove clothing of infant unless it is required, and invite parent to do so, as well as to redress infant as soon as possible*

A: Theoretical Pathways of Sexual Assault's Influence on Infant-Feeding Experiences



My current research seeks to contribute to the growing body of literature on the relation between a history of SA and a range of perinatal experiences and outcomes. In particular, I am interested in contributing to research efforts that explore the mechanisms of action between a sexual assault event and subsequent infant feeding outcomes so that meaningful interventions and best-practices can be deployed across multiple perinatal settings.

B: Theoretical Pathways of Infant-Feeding Experiences' Influence on Post-traumatic Growth



I am also interested in exploring the ways that an infant feeding experience can serve as a context for either exacerbating a prior trauma or facilitating a process of coping or growing relating to a prior trauma. Infant feeding may serve as a context in which SA survivors re-encounter their experiences with a prior trauma due to a range of analogous, salient factors (e.g. engagement of intimate body parts, feelings of vulnerability and disclosure, etc). Helping authorities (e.g. pediatricians, IBCLCs, breast/chestfeeding counselors, peer support people, intimate partners, family members, etc.) are critical in helping shape an infant feeding experience that is either neutral, retraumatizing, or an impetus for posttraumatic growth. Posttraumatic growth suggests a pathway of positive psychological growth that is facilitated by a struggle to integrate a challenging experience into a coherent narrative identity. Posttraumtic growth can co-exist with feelings of psychological distress, but prior research suggests that posttraumatic growth may facilitate efforts to construct a narrative identity that incorporates, rather than represses or ruminates upon, traumatic experiences. Cohesive narrative identities are associated with a range of positive well-being outcomes.

I am currently collecting data about people's experiences with prior trauma and subsequent perinatal care, wit a particular focus on SA history and subsequent experiences with infant-feeding. If you would like more information, or if you would be willing to help distribute the survey materials, please contact me at Hannah_Tello2@uml.edu.