Breastfeeding and Survivors of Adverse Childhood Experiences

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Adverse Childhood Experiences (ACE):
- Child Sexual Abuse
- Child Physical Abuse
- Child Emotional Abuse
- Witnessing Intimate Partner Violence
- Parental substance abuse
- Parental criminal activity
- Parental mental illness
- Parental divorce

Survey of Mothers’ Sleep and Fatigue Full Sample (N=6,410)

- Hit or slapped hard enough to leave a mark 34%
- Raped as teen or adult 13%
- CSA--rape 2%
- All types contact CSA 25%
- Parent depressed 36%
- Parent hit, bitten or kicked 16%
- Parental substance abuse 32%

• Higher
  - healthcare use
  - healthcare costs

• More
  - reported symptoms
  - chronic pain syndromes
  - cardiovascular disease
  - metabolic syndrome and diabetes
  - autoimmune disease

• Overall less satisfaction with their health

• PTSD increased risk of:
  - cardiovascular disease
  - respiratory diseases
  - chronic pain
  - gastrointestinal illnesses
  - cancer

Canadian Community Health Survey (N=36,784)

- Women with PTSD had significantly higher odds ratios for
  - Ectopic pregnancy
  - Spontaneous abortion
  - Hyperemesis
  - Preterm contractions
  - Excessive fetal growth


360 primips 74% Black, 77% low-income, 12% CSA

Intention to breastfeed
– Sexual abuse survivors (53.6%)
– Non-abused women (40.6%)

Representative U.S. sample of 1220 mothers with children younger than age 3
7% reported CSA
CSA survivors more than twice as likely to initiate breastfeeding (OR=2.58)

Impact ACEs
• Physiological
• Behavioral
• Cognitive
• Social
• Emotional

Physiological
• Chronic hyperarousal
• Sleep disturbances
• Lowered pain threshold
• Increased cardiac reactivity
• Abnormal levels stress response
• High BMI

Dunedin Multidisciplinary Health and Development Study (N=1,037), age 20
• Independent effect of childhood maltreatment on C-reactive protein
• Elevated white blood cells and fibrinogen
• Severe abuse led to more inflammation

Danese et al., Proc Nat Acad Sci U S A 2007;104(6), 1319-1324

Behavior
• High BMI
• Substance Abuse
• Smoking
• High-risk sexual behavior
• Suicide attempts
• Sleep problems
Study of 4,641 middle-aged women (Mean age=52 years)

Childhood physical and sexual abuse doubled the odds of both depression and high BMI

Rohde et al., Child Abuse Negl 2008; 32; 878-887

921 men and women from Finland

- In women, depressive symptoms increased risk of metabolic syndrome
- Metabolic syndrome in childhood predicted higher depressive symptoms in adulthood

Pulkki-Raback et al., Health Psychol 2009: 28; 108-116

Sample of 250 at-risk women (87% African American)

Women who experienced child neglect had lower self-esteem, lower rates of condom use, & more HIV-risky behavior


Cognitive I: Beliefs about Self

- Shame/self-blame
- Attributional style
- Self-efficacy
- Health perception

Sample from primary care

Cognitive II: Beliefs about Others

- Internal Working Model
- Mistrust & Hostility
- Rejection Sensitivity

- 52% of CSA survivors did not trust others
- 17% of non-abused women

Hulme, Child Abuse Neglect 2000, 24: 1471-1484
Social Factors

- Insecure Attachments
- Quality of Current Relationships
- Divorce
- Social Isolation
- Co-Dependent Style
- Low Income
- Homelessness
- Revictimization

One study found no difference between abused and non-abused women in initiation or duration of breastfeeding.

“Are women who are abused by their partners less likely to breastfeed?”


Emotional Factors

- Depression
- PTSD

Longitudinal study from Avon, UK (N=8292)

CSA women

- Less positive with children, more negative interactions
- Lower self-esteem and maternal confidence
- Quality of mother/child relationship was explained by the mother’s mental health


Women who broke the cycle of abuse

- Had emotional support from a non-abusive adult during childhood
- Participated in therapy
- Had a non-abusive, emotionally supportive relationship with a mate

Egeland, Jacobvitz & Sroufe, Child Develop 1988, 59: 1070-1088

Smoking
- Short hospital stay
- Low birth weight baby
- Admission to NICU
- Partner’s lack of support

Women with a history of CSA and CPA had increased prevalence of:
- Severe depression
- Joint pain
- Nausea and vomiting
- Fair/poor health

Bonomi et al. Child Abuse Negl 2008: 32; 693-701

Half had a history of CSA
- CSA women were had significantly more depressed and anxious, with greater life stresses
- Less improvement in symptoms over time


Community sample of 3,568 women (ages 18-64)

Babies of depressed-breastfeeding mothers had normal EEG patterns
- Depressed-BF moms touched, stroked and looked at babies more than depressed-non/BF moms

Jones et al., Biol Psychology 2004, 67: 103-124

Breastfeeding improves mother-infant interaction and stops intergenerational transmission of abuse and trauma

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Children assessed at 2, 6, 8, 10 and 14 years
- Longer duration of breastfeeding associated with better child mental health at every assessment

Oddy et al. J Pediatrics 2009; 56(4), 568-574

14-year longitudinal study in W. Australia of 2900 pregnant women

Child Behavior Checklist Scores
- Total morbidity

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<th>Age</th>
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<th>BF 12+ Months</th>
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<td>14</td>
<td>16.7</td>
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</table>

Oddy et al. J Pediatrics 2009; 56(4), 568-574
• 15-year cohort study of 7,223 Australian mother-infant pairs
• 512 substantiated maltreatment reports (4.3% of cohort)
• Breastfeeding decreased risk of maternal-perpetrated child maltreatment
  – OR=2.6 for non-breastfed
  – OR=1.1 for breastfed


• Risk of neglect decreased with breastfeeding duration
  – OR=1.0 >4month
  – OR=2.3 for <4 months
  – OR=3.8 for non-breastfed


Percentage who are Breastfeeding

<table>
<thead>
<tr>
<th>No Sexual Assault</th>
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<td>78.6</td>
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Kendall-Tackett et al. Breastfeed Med 2013: 8(1); 16-22

Hours Mothers Sleep

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Kendall-Tackett et al. Breastfeed Med 2013: 8(1); 16-22

Minutes to Get to Sleep

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Kendall-Tackett et al. Breastfeed Med 2013: 8(1); 16-22

Angry or Irritable

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</table>

Kendall-Tackett et al. Breastfeed Med 2013: 8(1); 16-22
0.7
0.8
0.9
1
1.1
1.2
1.3

Depression

Sexual assault: F(1, 5976)=20.1, p<.000
Feeding method: F(1, 5976)=14.1, p<.000

Kendall-Tackett et al. Breastfeed Med 2013: 8(1); 16-22

• Intense physical contact
• Events during the birth
• Exposure of private parts
• Pain
• Squirtng milk

A lot depends on
• The situation or setting
• People who are there
• Level of rapport and trust
• Your comfort level

Don’t Go It Alone
Supervision
Team approach
Therapy
Limit Your Involvement
Balance caseload
Leave work at office
Set boundaries
Take care of your body

• Make breastfeeding more comfortable
• Help mothers learn what is normal
• Make a referral
• Educate care providers about normal course of breastfeeding