



Centre of
expertise
on child
sexual abuse

Working with Adult Survivors of Child Sexual Abuse

Mid & West Wales RSB

CSA Community of Practice

27th September 2023

Why is this subject important in your work if you mainly work with children?

Turn to the person next to you and for a few minutes discuss the different ways you come across survivors in your work? For example.....

- As victims of crime?
- As parents of victims of abuse?
- As parents of both a victim and an abuser (sibling sexual abuse)
- As offenders with a history of their own abuse

Large group discussion on why it might be important to understand how best to work with survivors of sexual abuse?

Survivors of child sexual abuse are invisibleso how do we recognise the signs and indicators of child sexual abuse in adults?

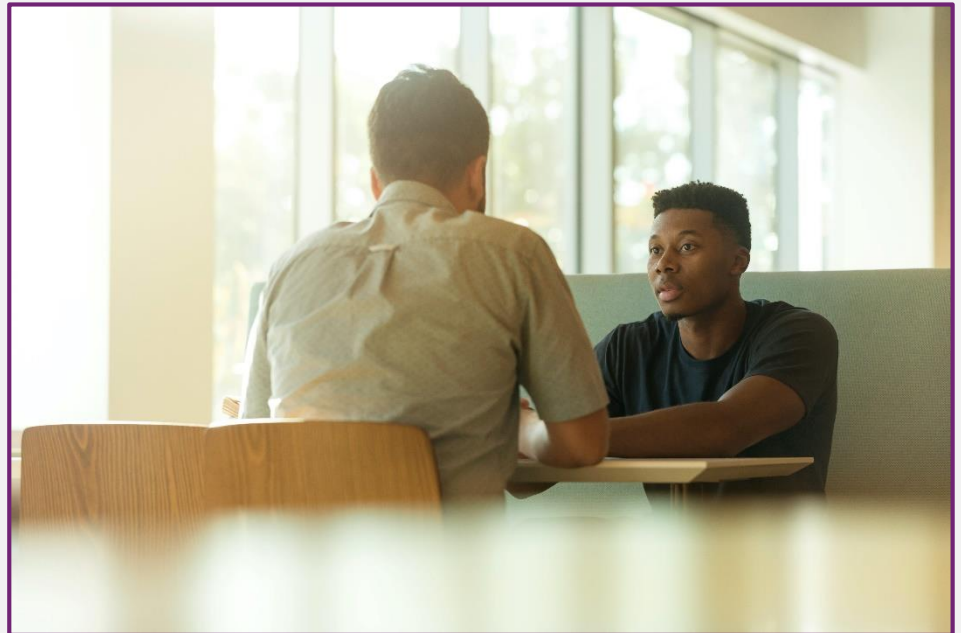
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There is no single indicator or cluster of symptoms and/or behaviours that provides evidence of past abuse

The most reliable indicator is if someone tells you that they were sexually abused

There can be some clues, although it is important to remember that all of these can also be shown by people who did not experience sexual abuse.

All of this makes a strong case to actively enquire about childhood sexual abuse when we are working with adults.



A thought about language...how do we refer to those who have been sexually abused as children?

Victims

Survivors

Thrivers

The impact of child sexual abuse

A recap

The impacts of child sexual abuse

IICSA, 2017

Physical health	Emotional wellbeing, mental health and internalising behaviours	Externalising behaviours	Interpersonal relationships	Socio-economic	Religious and spiritual belief	Vulnerability to revictimisation
<ul style="list-style-type: none">• Physical injuries• High BMI• Problems related to child birth• Unexplained medical problems	<ul style="list-style-type: none">• Emotional distress• Trauma / PTSD• Anxiety• Depression	<ul style="list-style-type: none">• Substance misuse• Risky and inappropriate sexual behaviour• Offending	<ul style="list-style-type: none">• Reduced relationship satisfaction and stability• Issues with intimacy and parent-child relationships	<ul style="list-style-type: none">• Lower educational attainment• Higher unemployment• Financial instability• Homelessness	<ul style="list-style-type: none">• Dillusionment with religion• Faith as a coping mechanism	<ul style="list-style-type: none">• Sexual revictimization in childhood and adulthood• Other types of victimisation

Issues and behaviours which can make engagement difficult:

Behaviours

- Mistrust of authority figures
- Difficulty stating their own needs
- Ambivalence towards their body and health
- Fear and anxiety
- Dissociation
- Challenging behaviours

Issues

- Never having disclosed abuse, and fear of what will happen when they do
- Myths about abuse leading to abusive behaviour
- Questions about sexuality and sexual orientation
- Transference and counter transference



Developing sensitive practice (Sneddon, Wager, Allnock, 2016)
<https://uobrep.openrepository.com/handle/10547/622003>

In what services and situations are you most likely to encounter adult survivors of child sexual abuse?

- Acute psychiatric admission
- Chronic mental distress and “treatment resistant” mental illnesses
- Personality disorders
- Forensic psychiatry
- Attempted suicide
- Persistent self-harm
- Substance misuse
- Homelessness
- Serious and persistent offending
- Challenging behaviour in young people under 18yrs old
- Parents who are in Children’s Services for example, parents of children who are sexually abused to who sexually harm others
- People with several unexplained chronic physical health problems

The impact of abuse and how this can present in adult behaviour

The most pervasive effect of childhood sexual abuse is the destruction of self-esteem and the generation of a sense of worthlessness.

Those experiencing **mental health problems**, may be more likely than others to report a history of childhood sexual abuse, including:

- PTSD
- Borderline Personality Disorder
- Anxiety and Depression
- Eating Disorder
- Suicide/Attempted Suicide
- Self Harm
- Dissociation
- Severe Substance Misuse and Anxiety Disorders

.....also **physical health** problems, relationship problems and difficulties with intimacy

(Nelson & Hampson, 2008)

Why this is important in practice: Hierarchy of brain function

The human brain develops sequentially in roughly the same order in which its regions evolved. The most primitive, central areas starting with the brainstem develop first.

As a child grows, each successive brain region (moving out from the center towards the cortex), in turn, undergoes important changes and growth. But, in order to develop properly, each area requires appropriately timed, patterned, repetitive experiences

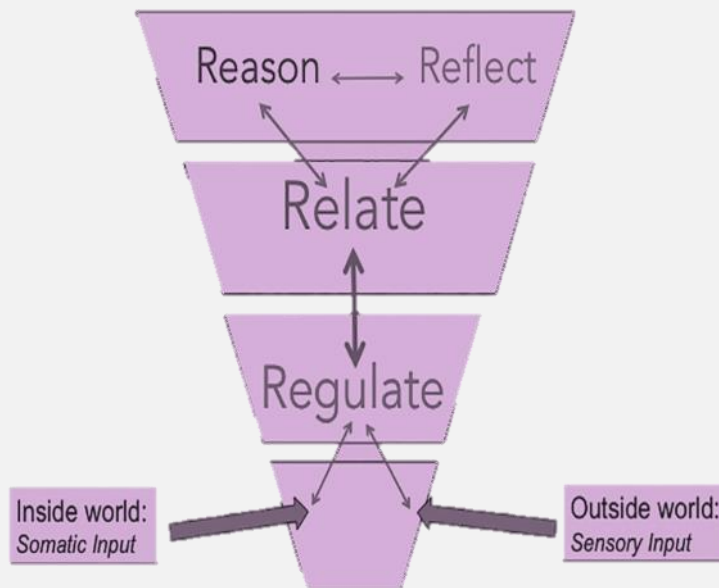
If these experiences are interrupted because of abuse and trauma, the development of the brain is compromised

Emotional dysregulation occurs when an individual operates from their threat system.



Why this is important in practice

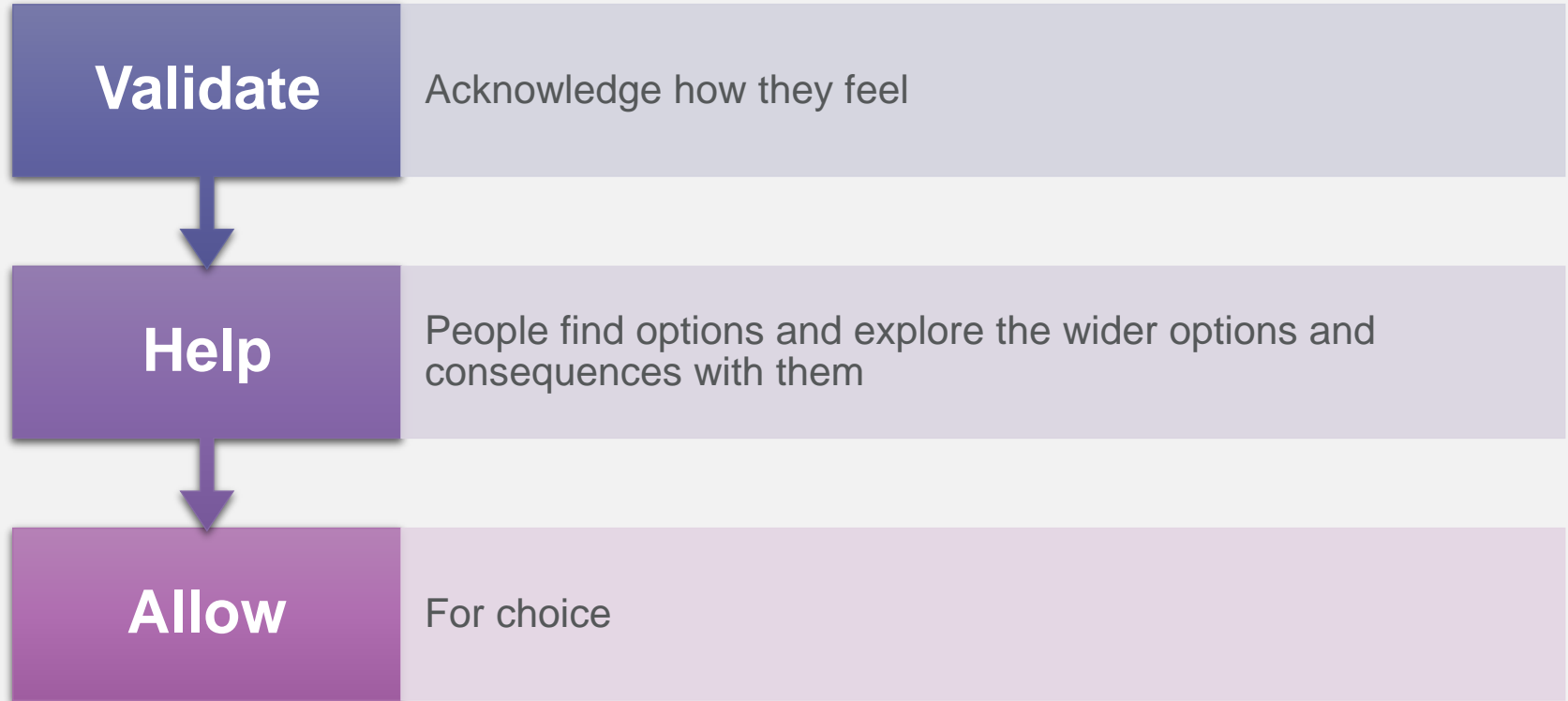
Sequential Engagement & Processing



The sequential nature of processing all sensory experiences means if we want to “get to the cortex” and reason with another person, we must adhere to a sequence of interaction.

**Connect before you correct;
regulate, relate and then,
reason**

How to help someone “regulate”



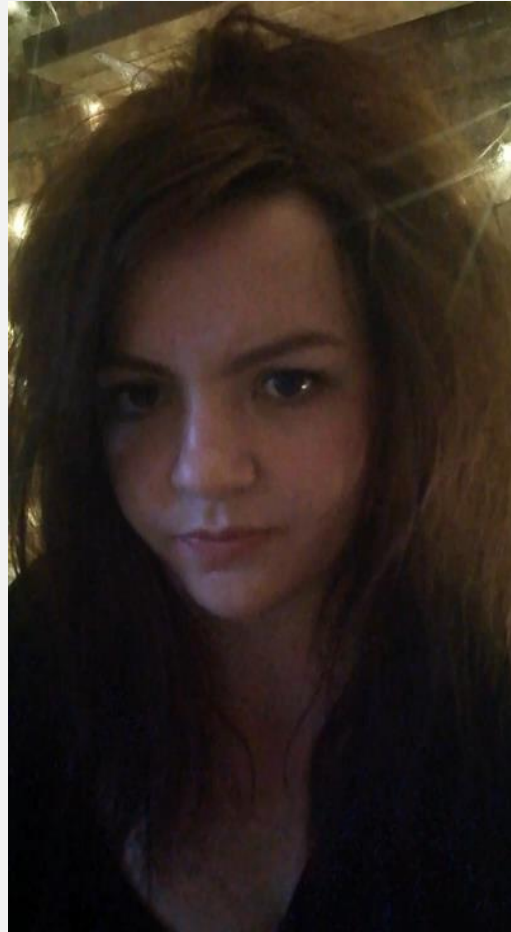
Sally

As a group we
will watch
Sally's video,
then discuss.

Note down any
points of
interest/for
discussion.

Remember
self-care tips!

Sally



Open Narrative System

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What makes talking about child sexual abuse difficult?

Why do we struggle to ask and how can we do it safely?

Why is it so hard to talk about?

(Nelson and Hampson, 2008)

We don't have the skills or knowledge and feel embarrassed or awkward about dealing with sexual abuse, or sex in general

We don't have the staff or resources. It would involve lengthy counselling and we don't have the time -

Might contaminate evidence and questions would be intrusive and harm our relationship with them

Practitioner may be a survivor of child sexual abuse themselves

That we might encourage false memories

It may cause the person distress or break down "It's better to put the past behind you"

'Could do more harm than good'

Cultural barriers

Why asking about abuse matters to service users

Service users had a number of clear recommendations for service providers about how **Routine Enquiry** should be implemented:

- The question should be asked as early as possible
- With interest and concern (rather than feel like a tick box requirement)
- More than once (as people may not feel able to respond at first)
- Of everyone, and
- Responses to any disclosure should be full, helpful, and followed up with a good service where possible.

“If I hadn’t been asked then I think I’d have been in real trouble. I don’t think I’d be here now.”

<https://www.dmss.co.uk/pdfs/REVA-Brief-3-Guidance-for-mental-health-professionals-FINAL-071915.pdf>

What do Survivors Advise?

What Survivors Want: The Views of Survivors

(‘Yes you can! Working with Survivors of Childhood Sexual Abuse’, 2nd Ed, Nelson, S. & Hampson, S. 2008, 3rd Edition in press)

‘Help us to tell’

Many survivors, for reasons already discussed, find it very difficult to raise, or discuss, their own history of abuse.

This does not mean that survivors do not want to be asked, or to be offered an encouraging atmosphere for disclosure.

Indeed, many have been sending out signals since their childhood in the sometimes desperate hope that these will be picked up and acted on.

If professionals keep waiting for clients “to be ready”, they may wait forever.

“I was never criticised by patients for asking them if they had suffered from abuse, or were sexually abused as children. I see no reason why, in suitable circumstances, the question cannot be sympathetically addressed to anyone ... Most survivors were considerably relieved when the question was asked as they had, in many cases, tried to bring up the subject but felt unable to do so in case they were disbelieved or rejected.”

View of Survivors About Being Helped

'Survivors value all kinds of time'

Many staff believe that you have to devote huge amounts of time to listening or responding to survivors, and that because their service can't provide this time, they feel it's better not to start.

One problem is that every service a survivor passes through may take this view, so that they never actually receive the attention they need!

Do not make assumptions: consult with survivors. While some do need and welcome long-term work many do not, or do not require it at this moment. Some will only want to tell their story once, and that is enough.

How can we ask? ...and what do we need to consider?

Ways of asking

- Reflect on your own style – is it appropriate?
- Some survivors appreciate being asked directly, others less boldly.
- You may know what approach your client prefers, in which case use that.
- You may not know what approach your client prefers – in which case choosing the approach that you feel most comfortable with is recommended.
- If you don't feel comfortable asking the question outright, a range of diplomatic approaches and styles for building the issue into assessment procedures is possible...

‘Substance misuse is often related to stresses in people’s life. Are there things that happened in the past, that are still causing you pain?’

‘Has anyone done anything to you that you wish they hadn’t?’

<https://www.dmss.co.uk/pdfs/REVA-Brief-3-Guidance-for-mental-health-professionals-FINAL-071915.pdf>

(adapted from Nelson and Hampson, 2008)

Supporting disclosure and helping adults to tell

“Some women and men want to talk to us about very personal or difficult topics. If you do, I want you to know that I am happy to hear about anything that has happened to you in the past.”

Statements like this may open the door to disclosure, either in the moment or later on. If an individual hesitates or seems very reluctant to respond, a useful follow-up statement might be something like:

“I know these things can be hard to talk about. We think it is important to ask everyone because we now know that violence and abuse can affect a person’s health and wellbeing. No one has to discuss anything that they don’t want to. But if you do, I can work with you to ensure you are comfortable when you see me and to get whatever support or assistance you need.”

(Sneddon, Wager, Allnock, 2016)

Responding when someone tells us of childhood sexual abuse ...and what do we need to consider?

Positively Supporting Survivors – core behaviours

Belief:

- May have already not been believed. Content may be hard to believe but your role is to listen and respond respectfully to what is being said.

Understanding

Respect and dignity

Being genuine

Going at their pace:

- can be slower for males due to stereotypes and worries re. sexuality

Underpinned by.....

Acceptance:

- That they feel valued and respected for the courage in disclosing what they have endured
-
- Not just in words but your whole approach, gestures and tone
- This will help them feel they are not judged
- This will help them accept themselves (perhaps for the first time in their lives)

Supporting adult survivors of childhood sexual abuse in practice – Individual knowledge and skills

Facilitating disclosure:

- how you are as a person, how you are with the survivor, your personal approach, warmth and acceptance.

Knowledge and awareness:

- about sexual abuse and feeling confident.

Explore your own history of abuse:

- can be a great source of understanding but need to resolve unaddressed issues.

Being open:

- have leaflets, books, posters around the workplace.
- Make it part of the assessment procedure – offering the opportunity to tell.

Have faith in your own strengths:

- use the same skills, personal warmth and means of comfort that you would normally use.

Giving them control.....

“What problems, if any, do YOU think the abuse has left you with?”

“What are the main things YOU would welcome help with now?”

Issues women identified they needed help with

Legal advice for the survivor or their children, especially about going to court

Stronger action by police and social workers to protect known children, who the survivor believes are at risk

Help to access medical and social work records, to piece together distressing, confusing “memory blanks” from childhood

Help to find accommodation which was safe, secure and confidential

Counselling

Agency mediation or advice to help repair fractured relationships with adult siblings, mother/father, partners or children

Specific psychological treatment to reduce intrusive thoughts and the voice of the abuser

Help with literacy problems caused by emotional blocking in childhood, hampering efforts at learning, work and training

24-hr survivors helpline to cope with frequent suicidal feelings

Practical childcare support for mothers, including safe, accessible childcare projects within their own communities

(Nelson 2001)

Helping adults to heal from childhood sexual abuse and the professional role

“It seems that telling one’s own story in one’s own terms and having it heard respectfully is a very necessary ingredient for change to begin to occur.”
(Parton & O’Byrne, 2000)

What support, either formal or informal, have you found helpful during your life?

Any questions?



Need to talk?

For SWLStG staff only:
Care First 0800 174 319

Rape Crisis Helpline: 0808 802 9999

NSPCC 0808 800 5000 email help@nspcc.org.uk.

National Domestic Violence Helpline 0808 2000 247

For deaf people SignHealth da@signhealth.org.uk Text 07800 003421

Consider talking to your GP



Resources

The Survivor's Charter – Survivor's Voices

Turning Pain into Power <https://survivorsvoices.org/charter/>

ENSURING	THAT SURVIVOR	ENGAGEMENT IS: -
Safe	Abuse is inherently unsafe	A safe environment Attentive listening Warm, collaborative and relational connections Recognition and minimisation of triggers Time given to build trust
Empowering	People who are abusive dominate and take away personal power	Collaborative engagement Empower survivors to have control over decisions about their own involvement
Amplifying the voices of survivors	Abuse is silencing	Engagement should help release and amplify survivor's voices, experiences and expertise Create intentional space for dialogue Experts by experience
Promoting Self Care	Abuse is self-negating, destroys self-worth and damages well-being	Recognition that survivor's may be both 'ok' and 'not ok' Recognition of reasons for coping strategies Trauma-informed practice
Accountable and transparent	Abuse is hidden, and abusers often act with impunity	Clear lines of communication and accountability Relational, honest, transparent, real processes and decision-making which are open to feedback
Liberating	Abuse restricts and arrests healthy growth, imprisoning people in physical, emotional and mental shackles	Voluntary engagement Liberating, dynamic engagement A sense of possibility
Creative and joyful	Abuse is corrosive, restrictive and soul-destroying	Engagement as a creative process Focussing on positive experiences and strengths

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Resources: National organisations

www.thesurvivorstrust.org – The Survivor’s Trust are a national umbrella agency for over 135 specialist rape, sexual violence and childhood sexual abuse organisations through the UK and Ireland.

www.napac.org.uk – The National Association for People Abused in Childhood - a website and free helpline for survivors of sexual abuse. We have very few services (locally and nationally) for survivors of sexual abuse, so this is an useful resource for you to pass to service users so they have someone to talk to about their experiences.

www.oneinfour.org.uk/for-survivors/ - Support survivors with counselling, groups, advocacy, and about resources and practical exercises for support.

www.survivorsuk.org – website for male survivors of sexual abuse and assault.

<https://1in6.org/> - website for male survivors of sexual abuse.

www.rapecrisis.org.uk - Rape Crisis helpline – 0808 802 9999 – National organisation offering support and counselling for those affected by rape and sexual abuse. See website for local groups or contact directory enquiries.

www.ninaburrowes.com – Nina Burrowes is a psychologist working in the field of sexual abuse. She has publications and a series of Youtube videos about sexual abuse -

<https://www.youtube.com/channel/UCdk44BCpmDaG6MoytwogFpQ/videos?app=desktop>

Resources: Associated Difficulties

www.mind.org.uk - Provide advice and support to empower anyone experiencing a mental health problem.

www.dentalfearcentral.org – Information and guidance for people who have a fear of dentists.

<http://www.mybodybackproject.com/services-for-women/mbb-clinics/> - Run clinics especially for women and trans men who have experienced sexual violence, where women who have experienced sexual assault are able to access cervical screening, STI checks, and coil fittings and removals.

<https://www.jostrust.org.uk/information/cervical-screening/cervical-screening-after-sexual-violence> - Advice for women regarding smear tests after sexual abuse or violence.

www.firstpersonplural.org.uk - Dissociative identity disorders association. A membership association open to dissociative survivors, their friends, family and professional allies.

Resources: Self Help

<https://survivorsnetwork.org.uk/resource/survivors-self-help-guide/> - an excellent self help guide for survivors of sexual abuse.

<https://livingwell.org.au/> - An Australian website for men who have been sexually abused – information and support to enhance wellbeing, better manage difficulties and build healthy relationships.

<https://napac.org.uk/project/untangling-the-web-of-confusion/> - podcast or pdf for survivors of sexual abuse

<https://www.ualberta.ca/current-students/sexual-assault-centre/-/media/b0b9b41c178e4e61b22cf41a837fe870.ashx> - Sexual intimacy after sexual assault.

<https://survivorsvoices.org/> - Survivors Voices is a national peer-led organisation run by and for adult survivors of abuse and inter-personal trauma and those who support them.

Advice and Support for survivors in COVID19

Mask wearing - <https://www.thesurvivorstrust.org/covid-19-are-you-concerned-about-wearing-a-mask>

Extended support hours - <https://www.thesurvivorstrust.org/news/expanded-supportline-hours>

Help pages - <https://rapecrisis.org.uk/get-help/coronavirus/>

Mental wellbeing while staying at home - <https://www.nhs.uk/oneyou/every-mind-matters/coronavirus-covid-19-staying-at-home-tips/>

PTSD - <https://www.mind.org.uk/information-support/types-of-mental-health-problems/post-traumatic-stress-disorder-ptsd/self-care-for-ptsd/>

Flashbacks and grounding - <https://napac.org.uk/flashbacks/>

Disassociation - <https://www.mind.org.uk/information-support/types-of-mental-health-problems/dissociation-and-dissociative-disorders/self-care/>

The Recovery College - <https://www.recoverycollegeonline.co.uk/your-mental-health/coronavirus/>

Common concerns – <https://napac.org.uk/common-concerns/>

Numbing the Pain video: One in Four

