

A Strengths Based Approach to Adults Recovering from Childhood Sexual Abuse (CSA)

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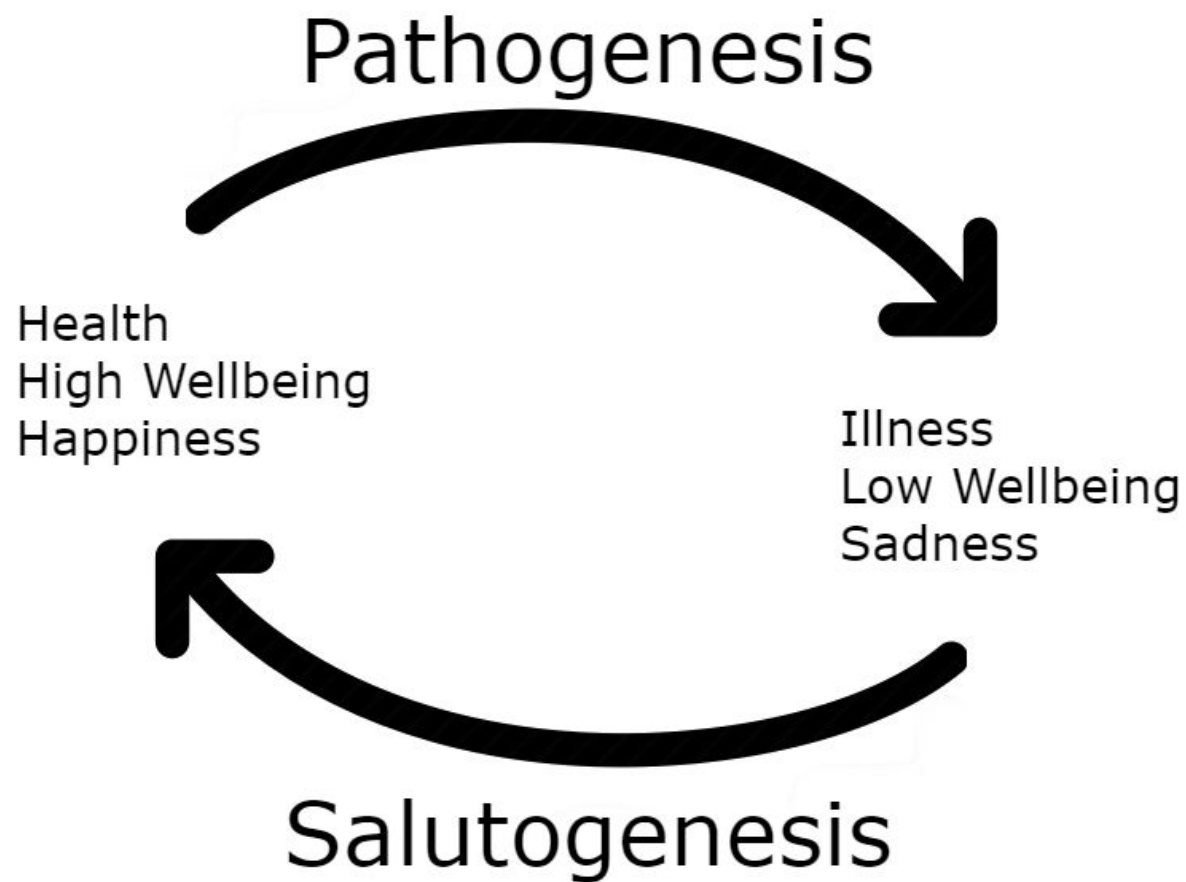
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About me

- History
- PhD
- My research
- This presentation
- Film



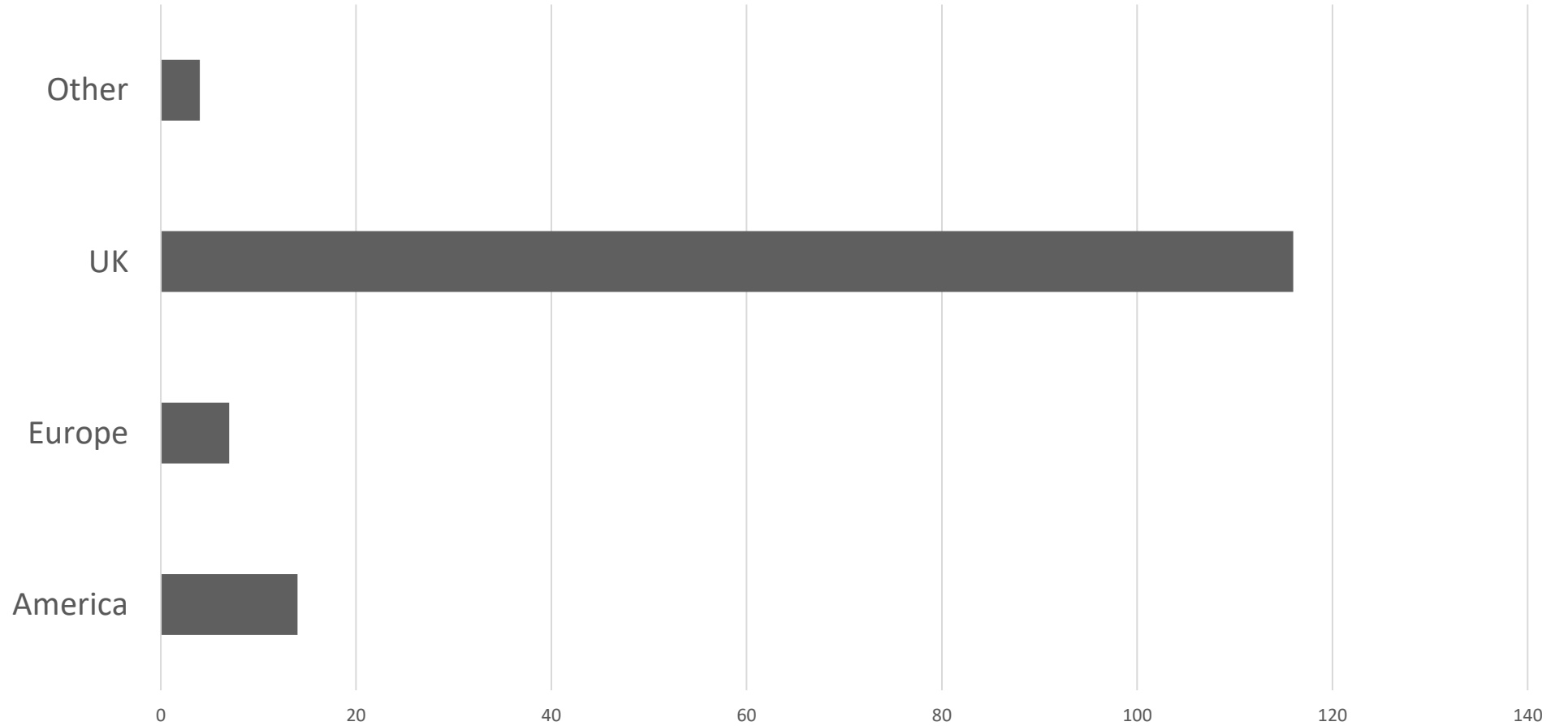
Strengths Based Research



Methodology

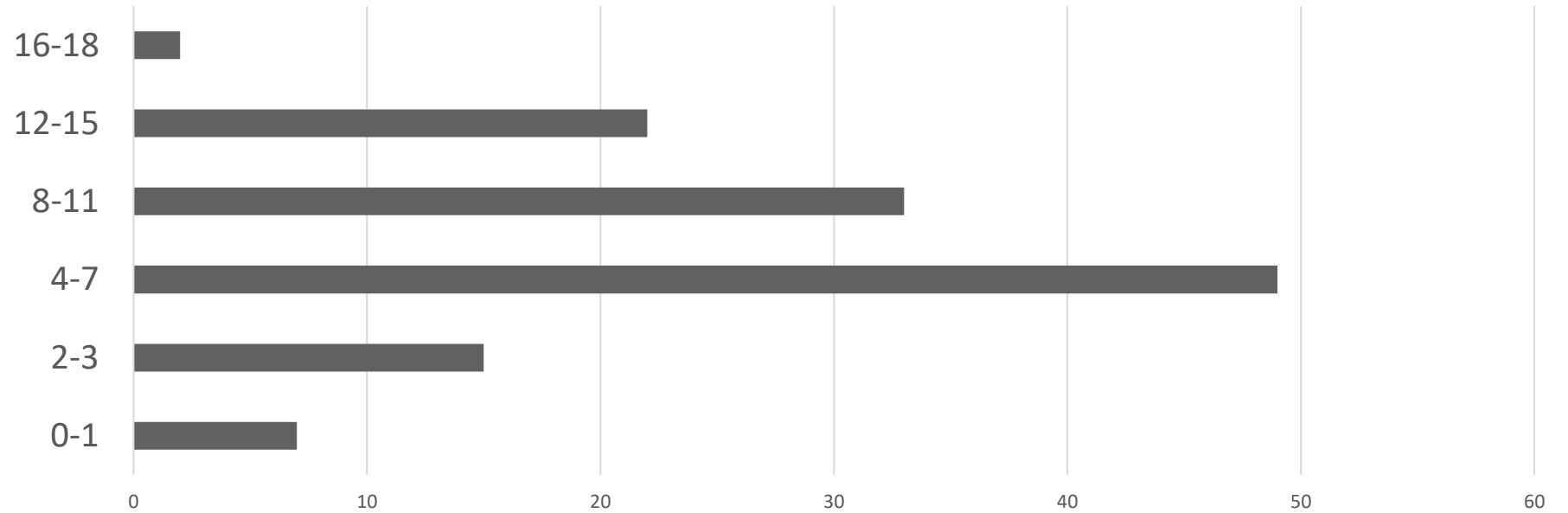
- Survey followed by interviews
- Online recruitment
- 140 survey participants
- 21 interviews
- Research question: What helps and hinders recovery from CSA?

Country of Residence



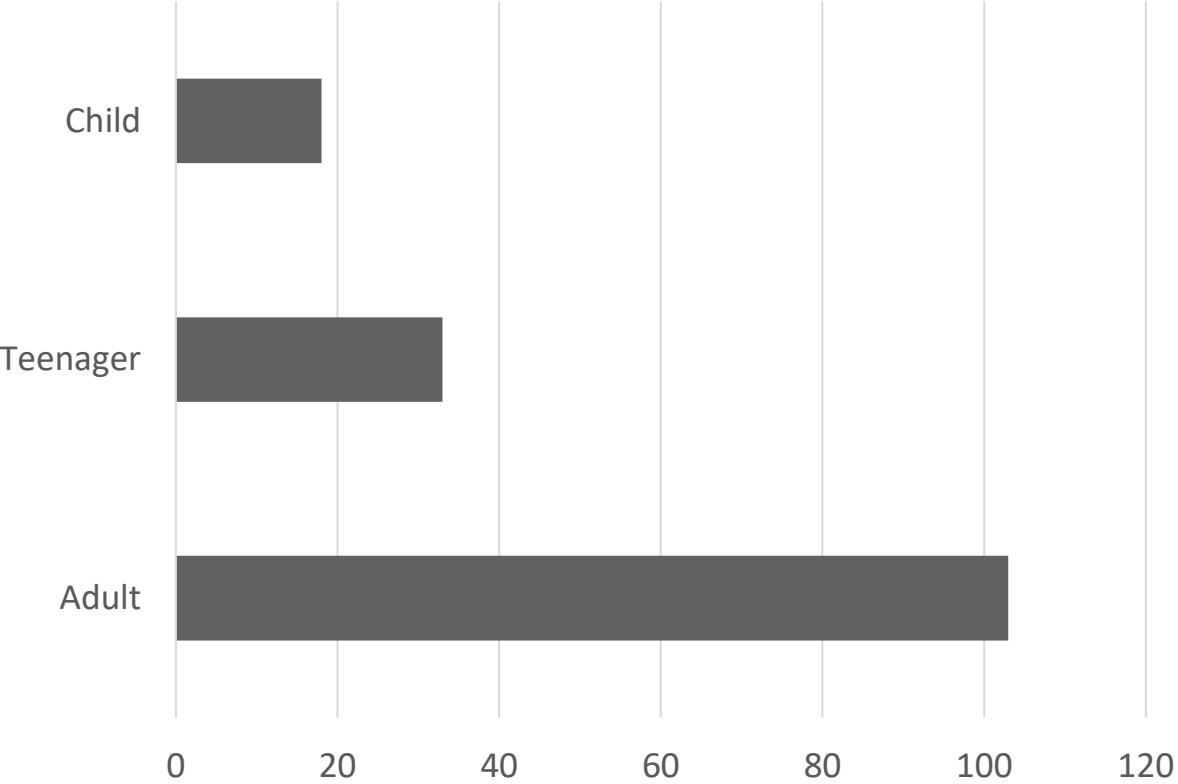
	America	Europe	UK	Other
■ Number of Survey Respondents	14	7	116	4

Age of the Victim when the Abuse Commenced



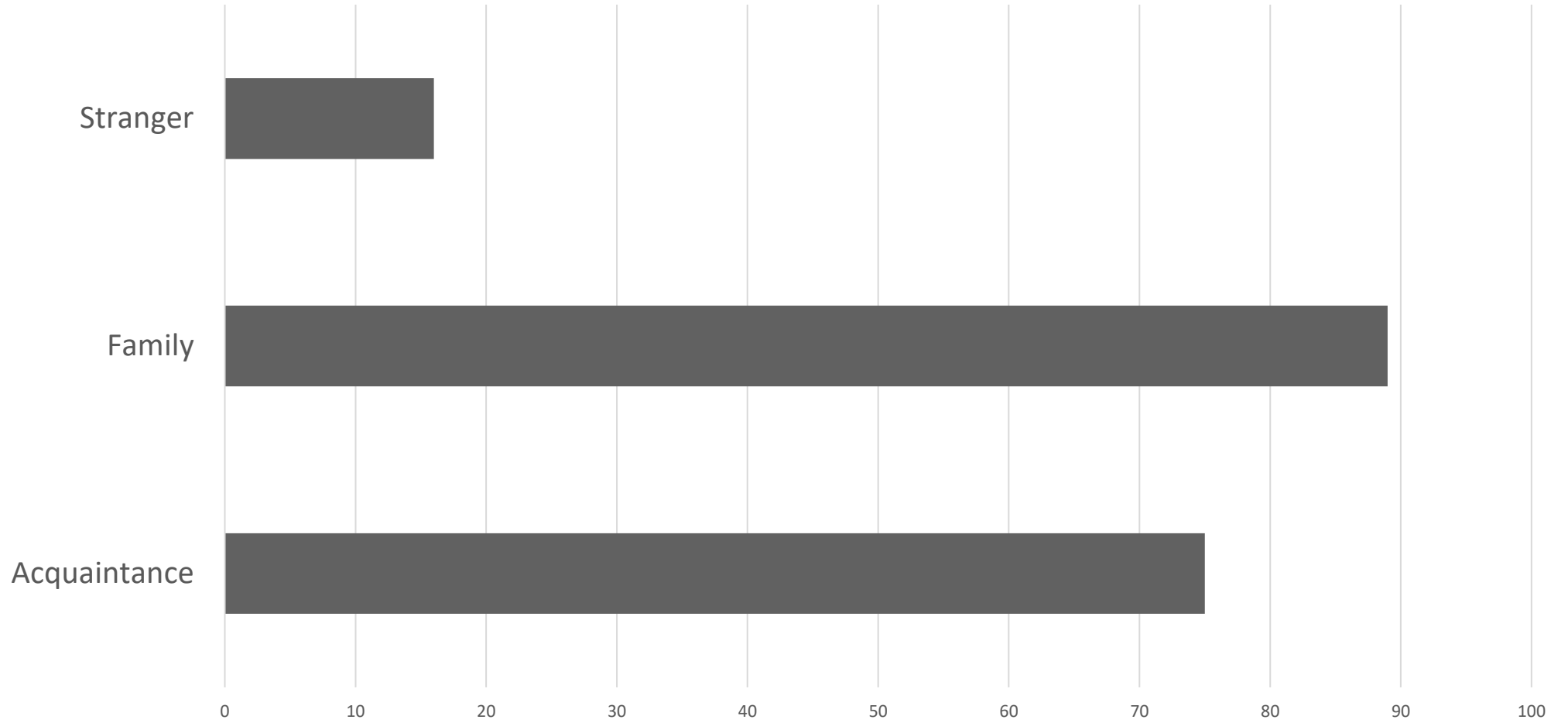
	0-1	2-3	4-7	8-11	12-15	16-18
■ Number of Survey Respondents	7	15	49	33	22	2

Age of Perpetrator



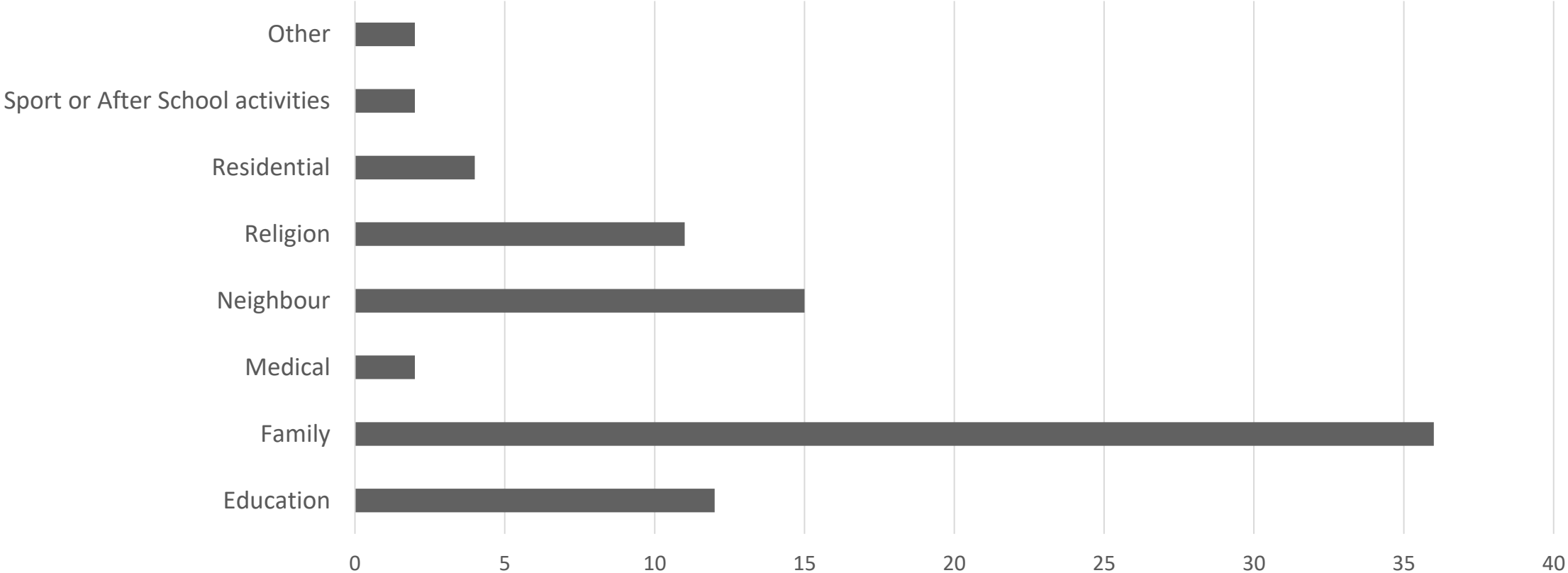
	Adult	Teenager	Child
■ Number of Survey Respondents	103	33	18

Relationship, if any, to Perpetrator



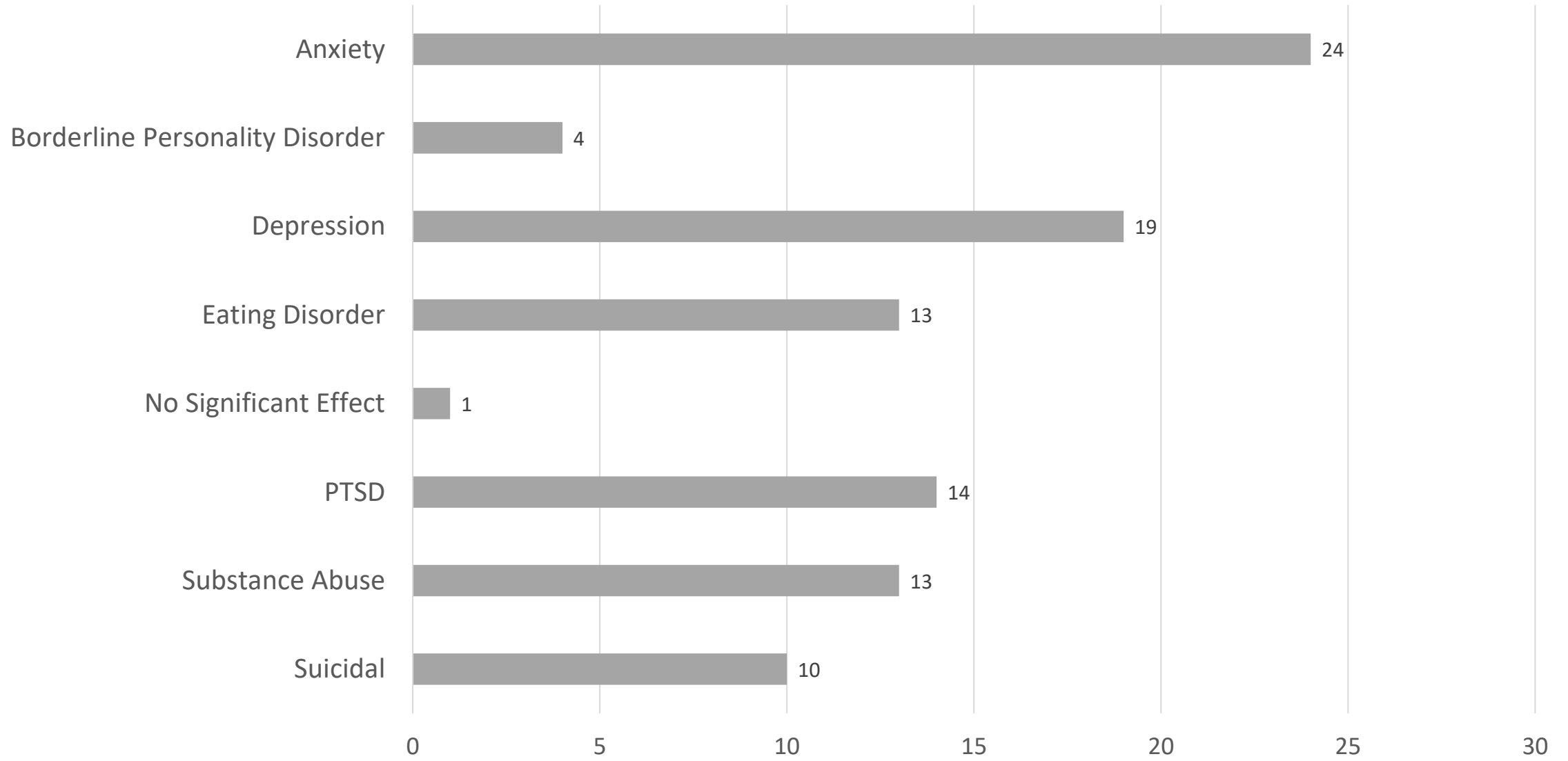
	Acquaintance	Family	Stranger
■ Number of Survey Respondents	75	89	16

How did they meet Acquaintance Perpetrator?



	Education	Family	Medical	Neighbour	Religion	Residential	Sport or After School activities	Other
■ Number of Survey Respondents	12	36	2	15	11	4	2	2

Effects



Effects

'for most people the body is the safest place you can be, you live there. You live in your house and if somebody burgles your house you feel violated and you can't go into certain rooms but this is your body there isn't anywhere else you can go. You can't move to a new body and if somebody violates that they take away not just your control of it but they take away your ownership, so your body does not belong to you.' Ruth

'Whether I cut myself or whether I hook up and then end the marriage early, you know, it's all the same.'
Michael

Diagnosis and Treatment

'You are treated so differently by everyone, particularly medical professionals, if you tell them you have PTSD rather than BPD - I think because it makes people think of your issues in the framework of you having experienced trauma, rather than in the framework of you having something intrinsically wrong with you.' Helen

Disclosure

Average age of disclosure – mid 20's

Two studies - 42% of disclosures their 60 participants made as children were not acted upon - Allnock and Miller (2013).

Palmer et al. (1999) 384 cases of childhood disclosures to professionals, only 12% were acted upon. 39% of mothers disbelieved their child when they disclosed any type of familial abuse, and in only 26% of cases did the abuse end after disclosure

Disclosure Children

CSA Centre – signs and indicators template

<https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/signs-indicators-template/>

Behaviours indicating emotional distress which may be linked to sexual abuse and/or other issues
(See the note on [disabled children displaying these behaviours](#))

Having nightmares or sleeping difficulties without explanation

Displaying changes in mood or demeanour (e.g. becoming fearful, withdrawing or 'clamming up' or demonstrating insecurity)

Developing new or unusual fears of certain people or places

Appearing distracted and distant or dissociated

Rejecting/avoiding intimacy or closeness

Appearing anxious/hyper-vigilant

Regressing to younger behaviour (e.g. bedwetting or thumb sucking)

Appearing depressed

Expressing negative feelings about self or body as repulsive or bad

Developing eating issues (e.g. refusing to eat or overeating)

Misusing substances or alcohol

Silencing Techniques

'I haven't really felt safe to be open about what happened to me very much.'

Neutralisation (Sykes and Matza, 1957). Developed to explain criminal behaviour. Broader application than DARVO.

- deny the victim/survivor
- deny or minimise harm
- appealing to loyalty

Article:

Cunnington, C., & Clark, T. (2023). 'They would rather not have known and me kept my mouth shut': The role of neutralisation in responding to the disclosure of childhood sexual abuse. *Qualitative Social Work*, 22(6), 1157-1174. <https://doi.org/10.1177/14733250221124300>

Societal Barriers

Participants worried that they would be viewed as tainted, non-functioning and permanently incapacitated members of society, as Agata explained when asked how society ‘talks’ about abuse:

‘Our lives are pictured as shells, trash, a cloth that can never be washed clean. It is unrealistic and hurtful. It creates a kind of a new fantastic beast – a ghost of a woman, who has been abused. The reality is there are millions of us and we talk to, work with, help, study with “non-abused” people every day.’

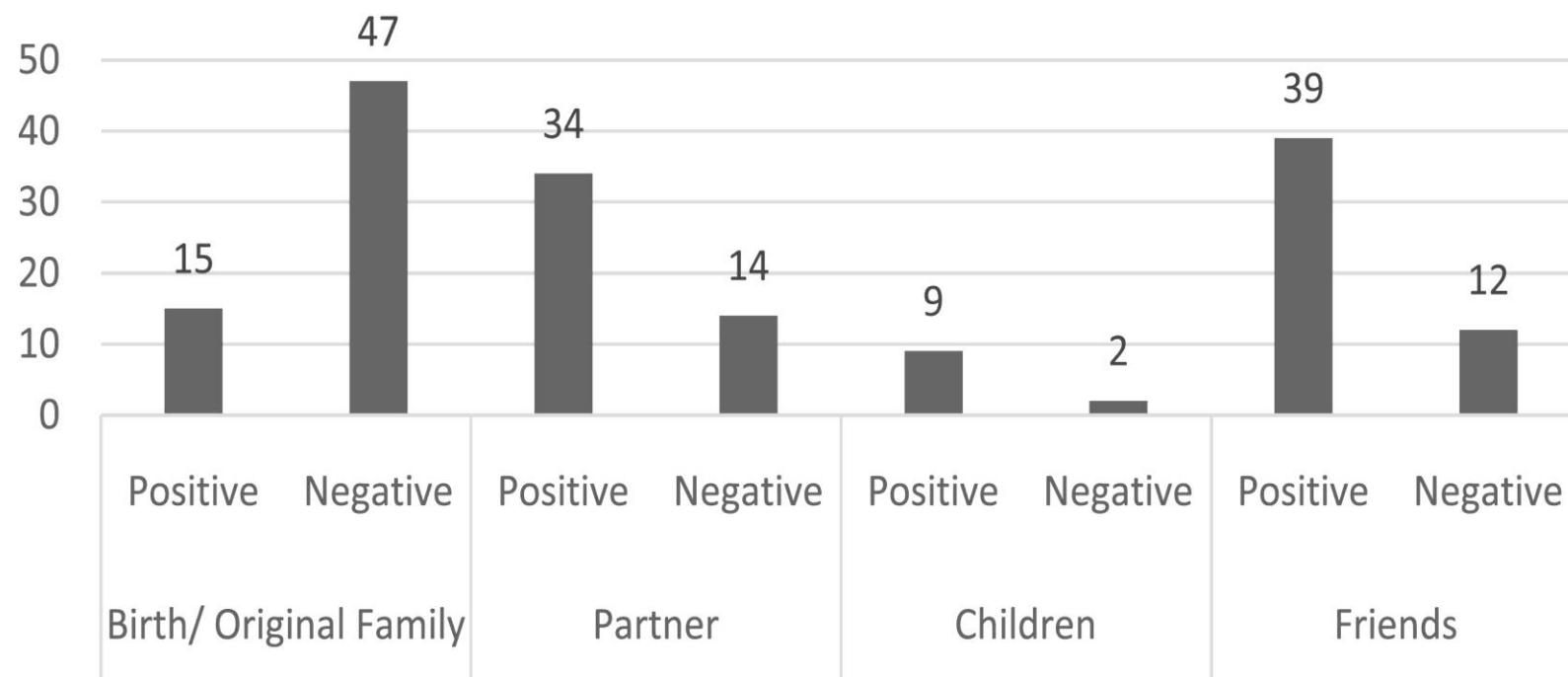
104 (out of 140) respondents suggested that society does not assist with recovery, as this anonymous survey respondent stated:

‘Society hinders recovery in SO many ways...The ubiquity of porn, the degradation of women in all types of media, make it clear that society is on our rapist's side - just as my family were on my father's side when I was being raped as a child. It feels the same, but on a bigger scale.’

Family and Friends

In my research out of 56 there were 17 comments about non-offending family members ignoring or enabling the abuse, 14 people were disbelieved, 8 felt the abuse was minimised, 8 people were blamed for the abuse, 7 families supported the abuser over the accuser and 2 people were disowned for disclosing

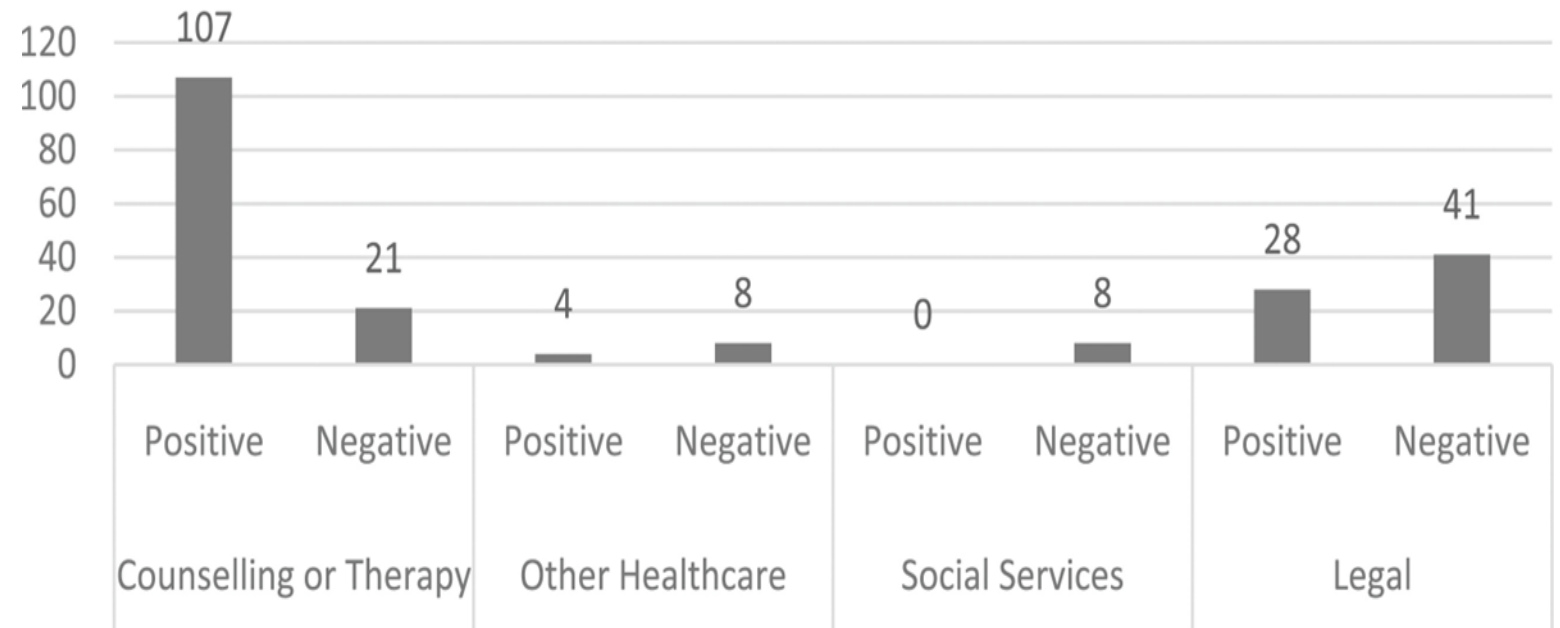
Survey Comments Regarding Interactions with Family and Friends



Professionals

Counselling and therapy produced the most positive experiences. However, participants also described poor responses in those settings as well as from other groups, including social workers, teachers, doctors, police and church leaders.

Survey Comments Regarding Interactions with Professionals and Institutions



Appealing to Higher Loyalty

Ruth thought that by 'taking' the abuse she was protecting her family from further violence.

'when I got there the mother was like 'You need to go... whatever it is you have done to him, what it is you have fallen out with him about you need to go fix it because he's out in the garden burning his belongings on a bonfire and he's already beaten your brother up twice' and the only way for me to placate him and stopping the beatings was for me to let him do whatever he wanted to do.'

Her GP also appealed to her loyalty to the family:

'the one time that the doctor actually looked at me and said to my face that 'whatever was going on with me I needed to pull myself together and sort myself out because if I didn't my mother was going to end up in the loony bin for looking after me and I needed to stop being so bloody selfish.'

Denial of the Victim

Lynne explained that some of her family members were aware of the CSA because they were abused by the same person, her grandfather:

'everybody knew, everybody had been abused by him as a child. It was his sisters, his brothers, his own children, you know, it was just everybody, but nobody talked about it, and you could sense that the blame was on the children or...you knew that they knew and that it was my fault'

Denial of the Victim

One survey respondent, who was abused by a family member and was also a victim/survivor of sexual exploitation, contacted the police on numerous occasions, but was treated as a criminal:

'I was once asked to testify in court against a pimp when I was 13 and in return the police would investigate crimes I had reported. Once I had testified, I never heard from them again. Other members of staff in the care homes and secure units I grew up in wouldn't even allow me to report abuse or sex crimes to the police because they didn't believe me. I was sexually assaulted by a male police officer when I was 13 in front of his (female) colleague and she denied that it ever happened. I was also spat at by police officers, called derogatory names and laughed at while I was working on the streets in my preteens/early teens so have a huge distrust of the police.'

Denial of Harm

One anonymous male survey respondent who was abused by a teenager was told by his family:

'it wasn't abuse. It was just experimenting.'

Fred similarly recounted his experience of a response from his GP that again appeared to deny the harm he had experienced:

'I went to my GP and he basically said '25 years ago, well, it was a long time ago. Buddy, suck it up; get over it. I'm not surprised you've got bowel problems. Soldiers shit themselves on the battlefield.'"

Film 'Flow'

<https://player.sheffield.ac.uk/events/flow>

Mute!

Choose language – click on cog.

Resource pack and survey

Back in 30 minutes



Flow

- Co-produced
- Subtitles in 22 languages
- Used for training nurses, social workers, child psychologists
- Interest internationally – NGOs and government organisations
- Film Festivals – Birmingham 2022 and Women Deliver 2023
- Developing licensing process
- Free to use for non-commercial purposes

Recovering

'The best way I can describe recovery is the shift from being a big bundle of trauma with just a bit of person on the side, to a person with an amount of trauma on the side' Carly

- Reduction of symptoms = 'reduced miserableness'
- Resilience – changing definitions
- Recovering – open to all. A permanent state of daily steps towards better self care and happiness

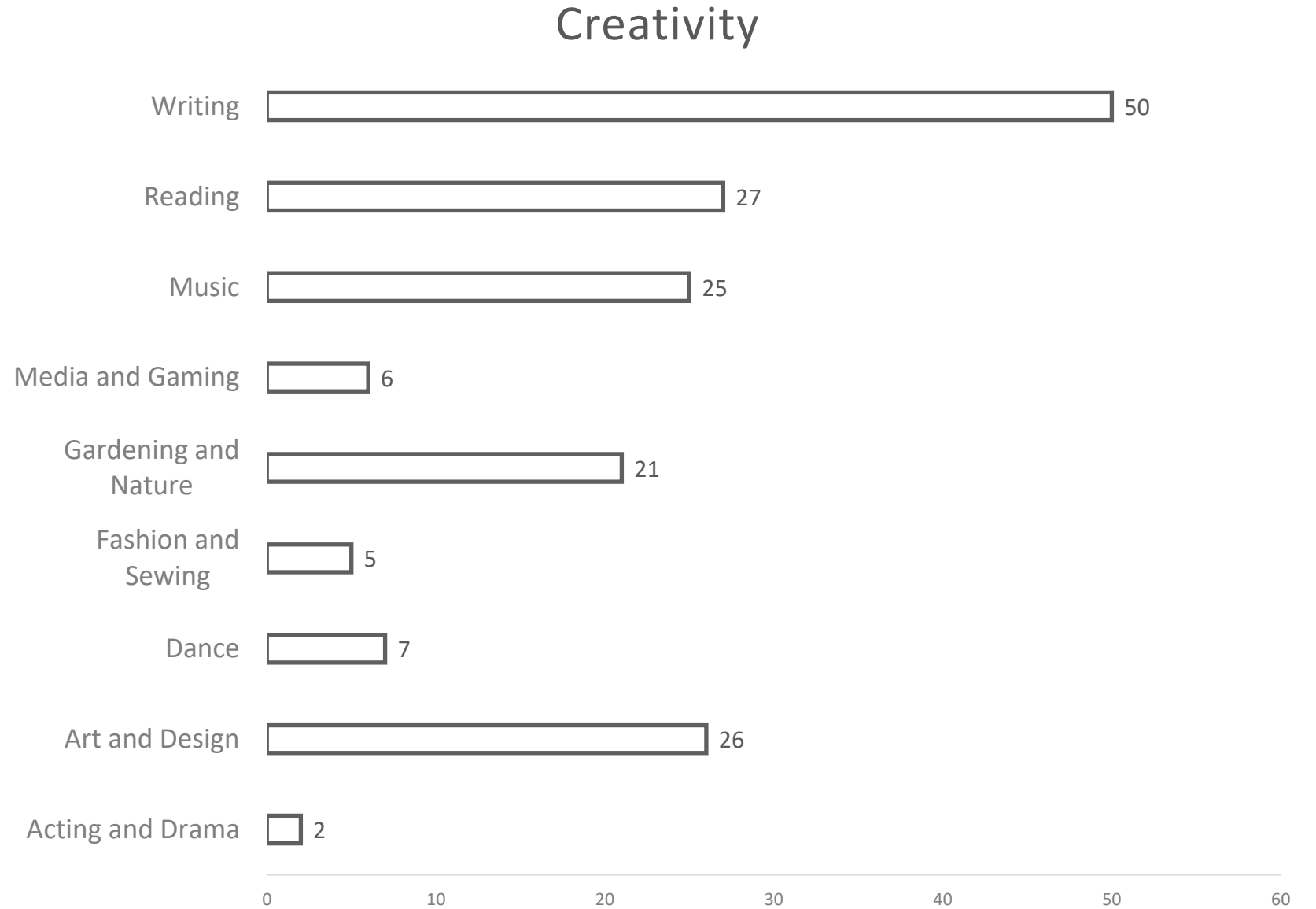
Relationships

If I had known that there was somebody out there who missed me and cared about me and valued me and didn't see me as a problem...I think I probably would have been able to cope better.'

Ruth

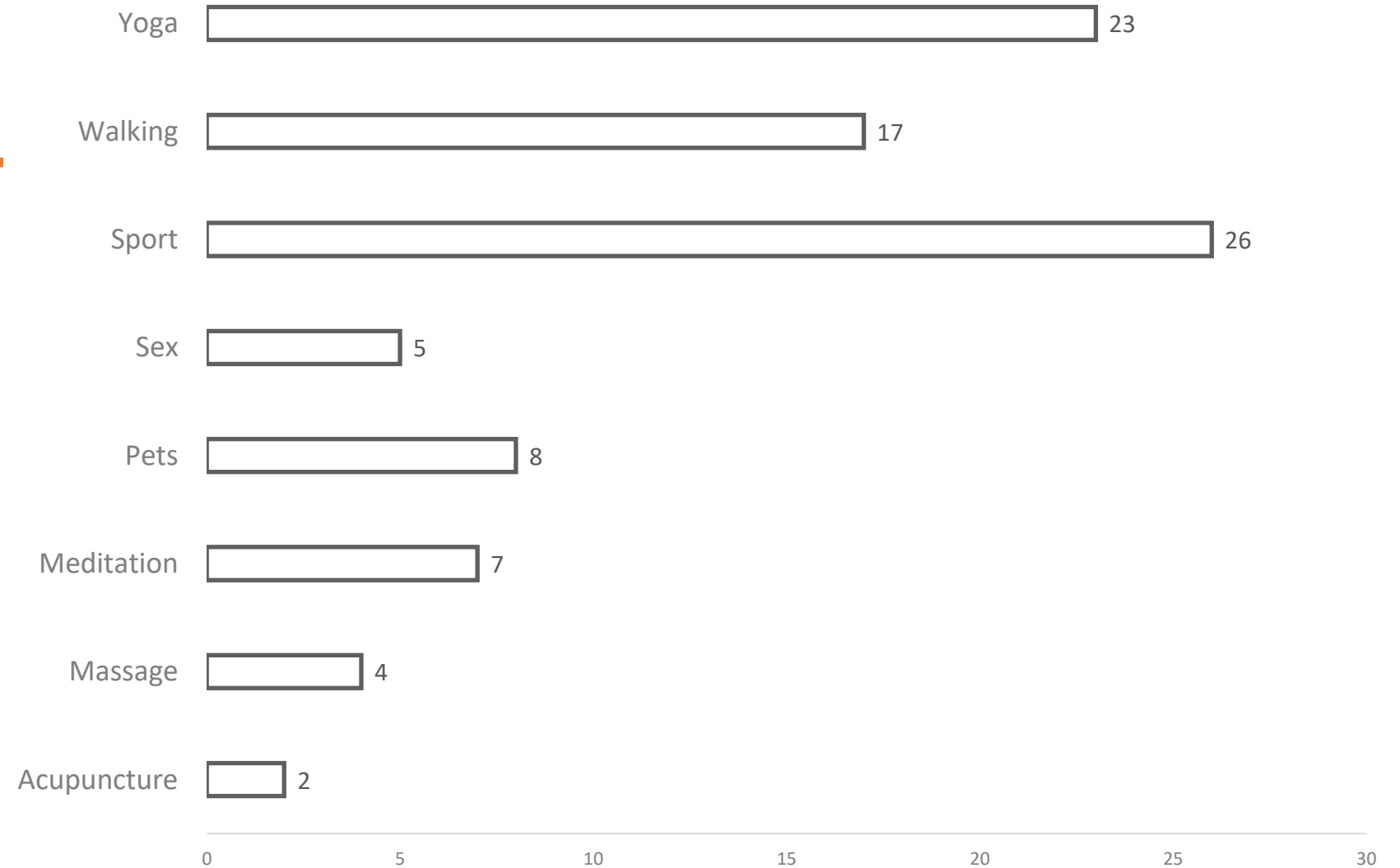
- Anne Masten – Just one person
- May reduce PTSD
- Over a quarter of the survey respondents (n-38) valued relationships as *the* most important factor for recovering.
- 61 people said that good healthcare was THE most important factor in recovering.
- 107 people viewing talking therapies as a positive influence upon recovering

Creativity



Movement

Sport, Exercise and Physical Activities



Body and Mind in Sync

'Exercise is really important. I feel that it has a very calming effect on me, on my mind, on my body... I love the movement, the motion of it. It gives me a different kind of focus...The movement feels nice, the left rightness of it all. You feel your arms moving and I haven't thought about it until now but I feel un-judged' Charlotte

'Writing, in particular, gives me a safe retreat, a place where I can get satisfaction and distraction in complex ideas and language.' Judith



Flow

- ‘a state created through carrying out a task that is intrinsically rewarding, challenging but possible and gives immediate feedback’ (Csikszentmihalyi)
- Reduces anxiety
- a temporary fusing of mind and body
- creating frequent states of flow may enable the individual to create or re-create a sense of safety and happiness
- Individualistic – yoga, meditation, gardening, mosaics, art, rowing, gaming

To Conclude

What helps and hinders recovery?

Hinders:

- Society
- Poor individual responses to disclosure
- Effects of abuse
- Coping strategies with poor long-term effects

Helps:

- Relationships
- Therapy/Counselling
- Movement and Creativity (Flow)

Thank you!

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