

# What these survivors' narratives tell us

## Analysis by child sexual abuse specialist Christiane Sanderson

The narratives included in this project bear witness to the lived experience of CSA in the family environment and provide illuminating testimony of the impact of CSA. In analysing these accounts a number of pivotal themes emerged (see Table 2, overleaf) which can be broadly summarised into three predominant themes (see Table 1 right): **personal impact**, **family impact** and **professional responses**. These themes provide rich evidence of what has been reported in the literature (Herman, 2001; Levine, 1997; 2010; Rothschild, 2002; Sanderson, 2006; 2013; van der Kolk, 2015) and make a valuable contribution to a deeper understanding of how CSA in the family environment impacts on survivors.

### Predominant themes

It is clear that CSA in the family environment leaves long-lasting wounds which continue to exert considerable influence into adulthood. The predominant impact of CSA on survivors consists of trauma reactions which elicit a range of emotional, cognitive and interpersonal responses such as fear, anxiety, shame, loss of identity, confusion and isolation. These commonly manifested in compromised mental and physical health, loss of sense of self, impaired relationships and sexuality, lack of educational attainment and vocational stability, as well as reduced life choices such as fear of having children.

The impact on family dynamics clustered around not having a voice and feeling silenced. A common theme was needing to protect other family members, including the abuser, and fear of the devastation that would result through disclosure. Disclosure was fraught with difficulties with many survivors not being believed, or being asked to retract, or scapegoated. In many cases this led to loss of the family, and for some having to leave the country in which they were raised. Given these complex family dynamics many survivors report having to live a double life in order to navigate family interactions and manage the impact of CSA.

**Table 1** Summary of predominant themes

<b>Personal impact</b>	Trauma reactions, emotional, cognitive and interpersonal responses, shame, compromised mental and physical health, loss of identity, impaired relationships and sexuality, lack of educational and vocational attainment and reduced life choices.
<b>Family impact</b>	Not having a voice, feeling silenced, protecting others including the abuser, leading a double life, difficulties around disclosure, not being believed, being scapegoated and loss of family.
<b>Professional responses</b>	Poor understanding of CSA by professionals in relation to mental and physical health, increased vulnerability with some types of therapy, lack of specialist service provision. Positive impact of being heard and understood by professionals and specialist therapeutic intervention.

Many survivors wrote about how hard it was to access specialist therapeutic services, and how they were often misunderstood and misdiagnosed by professionals who were not able to link behaviour and presenting symptoms to a history of CSA. Some survivors felt that this lack of understanding from some mental health professionals and generic, short term counselling left them feeling more vulnerable, making it harder to seek further help. Conversely, those survivors who felt heard and understood by professionals found that they were able to gradually heal and recover from their abuse.

### Pivotal themes

Subsumed under these three predominant themes were a number of pivotal themes which are essential in enhancing awareness of how CSA in the family environment impacts on survivors. Table 2 (below) highlights ten of the most commonly represented themes along with illustrative quotes from the narratives, each of which add to a deeper understanding of the lived experience of survivors of CSA.

**It is clear that CSA in the family environment leaves long-lasting wounds which continue to exert considerable influence into adulthood**

**Table 2** Summary of pivotal themes

Theme	Description	Survivor quotes
<b>Behind closed doors</b>	The need for secrecy and silence to protect family members, including the abuser, means leading a double life in which external reality differs markedly from the survivor's internal reality. The betrayal of trust, lack of boundaries, unpredictability and uncertainty leads to confusion and a range of emotional and cognitive responses including shame. Over time, distorted perceptions and behaviour become normalised.	<p>"They didn't talk about it because it meant nothing, but because it meant everything"</p> <p>"Nobody wants to believe that this could happen in his or her family"</p>
<b>Breaking the silence</b>	Disclosure is invariably fraught with fear and anxiety and multiple attempts are often made to break the silence, especially when the secret became too big to handle. First disclosures were often met with disbelief, or ignored, while later disclosures, some not made until after the abuser's death, were also judged, leaving the survivor with a further sense of betrayal. The impact of disclosure invariably had a significant impact on all family members, with some families severing all contact with the survivor, although some were able to gain positive support from siblings and non-abusing parent.	<p>"My mother simply ended the conversation and resumed her Hoovering"</p> <p>"I was told 'Don't do this to our family'"</p> <p>"I didn't want to tell anyone – for it was my little secret – but it was too big for me to handle, too powerful and too much"</p> <p>"I was silenced by my mother and terrified to tell the truth"</p>
<b>Living in a fog</b>	A common trauma reaction is dissociation which is often experienced as numbness, confusion, feeling unreal, or living in a fog. While dissociation numbs the emotional pain by suppressing feelings, memories and the reality of the abuse, it can lead to fragmented memories making it harder to validate the abuse.	<p>"Teachers said 'She gets distracted easily' but I was disassociating"</p> <p>"I became a people-pleaser"</p> <p>"The fog is built on fear"</p>
<b>Distorted and contorted</b>	A common theme was confusion and the distortion of reality often reinforced by abusers who blame the survivor for the abuse, or imply that CSA is a normal part of a special and loving relationship. In this distortion the world is turned upside down: nothing makes sense and there is nothing to hold on to. To manage the distortion survivors have to contort their behaviour and sense of self.	<p>"He wasn't a monster. This is part of the confusion"</p> <p>"The shame doesn't belong to the victims. It belongs to the abusers"</p> <p>"Did I 'relate sexually' when I was less than two years old?"</p>
<b>Sad, bad or normal</b>	Survivors of CSA commonly experience a range of trauma reactions, such as complex PTSD and mental health problems. Many survivors experienced depression, and anxiety disorders such as OCD, as well as problems with alcohol and addictions especially to drugs, food, and sex. Some had a long history of eating disorders, self-harm, suicidal ideation and suicide attempts. Some had a number of breakdowns, or were misdiagnosed which delayed their healing and recovery.	<p>"It's not just the abuse itself that damages, it's the in-between bits"</p> <p>"For large parts of my life I hated myself, wished I was dead, wished I had never been born"</p>

Theme	Description	Survivor quotes
<b>The body keeps the score</b>	Many survivors experienced a wide range of unexplained physical illnesses such as chronic genital pain, feelings of paralysis, as well as hyper-immune disorders, allergies, myalgic encephalomyelitis (ME) and chronic fatigue syndrome.	“I had to accept that childhood sexual abuse was non-negotiable and had, in the end, caused me to be very ill”
<b>A life half lived</b>	The fear and terror experienced by survivors means that they are unable to trust others, let alone themselves. Alongside this, shame and needing to keep the secret means that many survivors withdraw from others. This leads to self-imposed isolation, loneliness, inability to socialise and fear of intimacy and relationships. Many survivors report not being able to live fully, living in their heads while cut off from their bodies, and a lack of spontaneity and ability to engage in the world.	“It was one isolated incident but its impact on my life has been fundamental” “I felt a level of shame that I could only be in the world if I wore a mask” “I still grieve for the loss of a family I could have had and the absence of a safe and carefree childhood. All the things that I believe are the right of anyone”
<b>Scared to be me</b>	Many survivors felt they lost their sense of self and experienced damage to their identity. They felt different to everyone else and experienced a sense of worthlessness, powerlessness, low self-esteem, self-loathing and lack of self-respect. The lack of self prompted many to wear a mask to cover up their inner pain, or to render themselves invisible or invincible. As a result many were too scared and ashamed to be themselves, often leading a double life in which outwardly they appeared to be happy while internally they were suffering and falling apart.	“I perfected the art of looking happy” “The abuse forced me to lie, to lie to others but most importantly to lie to myself” “Fear, obligation and guilt are the abuser’s keys to your prison” “Trying anything possible not to be a good girl”
<b>I was robbed</b>	CSA incurs myriad losses not least the loss of childhood and the loss of a healthy family life and relationships. Many described being robbed of self-worth, self-respect, self-belief and inner peace. Many survivors felt that their childhood and sexuality had been stolen along with opportunities to have stable relationships and children and families of their own.	“[His behaviour] vandalised my childhood and my adult reality” “I was horrified by the risk of fatherhood... the world needed no more like me, and I would not wish that on a child”
<b>Seeking help</b>	The lack of understanding of the impact of CSA and limited access to specialist services meant that many survivors were misdiagnosed or referred to unhelpful counselling which often made them feel more vulnerable. Professionals were often not able to link behaviour and presenting symptoms to a history of CSA and lacked understanding and knowledge about the impact of sexual abuse. Conversely, those survivors who felt heard and understood by professionals found that they were able gradually to heal and recover from their abuse.	“Twelve weeks of NHS therapy... left me more vulnerable” “I can’t help feeling angry that the people I originally approached for help got it wrong” “I have had about a decade of therapy. That is not enough” “With expert help... I am now surfacing for the first time”
<b>Seeing in colour</b>	Survivors who had access to specialist therapy or support from other survivors through group therapy or psycho-educational workshops found that they were able to recover and heal from CSA and experience post-traumatic growth. This allowed them to break the cycle of abuse, find their voice and learn to live again.	“I didn’t know how grey my life was until I began to see colour” “I have finally found what I have been looking for all my life – my voice” “My recovery is a life-long journey”

## Behind closed doors

All the survivors who contributed to this project reported that CSA in the family environment necessitated silence and secrecy. To ensure that the abuse remained hidden many survivors had to deny it to themselves and others, often to protect siblings, the non-abusing parent(s) and the abuser, for fear of the consequences of exposure. Many survivors felt that to keep the secret they had to lead a complex double life in which their external reality was in stark contrast to their internal reality. This would commonly involve wearing a happy, smiling mask to cover the hurt and pain inside. All the survivors felt betrayed by their abuser, and some felt let down by other family members who were unable to read the signs of abuse, or failed to believe them, or to act when a disclosure was made.

Many survivors wrote about the lack of boundaries, and the pervasive uncertainty and unpredictability within the family environment which led to confusion and a sense of 'knowing and not knowing' that abuse was being perpetrated. What is clear is that CSA creates a ripple effect which reverberates throughout the whole family wherein the abuse is normalised, as everyone is drawn into a 'folie en famille' in order to keep the secret and prevent the truth from being exposed. Alongside this, some survivors were prevented from having a relationship with the non-abusing parent in order to minimise the risk of exposing the abuse, while others withdrew from close relationships with others to ensure that the secret would not be revealed inadvertently. This led to a sense of isolation and feeling trapped.

## Breaking the silence

Many of the survivors wrote about the difficulties surrounding disclosure, with several reporting that multiple attempts at disclosure were made, and that initial disclosures made in childhood were often misunderstood, disbelieved or ignored not just by the family but also by professionals. For some, later disclosures were heard but often accompanied by being blamed for destroying, or bringing shame on the family. Some survivors worked very hard to protect the family and the abuser to keep the family together, and only broke the silence when they could no longer hold the secret, or after the abuser died. All the survivors shared either in their written accounts, or during the writing workshops, their fear of the repercussions of the truth coming out, such as being rejected by the family, being taken into care or causing more harm to the family. Some said

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their fear of breaking the silence was so great that the only way to stop the abuse was either to run away from home or to sever all contact with the family in adulthood, including leaving the country in which they were raised.

Some survivors feared being re-traumatised through breaking the silence. This often prevented them from pursuing prosecution of the abuser; although three survivors attempted to prosecute their abuser, only one of them was successful. These fears proved to be a reality for a number of survivors who were disbelieved and subsequently rejected or disowned by the family. Many survivors who broke the silence felt that the abuse was either dismissed, trivialised or minimised, and were blamed for breaking-up the family. Those survivors who were disowned by their families often felt shame and blamed themselves for their family's disintegration.

A few survivors found support from siblings and the non-abusing parent when breaking the silence as adults, and some were able to reconcile and re-build the relationship with the non-abusing parent. One survivor discovered when she broke the silence that a number of other siblings had also been abused and this helped her to disclose to the non-abusing parent. Thus disclosure and breaking the silence is fraught with danger and long-lasting consequences such as re-traumatisation and the irrevocable loss of the family.

## Living in a fog

A common experience identified by many survivors is a sense of numbness which is often described as feeling 'unreal', being 'zoned out' or 'living in a fog'. These are classic signs of dissociation, in which the emotional pain and memories of CSA are numbed through suppressing feelings and acknowledgement of the experience of the abuse as a way of escaping reality. Dissociation, while adaptive at the time of the abuse, ultimately leads to confusion, lack of focus, fragmented memories and an increased sense of unreality. Several survivors reported that 'zoning out' impaired their concentration which prevented them from reaching their full potential with regard to academic attainment and later vocational opportunities, as well as the processing of memories of the abuse.

For some survivors, dissociation manifested as escapism through reading or by dissociating from their body and 'living in their head' to suppress and numb feelings, and allow them to deny the impact of abuse. As a result many survivors find it difficult to feel anything or be spontaneous in their

interactions and are unable to link such reactions to the abuse. Some survivors felt that through dissociation they were able to 'split themselves in two' with one part being functional and seeking to protect others while the other part was disintegrating.

## Distorted and contorted

The sense of unreality associated with dissociation is exacerbated through the distortion of reality by the dynamics of CSA in the family environment, in which abusers commonly project the responsibility for the abuse onto the survivor, implying that he or she wanted it, or by making them complicit in the abuse. Some survivors described how their reality was distorted by the abuser claiming that the sexual contact is a normal and a genuine expression of love, and an indicator of how 'special' the survivor is to them. This confusion between love and abuse meant survivors had to grapple with the paradox of knowing that something is wrong yet being told that it is normal, or having to deny that it is abuse to minimise the risk of exposure or the consequences of speaking out. To manage this 'knowing and not knowing,' many survivors had to fabricate a complex double life, in which they either became invisible or had to construct a mask, or facade to cover up reality. These masks commonly consisted of pretending to be someone else, or appearing to be normal and happy by smiling, complying and people-pleasing to cover up the internal sense of chaos, confusion, devastation and worthlessness. While the distortion of reality and contortion of self allowed some survivors to manage the abuse and hide their true feelings in order to remain connected to the family, it invariably exerted a huge cost through the loss of self-identity and authenticity. The legacy of this for many survivors manifested in distorted perceptions of self and others and a permanent sense of confusion in which nothing made sense, so their hold on reality became even more tenuous.

## Sad, bad or normal

It is clear from the narratives that all of the survivors had experienced mental health difficulties at various times in their lives, and that these were often not linked to the abuse by either the survivors themselves or professionals. Nearly all of the survivors had a history of depression, anxiety and a range of trauma reactions such as hyper or hypo-arousal, flashbacks, nightmares, intrusive memories and dissociative symptoms. Some survivors were diagnosed with PTSD or complex PTSD, while others were diagnosed with a range of psychiatric disorders such as bi-polar

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disorder, obsessive compulsive disorder (OCD), agoraphobia, eating disorders and personality disorders. A number of survivors describe being so shattered by the abuse that they experienced mental and physical breakdowns including recurring periods of suicidal ideation, and suicidal behaviour.

To manage the emotional and psychological impact of CSA and overwhelming trauma reactions, many survivors attempted to self-medicate through the use of alcohol, drugs, food, sex or relationships and developed a range of addictions. Some survivors resorted to self-harm through self-injury, lack of self-care, or engaging in self-sabotaging or risky behaviour. Some survivors acted out their internalised sense of badness and self-hatred through behaving badly and feeling invincible, which led some to the fringes of criminal behaviour. In nearly all cases the mental health difficulties, addictions, self-harm and acting out behaviours were often not linked to abuse by professionals, resulting in misdiagnosis and inappropriate treatment interventions.

## The body keeps the score

Some of the survivors somatised their abuse experience which manifested in a range of unexplained chronic illnesses such as pelvic and genital pain, irritable bowel syndrome and a range of hyper-immune disorders including recurring allergies and skin conditions. A number of survivors suffered from feelings of paralysis, excruciating muscle pain, or intense physical or mental exhaustion commonly associated with chronic fatigue syndrome (CFS) and ME. In addition many survivors suffered from physical symptoms such as insomnia, inability to enjoy sex or lack of pleasure in the body. These symptoms were generally not linked to the abuse by professionals who had little or no awareness of how 'the body keeps the score' when the mind cannot (van der Kolk, 2015).

## A life half lived

Many survivors wrote that their lives were not fully lived and that they felt as if a part of the self was missing, lost or broken. A large number of survivors expressed being terrified of people and not being able to trust others, which often led to avoidance and withdrawal from others, self-imposed isolation and unbearable loneliness. Shame and fear meant that they had difficulties socialising, or engaging in or sustaining relationships, as their need for predictability, certainty, control and lack of spontaneity made it difficult to be responsive to care and affection.

Many survivors struggled to accept being loved, despite desperately seeking this.

A number of survivors could only relate through compulsively helping others, putting other people's needs first, or by being compliant. Many survivors were not able to set healthy boundaries or protect themselves which led to either difficult and conflict-ridden relationships, or total avoidance of intimacy, with one client reporting that despite being in her 60s she had never formed any friendships, let alone an intimate relationship. The inability to trust others and terror of intimacy meant that a number of survivors feared having children, which was experienced as a huge loss in later life. A further example of a life half lived shared by a number of survivors was not reaching their full academic and vocational potential, which impacted as a lack of stability in terms of work and career choices.

## Scared to be me

An experience common to all survivors was a sense of shame and lack of self-respect alongside overwhelming fear and anxiety, which some described as soul destroying. This, along with the loss of identity, meant that some survivors were scared to be themselves for fear of being seen as vulnerable, worthless, flawed and powerless. These survivors described themselves as being trapped in two emotional worlds, one of anger and the other of shame, which they had to conceal. They describe themselves as being afraid to be themselves, or show their true feelings or needs for fear of hurting others, or being seen as bad or selfish. This meant adopting a mask of invulnerability and being in control as a way to hide their thoughts, feelings and needs.

## I was robbed

All the survivors experienced myriad losses, especially the loss of childhood, loss of family, loss of stability and certainty, loss of mental and physical health as well as loss of sense of self. Some survivors mourned the loss of a childhood they didn't have, and the family that wasn't there for them, especially when taken into care or during periods of homelessness. Others felt a sense of loss of the ability to sustain healthy relationships, loss of not having children of their own, loss of educational and vocational opportunities, while those who dissociated from their body mourned the loss of pleasurable bodily sensations, sensuality and sexuality. Nearly all survivors felt robbed of their self-worth, self-respect, self-belief and inner peace and many felt a 'deep, unfathomable pool of regret.'

## Seeking help

A common theme to all survivors was their experience when seeking help from professionals such as social workers, GPs or counsellors. Many survivors felt let down and disappointed when first seeking help as many professionals failed to identify the abuse or were unable to link behaviour and symptoms to CSA. In seeking therapeutic help nearly all the survivors were initially referred to generic, short term therapy with counsellors who had little or no understanding of, or specialist training in, CSA. This meant that they were not only misunderstood, but often misdiagnosed, stigmatised, and in some cases over-medicated. As a result most survivors faced years of ineffective therapy which made some feel more vulnerable and damaged, often blaming themselves for the lack of therapeutic success. Many survivors desperately sought therapeutic support innumerable times, with different therapists and types of therapy, in the hope of finding the much needed specialist help.

All of the survivors expressed a sense of relief when they did finally find someone who understood them and made the link to a history of CSA. They all stated that it was only through accessing specialist, long-term therapy and support that they were able to begin the process of recovery and healing. Some survivors found this through one-to-one therapy, while others found it through group therapy, bodywork or psycho-educational awareness groups. Many of the survivors also felt that engaging in The Survivors' Narratives Project and sharing their experiences with other survivors had been extremely helpful. For a summary of what helped see Table 3 (below).

## Seeing in colour

Through accessing long-term specialist counselling, group therapy or psycho-educational workshops or having support from other survivors, all the survivors were able to begin the process of recovery and healing, and start the process of post-traumatic growth. Many survivors describe this as feeling as though the 'fog has lifted,' being able to 'see in colour' or 'finding their voice and being able to sing'. For many survivors post-traumatic growth allowed them to break the cycle of abuse, to learn to live in the present more fully and authentically and no longer feel saturated in shame. In finding their voice, especially through this project, many survivors felt released from their prison and ready to embrace life.

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**Table 3** What helped survivors

<b>Disclosure</b>	Being heard, believed and listened to. For some, successfully confronting the abuser.
<b>Family</b>	Support from family, including siblings, and rebuilding relationship with non-abusing parent. For some severing all contact with family members and leaving home country.
<b>Friends and partners</b>	Support from trusted friends and partners who did not judge and in whom survivors could confide.
<b>Professional support</b>	Long-term therapeutic support from counsellors who had specialist training or expertise working with survivors of CSA, were prepared to reach out to and accept the survivor, were experienced in working with trauma symptoms, or willing to work with the whole family. A range of other therapeutic interventions were seen as helpful such as addiction therapy, rehab and the twelve-step programme, alongside group therapy, acupuncture, physiotherapy, bodywork (reiki, homeopathy, herbalism, reflexology and shamanic healing). Professionals who genuinely cared and were able to reach the survivor.
<b>Healing strategies</b>	Grounding techniques, meditation, re-association to the body, regular exercise, forgiveness, reading about abuse, self-help books, personal development workshops, having children, self-awareness, self-love, self-care and having a creative outlet through art and performance, especially music or singing.
<b>Connecting</b>	Connecting with and developing friendships and building a support network with others, including other survivors, to break the silence and alleviate the sense of shame. For some being able to talk to adult children about their own experiences and equip them to break the cycle.

Through these narratives survivors have broken the silence of CSA in the family environment and given voice to their lived experience. They have provided a deeper understanding of what helps survivors, and identified what is needed for the future. To facilitate breaking the silence, and improve recovery and healing from CSA in the future, a number of recommendations were identified by survivors (see Table 4, below). These recommendations are based on the survivors' experiences from childhood, which in some cases was many years ago.

**Through these narratives survivors have broken the silence of the terrible taboo of CSA in family environment and given voice to their lived experience**

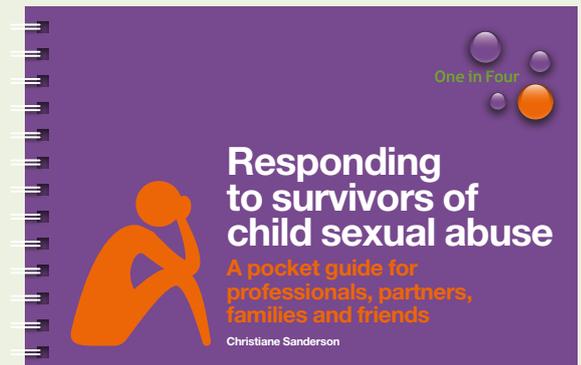
**Table 4 Survivors' recommendations**

What helped	Examples
<b>For survivors</b>	<p>Increase professional support:</p> <ul style="list-style-type: none"> <li>• Greater access to specialist therapy for survivors and psycho-education groups</li> <li>• Increase support for survivors of CSA in the family in the criminal justice system</li> <li>• Provide specialist support for survivors in family environment, including opportunities for restorative justice</li> <li>• Encourage people with a history of sexual abuse to get professional support, including speaking to survivors about their experiences</li> <li>• Improve quality of and access to therapy on the NHS for CSA.</li> </ul>
<b>Prevention</b>	<p>Prevention via education:</p> <ul style="list-style-type: none"> <li>• Make it easier for a child/young person to recognise that what happened is wrong, and not their fault and help is available</li> <li>• Include discussion of sexual abuse in the sex education curriculum, providing specialist groups in primary schools to educate children</li> <li>• Provide groups for children who experience sexual abuse, to ensure they receive early support and limit CSA's psychological impact</li> <li>• Develop opportunities for survivors to speak to children about surviving sexual abuse.</li> </ul>
<b>Disclosure</b>	<p>Facilitation of disclosure, including support for families:</p> <ul style="list-style-type: none"> <li>• Take children who disclose seriously, for reporting and for psychological wellbeing. Not being believed, or disclosure being ignored, erodes the individual's sense of self</li> <li>• Be aware that children who disclose may be at a particular crisis point and it is vital to keep them safe until all facts are established. Family members not involved have sometimes been groomed by abuser(s) and may fail to provide corroboration with the child or keep them safe</li> <li>• Provide support external to the family for children who disclose, recognising the importance of keeping these children safe</li> <li>• Create support network for people who disclose</li> <li>• Provide therapeutic support or psycho-education for non-abusing family members</li> <li>• Increase access to therapeutic support for people who abuse</li> <li>• Create central database for all disclosures.</li> </ul>
<b>Professional</b>	<p>Improve professional support:</p> <ul style="list-style-type: none"> <li>• Improve healthcare professionals' understanding of sexual abuse and knowledge of how to respond to disclosure, and where to refer, including expanding training of counsellors, therapists including cognitive behaviour therapists (CBT) and other professionals</li> <li>• Provide effective long-term NHS counselling for survivors</li> <li>• Involve survivors in developing professional resources and involve specialist sexual abuse agencies in training other relevant professionals</li> <li>• Increase the reach of independent sexual violence advocates (ISVAs)</li> <li>• Recognise the scale and complexity of sexual harm within families</li> <li>• Improve recognition of possible long-term health effects on survivors, including physical health, addictions, self-harm etc.</li> </ul>
<b>Public</b>	<p>Improve public understanding and support:</p> <ul style="list-style-type: none"> <li>• Generate awareness of scale and personal and societal impact of CSA, thereby reducing the burden of 'survivor shame' by improving public perception of survivors</li> <li>• Increase understanding of the dynamics of sexual abuse, particularly in the family environment</li> <li>• Recognise non-consensual sexual contact is abuse and can damage.</li> </ul>

## About the author of the analysis

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She has written extensively in this area and her most recent publications include *Introduction to Counselling Survivors of Interpersonal Trauma* (2010), *The Warrior Within: A One in Four handbook to aid recovery from childhood sexual abuse and violence* (2010) and *The Spirit Within: A one in four handbook on religious sexual abuse across all faiths* (2011), *Counselling Skills for Working with Trauma: Healing from Child Sexual Abuse, Sexual Violence and Domestic Abuse* (2013) and *Counselling Skills for Working with Shame* (2015).



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This new One in Four pocket-sized publication is an easy to use guide for health care professionals to understand the impact and long-term effects of child sexual abuse.

It also contains guidance for partners, friends and families, explaining in simple to follow language how best to support survivors to recover and heal.

Throughout its six handy tabbed sections, it offers practical advice, guidance and key practice points from how to manage disclosure, identify vulnerabilities, sign posting to specialist care pathways and best practice when working with survivors.

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