

Healing From Child Sexual Abuse, Sexual Violence and Domestic Abuse

CHRISTIANE SANDERSON

COUNSELLING SKILLS FOR WORKING WITH TRAUMA

Healing From Child Sexual Abuse, Sexual Violence and Domestic Abuse

CHRISTIANE SANDERSON



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and

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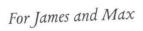
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INTRODUCTION

Sexual violence and sexual abuse can no longer be ignored. Every week reports of rape, child sexual abuse (CSA), sexual trafficking and systematic abuse feature in both national and international media. Most recently the press in the UK has been dominated by allegations of sexual abuse against Jimmy Savile and other celebrities, reports of CSA in children's homes, the sexual trafficking of children and CSA by faith leaders, especially in the Roman Catholic Church. In addition, there has been an increase in reports of sexual violence and rape globally, most prominently in India, South Africa, and in war-torn countries. This has resulted in a climate change in how systematic sexual violence against women, children and men is viewed and tolerated.

The various inquiries into Jimmy Savile in the UK have led to proposed changes in how victims of sexual violence are dealt with by both the criminal justice system and mental health practitioners. As we learn more about how sexual abusers operate, how they not only groom children but other adults around them – and in the case of Jimmy Savile, a whole nation – we can identify how such abuse impacts on victims and survivors. In acknowledging how widespread sexual violence is and how hard it is to disclose to authorities, especially if the abuser is in a position of power and authority, survivors are more likely to be believed and offered appropriate support.

This means that there needs to be an increase in awareness of the impact of sexual violence and CSA and provision of appropriate therapeutic interventions. In the wake of the Jimmy Savile allegations, many of the specialist charities and volunteer agencies such as One in Four UK, National Association for People Abused as Children (NAPAC) and the NSPCC reported a huge increase in calls from survivors seeking therapeutic help. Due to reduced funding to such agencies and the high demand most of these survivors had to be put onto waiting lists with no guarantee when they would be allocated therapeutic support, which exacerbated their distress (Sanderson, 2012).

What is clear is that there needs to be an increase in the provision of psychotherapy and counselling for survivors of sexual violence and complex trauma. Many survivors who sought counselling support prior to the Jimmy Savile allegations report being disappointed by the lack of service provision for them. Most commonly they report a lack of specialist counsellors who have the expertise or training in sexual violence or complex trauma with waiting lists up to 12 months. When they are finally allocated a counsellor, they are dismayed to discover that they are only offered short term therapeutic support of between 6 and 12 sessions, which does not permit sufficient time to fully explore the impact of complex trauma, systematic sexual violence or CSA. In addition, they are usually only offered evidence based therapy such as cognitive behavioural therapy (CBT), which does not always incorporate full exploration of the dynamics in complex trauma. Due to these limitations many survivors are not able to recover, let alone fully heal from complex trauma, which reinforces their sense of failure and shame and confirms their fear that they are so damaged they may never recover.

As victims and survivors come forward with a greater than ever chance of being believed and responded to they need to be assured that they will be able to access the type of therapy that will not re-traumatise or shame them. Thus it is important that counsellors and practitioners have a good understanding of the complex dynamics of complex trauma, sexual violence and CSA and are able to provide the appropriate therapeutic intervention. It is with this in mind that this skills manual came into being.

The aim of the manual is to provide knowledge and understanding of the neurobiological as well as the psychosocial impact of complex trauma and how to manage the core symptoms associated with it. It is designed to support whichever therapeutic model the practitioner already uses and offers tried and tested therapeutic techniques that they can use with survivors. Many of these techniques and skills can easily be added onto or incorporated into the practitioner's preferred therapeutic model and enhance their practice with survivors of a range of complex trauma through systematic sexual or domestic abuse.

STRUCTURE OF THE BOOK

The book is divided into five parts with Part 1 focusing on understanding complex trauma and post-traumatic stress disorder (PTSD), dissociation and common trauma reactions, the role of attachment and relational