Childhood Sexual Abuse
(Adult Survivors)

NHS SCOTLAND

What health workers need to know about gender-based violence

The Scottish Government has introduced a national programme of work across NHS Scotland to improve the identification and management of gender-based violence. A national team has been established to support its implementation.

This guide is one of a series developed by the programme to support health staff. It has been written and compiled by Shirley Henderson (Shirley Henderson -writing, editing and consultancy, www.shirleyhenderson.co.uk) and Katie Cosgrove, Programme Manager (GBV Programme, NHS Scotland).

Thanks to the National GBV Reference group who also contributed to its development.

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Who is this guide for?

This guide is one of a series designed to support health workers to work effectively with the victims of gender-based violence in line with national guidance issued to health boards,[a,b] the Scottish Government's shared approach to tackling violence against women,[c] and its national strategy for survivors of childhood abuse.[d]

This guide gives a brief overview only of working with survivors of childhood sexual abuse since an excellent, and more comprehensive, guide on this topic has been produced by the Scottish Government: '*Yes You Can! Working with Survivors of Childhood Sexual Abuse*'.[e] Much of the material in this guide is derived from this document.

As a health worker you are in a unique position to respond to survivors[f] of childhood sexual abuse. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.

The series of practice guides covers the following aspects of gender-based violence:[g]

- **What health workers need to know about gender-based violence: an overview**
- **Domestic abuse**
- **Rape and sexual assault**
- **Childhood sexual abuse (adult survivors)**
- **Commercial sexual exploitation**
- **Stalking and harassment**
- **Harmful traditional practices (for example, forced marriage, female genital mutilation, and so-called 'honour' crimes)**

[a] Gender-based violence encompasses a range of abuse most often perpetrated by men against women and girls. It includes domestic abuse, rape and sexual assault, childhood sexual abuse, commercial sexual exploitation, stalking and harassment and harmful traditional practices, such as forced marriage and female genital mutilation.
[b] SGHD Chief Executive's Letter to health boards on identifying and responding to gender-based violence www.sehd.scot.nhs.uk/mels/CEL2008_42.pdf
[c] 'Safer Lives: Changed Lives. A Shared Approach to Tackling Violence against Women in Scotland'' Scottish Government 2009 www.scotland.gov.uk/Publications/2009/06/02153519/0
[d] www.survivorscotland.org.uk/national-strategy/strategy-document.html
[e] 'Yes You Can!' – www.scotland.gov.uk/Publications/2008/04/07143029/0
[f] The term 'survivor' is commonly used in this field to acknowledge the strength of individuals in dealing with CSA.
[g] These are available at www.gbv.nhs.scot.uk

What is childhood sexual abuse?

Childhood sexual abuse (CSA) happens when 'any person... exploits a child... in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s), including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated, or consented to, the behaviour'.[1]

In common with other forms of gender-based violence, men are the main perpetrators of CSA. Women do also abuse, although research over many years suggests they form only around 10% of offenders. It is often committed by someone known to and trusted by the child, such as fathers, step-fathers, other family members or friends rather than strangers.

Childhood sexual abuse can take different forms. It may include touching children sexually, showing them pornography, talking to them in a sexually explicit way, masturbating or forcing them to have sexual intercourse. This is physical and emotional abuse and it often involves serious and very degrading assault. It breaches the personal boundaries to which all children are entitled and involves a misuse of power.

Many children do not tell anyone about the abuse. In one study, almost three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time, 27% told someone later. Around a third (31%) still had not told anyone about their experience(s) by early adulthood.[2]

- **CSA is substantially under-reported but prevalence studies show a range of rates of 7 - 30% of girls and 3 - 13% of boys**
- **A UK study found one in five girls and one in four boys had experienced CSA**
- **Men are the abusers in about 90% of cases, regardless of whether the child is female or male**
- **More than one third (36%) of all rapes recorded by the police are committed against children under 16 years of age**
- **In 2005/2006, 11,995 children calling Childline spoke about sexual abuse in their call. This was 8% of all callers to Childline**

Who is at risk?

There is no typical victim of CSA. It is very common and the likelihood is that all of us, whether or not we realise it, know someone who was sexually abused as a child.

CSA crosses all boundaries of class, sex, ethnicity, religion and disability. Whilst prevalence studies indicate that girls are more likely to be abused than boys, a significant percentage of boys do experience CSA.

Evidence of sexual, physical and emotional abuse of children in care homes and religious institutions is increasingly coming to light, and many of these victims are male.

There are overlaps with other forms of gender-based violence, partly attributable to prevalence but also because early abusive experiences may increase vulnerability to abuse in adult life. CSA may limit survivors' capacity to deal with abusive situations in adulthood or their ability to see risks. It may also impact negatively on their sense of self-worth or how they feel they deserve to be treated.

In one study of women working in prostitution, 57% of had experienced sexual assault in childhood.[3] A report from EVA in NHS Lanarkshire indicates that of 90 women referred to its rape and sexual assault advocacy project, only a third were for a discrete rape/sexual assault, a fifth involved historical CSA and almost two fifths involved more than one experience of violence across the lifespan.[4]

How childhood sexual abuse affects health

CSA can affect people to varying degrees but can have lasting, serious and wide-ranging affects.

Many survivors demonstrate a good deal of resilience and strength in dealing with their experiences. Research indicates, however, that people experiencing mental health problems, including post traumatic stress symptoms, borderline personality disorder, depression, problems with food, suicide/attempted suicide and self-harm, severe substance misuse, anxiety disorders and loss of self-esteem, are more likely than others to report a history of childhood sexual abuse.

Evidence of the impact on physical health is growing. People with a CSA history are at greater risk of medically unexplained symptoms (MUS), especially for chronic pain and gastrointestinal disorders. There may be no apparent reason for troublesome, disabling physical symptoms such as recurrent chest pains or breathing problems; gastro-intestinal disorders; skin rashes. The more serious the abuse the more serious the impact on MUS, functional disability, sick days and healthcare use.[5] Physical health can be jeopardised by running away from home and living on the streets as well as avoiding health checks such as pap tests and dental checks.

People may use alcohol or drugs to cope with the abuse. The effects of sexual and physical abuse and other childhood traumas have been estimated to account for half to two-thirds of serious problems with illicit drug use.[6] CSA has a significant impact on a person's sense of self-worth.

There may be differences in how female and male survivors deal with abuse and how it affects their lives, which can be apparent both in their behaviour and in the nature of their health presentations. For example, women may be more likely to self-harm through cutting, burning or otherwise physically hurting themselves whilst men may self-harm through extreme risk taking behaviour.

Although self-harm is often dismissed as attention seeking behaviour, it should be understood as a coping mechanism. Suicide and attempted suicide are also common amongst survivors.

Physical

- **Genital and anal damage**
- **Possible pregnancy**
- **STIs and urinary tract infections**
- **Pelvic inflammatory disease**
- **Sexual dysfunction**
- **Gynaecological problems**
- **Chronic pain**
- **IBS**

Mental

- **Self-harming**
- **Depression, anxiety**
- **Addiction issues**
- **Sleep and eating disorders**
- **Panic attacks**
- **Flashbacks**
- **Suicidal feelings, attempted suicide**
- **Dissociation**
- **Symptoms of post traumatic stress disorder**

Your role as a health worker

Health staff are in a unique position to identify adult survivors of CSA.

No matter how much time has passed, it is never too late to offer support. Unresolved sexual trauma is more likely to occur when the individual:

- Has had little support
- Has not disclosed to anyone or had a poor reaction to disclosure
- Is unable to settle his/her reactions to the experience

Sexual violence as an adult can re-awaken memories of previous assault and, as a consequence, a patient's reaction to a recent assault may be all the more intense.[7]

All health workers should:

- Be aware that CSA is a possibility
- Recognise signs and symptoms
- Initiate discussion
- Listen and make time
- Give correct information about sources of help

CSA is a serious health issue and you have a duty of care to those affected. Rarely would your actions make things worse, and if you intervene sensitively and appropriately you could improve long-term health and well-being.

However, do not assume that adults who were sexually abused as children need to talk about the abuse or be referred for counselling or therapy. Find out from each individual what the abuse means to them and what response they require from you, for example not being touched, extra time for a smear test or working out a birth plan which they feel comfortable with.

Lengthy training is not necessary for dealing with initial disclosures. Survivors do not expect you to resolve all their problems but need to be listened to, not judged, and allowed to say what they do need from you. Specialist training may be required, however, for working with severe and complex mental health problems associated with CSA.

Identifying childhood sexual abuse

NHS Scotland is introducing a programme of routine enquiry of domestic abuse into mental health, sexual and reproductive health, A&E, addictions, community nursing and maternity services. This will include CSA in mental health and addictions services.

Whatever setting you work in, if you suspect that a patient may be affected by CSA, you can help by introducing the subject sensitively and asking.

Survivors of CSA could present in any primary or acute care setting. Be aware of how they might present in yours. They may have chronic physical or mental health symptoms as a direct consequence of the abuse. They may avoid invasive procedures including dental treatment and smear tests. They may be frightened of being touched or examined, for example during labour and childbirth. Historical CSA abuse may not be immediately apparent. Many people conceal the abuse through fear or shame.

Male survivors may be afraid to disclose abuse in case they are thought of as also being abusers. Most survivors of abuse do not go on to abuse others, but for men in particular this assumption can be a very real barrier to disclosing and having their health needs met.

There are some signs (clinical and behavioural) which should alert you to the possibility of previous experience of CSA. For example:

- Non-take up of ante-natal, post-natal checks, smears and dental checks
- Anxiety about childbirth, parenting
- Terror of medical procedures
- Unexplained symptoms
- Complications from previous scarring, pain, bruising or bleeding
- Sexual health issues such as STIs, pelvic inflammatory disease, vaginismus, sexual dysfunction

What every health professional can do

The following approach to responding to adult survivors of childhood sexual abuse derives from good practice recommendations.

Support disclosure

If you suspect that a patient may be affected by childhood sexual abuse, it may be helpful to introduce the subject sensitively and ask. Many people find it difficult to disclose the abuse but this does not mean that they do not want to be asked or to be offered an encouraging atmosphere for disclosure. Many are upset about not having issues recognised or dealt with. Some people appreciate being asked directly, others less boldly. You may be able to build the issue into your assessment procedures, especially within broader questions about problems in childhood, such as *"Did anyone hurt you when you were a child?"*

Your personal approach, warmth and acceptance are more important than detailed knowledge and training. *'Yes You Can!'* emphasises the importance of being a 'human being' rather than a great expert. You can support survivors of CSA by:

- Being warm and open and providing an environment conducive to disclosure
- Facilitating disclosure by tuning into and giving clues
- Listening, accepting and telling the person you believe them
- Respecting choices and staying with the person
- Anticipating increased stress
- Taking their health seriously
- Offering a choice of who they talk to e.g. a male or female worker

Be aware of barriers such as age, poverty, language and disability which can increase vulnerability to abuse and limit access to help and services. People with physical or learning disabilities may still be living with, or be dependent upon, the person who has abused them. You may need to provide specific support, for example interpreters or assistance with transport.

Adult support and protection

Consider whether the survivor is an adult who is *"unable to safeguard her/his own interests though disability, mental disorder, illness or physical or mental infirmity, and who is at risk of harm or self harm, including neglect"* as defined by the Adult Support and Protection Act, (October 2008) and as such needing more directive intervention.

Always be prepared to work with other agencies to help increase safety and ensure that a survivor receives the best help possible.

Assessment and treatment

Your response beyond disclosure will be determined by the setting you work in, whether this is a one-off or ongoing contact and whether the patient wants specific help for the abuse. Treat the patient for any medical problems or refer for further assessment, treatment or specialist help. Any treatment should be based on fully understanding their experiences. Otherwise, you may not be able to treat them appropriately.

Survivors of CSA may have practical, emotional and physical difficulties requiring ongoing support and the involvement of other services. For example they may have blocked out painful feelings through harmful substances leading to all sorts of associated problems. If they are still at risk from the person who abused them they may need practical help to be safe. If they were abused

a long time ago and are still having difficulties dealing with it, they may need counselling or therapy. If they are facing a health intervention, which may be traumatic for them, they may need you to help find a way to make it more manageable. If they are a victim of a recent assault, their response to this may be particularly acute because of what happened in the past and they may need sensitive help that takes account of what happened previously. Always ask:

- What problems, if any, do you think the abuse has left you with?
- What are the main things you would welcome help with now? Consult the patient to work out what kind of support is required and how that might be provided. This is an essential part of support planning

There may still be safety issues if the abuser is still around. Assess the risk to the patient and any dependent children in case they are at further risk of harm.

If they meet the criteria of the Adult Support and Protection Act, follow the assessment procedures identified in your local guidelines.

Support and information

- Ask the patient if they want to report the abuse to the police
- Give correct information about local support agencies including the Rape Crisis Scotland Helpline 08088 01 03 02
- Give supporting literature in a useable format
- Stress that whether the abuse happened a long time ago or recently, they can ask the NHS for help at any time
- Consider other specialist health services such as counselling or therapies for debilitating physical health problems
- If necessary, refer the patient to a support agency. The individual may find it helpful if you make the first contact on their behalf
- Give the patient the name and number of the service and contact person to whom you are referring them and keep a copy for your records so you can follow up the referral

Documenting and recording

Recording disclosure is important health information which will enable continuity of care. It may also help in any future legal proceedings. Patients may be anxious about the confidentiality of medical records. Reassure them about this and agree with them what will be recorded,e.g. that the key facts are recorded so they do not have to repeat themselves in future, but that it will not be hugely detailed. Explain that if someone, especially a child, is at risk of significant harm, this overrides confidentiality requirements. Explain the benefits of keeping a record.

Record the following in case notes, never in hand held notes:

- Injuries and symptoms
- Disclosure as an allegation not fact
- What the patient says and not what you think, but note if you have any concerns
- Missed appointments and unanswered telephone calls
- Outcome of risk assessment
- Action taken

Follow up

If appropriate, provide aftercare and follow up. Always consider the patient's safety and how any approach you make might affect this.

Sharing information

You may need to share information about a particular case. It may be required by law, for example, under the terms of the Adult Protection & Support Act, or it may be

necessary to share information with support agencies to make sure that the victim and any children are safe and properly supported and the perpetrator is held accountable.

- Seek the individual's permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential
- Be careful not to divulge confidential information by accident

Child protection

If the abuser is still around, for example a grandparent or other relative or family friend, this should increase your suspicion that dependent or other children may be at risk.

You should check whether he has contact with any children and assess the level of risk to them.

You should follow your local child protection procedures if you have any concerns. It is important to make the survivor aware of the child protection policy if you consider the abuser is a potential risk to other children.

Support for staff

Supporting someone who is experiencing, or has experienced, abuse can be stressful. At times it can be distressing to hear accounts of trauma and abuse, and you may be worried that you might be overwhelmed by it. It is also common to feel frustrated or helpless if you cannot 'solve' the problem for someone. In these situations it is important to be able to acknowledge how you feel and seek support or guidance from a supervisor or colleague.

Given the prevalence of CSA, and the number of people employed in the NHS, you or your colleagues may have been directly affected by CSA. If this is the case, it's important to recognise how it may be affecting you. Your local employee policy may give guidance on who staff can approach if they are experiencing difficulties coping, for example occupational health or employee counselling, You may also want to contact the Rape Crisis Scotland Helpline or a local rape crisis centre for advice. The Survivor Scotland website also has details of local support services in your area.

Further information

Yes You Can...
Working with Survivors of Childhood Sexual Abuse
www.scotland.gov.uk/publications/2008/04/07143029/0

Survivor Scotland
Scottish Government information and education resource on childhood sexual abuse, including the national stratgey for survivors of CSA
www.survivorscotland.org.uk
information on services for survivors across Scotland can be found at
www.survivorscotland.org.uk/help-and-support/

Rape Crisis Scotland
Information about rape and sexual assault and main contact for network of local centres. Can signpost to local services offering support to survivors of CSA.
www.rapecrisisscotland.org.uk
Rape Crisis Scotland Helpline:
08088 01 03 02 (daily, 6pm-midnight)

The National Association of Services for Male Sexual Abuse Survivors
Collective of agencies which offers a service to men who have experienced sexual assault abuse
www.namsas.org.uk

Women's Support Project
Information, training and support on violence against women and children. It also offers support to non abusing parent of children who have been sexually abused.
www.womenssupportproject.co.uk

Roshni
Information and awareness raising on child abuse within black and ethnic communities. Can signpost to support services
www.roshni.org.uk

Survivors UK
Information, support and counselling for men who have been raped or sexually abused.
www.survivorsuk.org.uk
Helpline: 0845 122 1201Tuesday and Thursday 7pm to 10pm

Role of local health boards

As part of the implementation of the CEL on Gender-Based Violence and the Public Sector Duty for Gender, your health board should have an identified lead to help staff address gender-based violence and direct you towards training and further information. Your health board is represented on the local Violence Against Women Training Consortium. Training for health staff may also be available through the consortium.

References

[1] Edinburgh and the Lothians Child Protection Committee (2003) Child Protection Guidelines as quoted in Scottish Government (2008) 'Yes You Can! Working with Survivors of Childhood Sexual Abuse', Edinburgh.

[2] Cawson, P. et al. (2000) 'Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect.' London: NSPCC.

[3] Farley, M. & Barkan, H. (1998) 'Prostitution, violence against women and posttraumatic stress disorder', Women and Health. 27, 3: 37-49.

[4] EVA Project (2000) First Report. NHS Lanarkshire: EVA Project.

[5] Nelson, S. et al (2006) 'Mental health problems and medically-unexplained physical symptoms in adult survivors of childhood sexual abuse: a literature review and scoping exercise'.

[6] Dube, S.R.et al. (2003). 'Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use' The Adverse Childhood Experiences Study. Pediatrics; 111:564-572

[7] Burgess, A.W. & Holmstrom, L. (1974) 'Rape trauma syndrome'. American Journal of Psychiatry, 131 981-986.

Local information and notes

This section is for you to record any local information or services for your area

You can download this guide online at: www.gbv.scot.nhs.uk
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