

OLU ADAEZE

VERITY BLYTH

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FLOW



RESOURCE PACK



PRODUCED BY CLAIRE CUNNINGTON & CHRIS GODWIN

Part funded by



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ABOUT THE FILM

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

Amy is preparing for her art exhibition when a comment reignites traumatic childhood memories. She wants help but struggles with family loyalty. This film, inspired by interviews with victims/survivors, employs the power of storytelling to spark debate about how we, as a society, hinder the disclosure of childhood sexual abuse.

This film is based on interviews with people who are recovering from childhood sexual abuse. Thank you to all those people who shared their stories. The creation of this film was inspired by Dr Claire Cunnington's Wellcome Trust funded research at the University of Sheffield and the film itself was funded by Research England.

RESOURCE PACK

The film 'Flow' was created to improve responses to adults disclosing childhood sexual abuse within health and social care. This resource pack has support information and 'Flow' related training materials.

Please get in touch if you use this resource pack. We'd love to know if it was useful for you, if it helped you make any changes or if there's anything you think that we should change.

Email: claire.cunnington@sheffield.ac.uk Twitter: [@cunning_claire](https://twitter.com/cunning_claire)

Or fill in this quick survey: <https://forms.gle/42etWfFcYwVSLMqQ6>



SUPPORT INFORMATION

If you or anyone you are helping has been affected by any of the issues in this film, please contact your GP, local Sexual Assault Referral Centre (SARC) (www.nhs.uk/SARCs) or the following organisations:

National Association for People Abused in Childhood (NAPAC)

If you want to talk about what you experienced in childhood and how it is affecting you now.

Call: 0808 801 0331

RAPE CRISIS

If you have experienced rape, sexual assault, sexual abuse or any type of sexual violence – or you're not sure.

Call: 0808 802 9999

SURVIVORS TRUST

If you are over 16 and a survivor of rape or sexual abuse and violence.

Call: 0808 801 0818

MALE SURVIVORS PARTNERSHIP

A network of organisations working with male victims/survivors of sexual abuse, rape and sexual exploitation

Call: 0808 800 5005

WHAT DO WE KNOW ABOUT CHILDHOOD SEXUAL ABUSE (CSA)?

Prevalence

'The reality is there are millions of us and we talk to, work with, help, study with "non-abused" people every day.'

A meta-analysis of research studies, with a combined sample of nearly 10 million people worldwide, identified an average prevalence rate of childhood sexual abuse (CSA) of 18% for women and 8% for men. With a UK population of 63 million, these statistics translate into an estimate of 11.3 million women and girls, and 5 million men and boys that have been or will be abused. This suggests that there are a lot of people, children and adults, who have not disclosed the abuse they experienced – or have not been heard when they tried to.

Disclosure

The GP said 'it was a long time ago so I should get over it'

The act of informing others about the experience of a traumatic event is termed disclosure and is a key point of recovery for those who experienced sexual abuse as a child. Disclosure is an experience that is repeated in a multitude of different relationships and contexts.

Willingness to disclose is always influenced by the response from the listener. Each disclosure of childhood sexual abuse can have a significant impact upon the individual. It is really important that professionals respond in a supportive way to disclosure because a poor response can stop people trying to access services again. This continues the negative impact on the victims health and prevents any investigation into the abuser.

Effects of Abuse

'If I was dissociative enough I wouldn't feel that pain at all, would have no feeling of heat or cold or anything.'

Experiencing childhood sexual abuse impacts people in two ways: primary symptoms and coping strategies to relieve those symptoms.

Mental Health symptoms include nightmares, dissociation, depression, anxiety and low self-esteem.

Physical symptoms include pregnancy and venereal disease. CSA is also associated with higher rates of interpersonal violence and abuse in adulthood. There is also some evidence that long term stress from childhood abuse creates a susceptibility to higher levels of inflammation and autoimmune diseases.

People try to manage symptoms through the use of coping strategies. These work in the short term but some have negative effects. Examples include: substance abuse, risky sexual behaviour, self-harm and disordered eating.

In a 2019 parliamentary survey of 365 adults who had experienced CSA, 72% said it had negatively affected their career and 65% their education.

Complex Post-Traumatic Stress Disorder (cPTSD)

A diagnosis of PTSD *'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.'*

Up to 86% of adults who experienced childhood sexual abuse have Complex Post Traumatic Stress Disorder (cPTSD).

cPTSD is a chronic version of PTSD more common in adults. It includes both the effects of CSA such as hyperarousal, irritability, poor sleep, flashbacks and nightmares, but also the individual's attempts to cope with them through dissociation, avoidance and numbing.

The symptoms of cPTSD and what are labelled as 'risky' behaviours are the individual's futile efforts to protect themselves or avoid the effects of a danger that (hopefully) no longer exists.

In the UK, cognitive behavioural therapy (CBT) is the recommended treatment for cPTSD for both genders, although eye movement desensitisation and reprocessing (EMDR) is also a potential treatment.

Unhelpful Narratives

'School blamed me for my bad behaviour, parents blamed me for my bad behaviour and after I took an overdose the doctors and nurses said I was an attention seeker. I fell through so many holes I got stuck at the bottom for years.'

Although some people who have experienced CSA report trying to tell someone as a child, be it family or support services, it appears that the majority of victims/survivors were only heard when they were adults – and even then, experiences of disclosure were often tacitly unsupportive.

'the focus is on the victim and what the victim did or didn't do, rather than the perpetrator.' People [who have experienced CSA] are talked about as though they are always held in that position of being a child so that...we are infantilized a lot of the time.'

Unfortunately as a society we can silence people trying to disclose abuse by using neutralisation techniques. These include: blaming the victim, denying or minimising harm and recommending silence by appealing to their loyalty to their family or community.

Person Centred Care/ Recovery Oriented Practice (ROP)

'she was amazing...I...ended up having a meltdown in the surgery. I'm just blurting everything out and she did something which I've never had a GP do before which was she got up from behind her desk and she knelt on the floor with me and she held my hand, talked to me and calmed me down and told me exactly what she was going to do. 'I am going to get you help. You need someone to talk to about this''

Safety is vital for recovery. People who have experienced CSA can become involved in abusive relationships in adulthood. This means that supportive friends, partners, professionals and communities are very important to help create that sense of safety.

'I feel un-judged, I suppose, somehow doing something like that. It's just really nice movement. You can begin to feel like you're in control of something as well because usually I don't feel like I have control over much of my life.'

Creative and physical activities that are challenging but achievable, absorbing and fun create a mental state called flow. During flow people release emotions, feel less anxious, more in control and safer. Recovery, like abuse, is an embodied experience.

DISCUSSION TOPICS

Person Centred Care/ Recovery oriented practice (ROP)

1. Are they safe?
2. What support do they have?
3. What are their strengths? What works for them?
4. What do they like to do?
5. How can you help them foster a better connection to their body?

Challenging Narratives

Discuss the following responses to disclosures of childhood abuse:

'It was just experimenting'

'It wasn't that bad'

'They made poor choices'

'Don't make trouble'

Which have you heard? Which have you used?

Organisational change

1. Do staff need better support to hear and act upon disclosures? How can this be achieved?
2. Are there opportunities for debriefing?
3. Are there clear referral mechanisms?
4. Are there services to refer to? What are the waiting lists like? What support can be provided, if any, in the meantime?
5. What would a trauma informed organisation look like? What are the barriers to achieving this?



FURTHER READING

Prevalence

Stoltenborgh, M., van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreatment*, 16(2), 79–101. <https://doi.org/10.1177/1077559511403920>

Disclosure

Allnock, D., & Miller, P. (2013). *No one noticed, no one heard: a study of disclosures of childhood abuse*. NSPCC. <https://learning.nspcc.org.uk/research-resources/2013/no-one-noticed-no-one-heard>

Reitsema, A. M., & Grietens, H. (2015). Is anybody listening? the literature on the dialogical process of child sexual abuse disclosure reviewed. *Trauma, Violence, and Abuse*, 17(3), 330–340. <https://doi.org/10.1177/1524838015584368>

Smith, N., Dogaru, C., & Ellis, F. (2015). *Hear Me. Believe Me. Respect Me.: A survey of adult survivors of child sexual abuse and their experiences of support services*. <https://www.basw.co.uk/resources/hear-me-believe-me-respect-me>

Mental Health

Finkelhor, D., & Browne, A. (1985). The Traumatic Impact of Child Sexual Abuse: A Conceptualization. *Amer. J. Orthopsychiat.*, 55(October), 530–541. <https://doi.org/http://dx.doi.org/10.1111/j.1939-0025.1985.tb02703.x>

Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology*, 52(7), 671–690. <https://doi.org/10.1002/dev.20494>

Wilson, D. R. (2010). Health Consequences of Childhood Sexual Abuse. *Perspectives in Psychiatric Care*, 46(1), 56–64. <https://doi.org/10.1111/j.1744-6163.2009.00238.x>

Physical Health

Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy. *Family Planning Perspectives*, 24(4), 4–11.

Coid, J., Petruckevitch, A., Feder, G., Chung, W.-S., Richardson, J., & Moorey, S. (2001). Relation between childhood sexual and physical abuse and risk of revictimisation in women: a cross sectional survey. *The Lancet*, 358(9280), 450–454. [https://doi.org/10.1016/S0140-6736\(01\)05622-7](https://doi.org/10.1016/S0140-6736(01)05622-7)

Miller, G. E., Chen, E., & Parker, K. J. (2011). Psychological Stress in Childhood and Susceptibility to the Chronic Diseases of Aging: Moving Toward a Model of Behavioral and Biological Mechanisms. *Psychological Bulletin*, 137(6), 959–997. <https://doi.org/10.1037/a0024768>

Reading, R., Hughes, G., Hill, J., & Debelle, G. (2011). Genital herpes in children under 11 years and investigations for sexual abuse. *Archives of Disease in Childhood*, 96(8), 752–757. <https://doi.org/10.1136/adc.2010.205971>

Shields, L. B. E., Wilson, K. C., Hester, S. T., & Honaker, J. T. (2019). Impact of parenting on the development of chronic diseases in adulthood. *Medical Hypotheses*, 124(October 2018), 72–75. <https://doi.org/10.1016/j.mehy.2019.01.015>

Coping Strategies

Bal, S., Van Oost, P., De Bourdeaudhuij, I., & Crombez, G. (2003). Avoidant coping as a mediator between self-reported sexual abuse and stress-related symptoms in adolescents. *Child Abuse and Neglect*, 27(8), 883–897. [https://doi.org/10.1016/S0145-2134\(03\)00137-6](https://doi.org/10.1016/S0145-2134(03)00137-6)

Felitti, V. J., Jakstis, K., Pepper, V., & Ray, A. (2010). Obesity: problem, solution, or both? *The Permanent Journal*, 14(1), 24–30. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912711/>

Jarvis, T. J., Copeland, J., & Walton, L. (1998). Exploring the nature of the relationship between child sexual abuse and substance use among women. *Addiction* (Abingdon, England), 93(6), 865–875. <https://doi.org/10.1046/j.1360-0443.1998.9368658.x>

Kristman-Valente, A. N., Brown, E. C., & Herrenkohl, T. I. (2013). Child physical and sexual abuse and cigarette smoking in adolescence and adulthood. *Journal of Adolescent Health*, 53(4), 533–538. <https://doi.org/10.1016/j.jadohealth.2013.06.003>

Lacelle, C., Hébert, M., Lavoie, F., Vitaro, F., & Tremblay, R. E. (2012). Sexual health in women reporting a history of child sexual abuse. *Child Abuse & Neglect*, 36(3), 247–259. <https://doi.org/10.1016/j.chiabu.2011.10.011>

McCarthy-Jones, S., & McCarthy-Jones, R. (2014). Body mass index and anxiety/depression as mediators of the effects of child sexual and physical abuse on physical health disorders in women. *Child Abuse & Neglect*, 38(12), 2007–2020. <https://doi.org/10.1016/j.chiabu.2014.10.012>

McCauley, J., Kern, D. E., Kolodner, K., Dill, L., Schroeder, A. F., DeChant, H. K., Ryden, J., Derogatis, L. R., & Bass, E. B. (1997). Clinical characteristics of women with a history of childhood abuse: unhealed wounds. *Jama*, 277(17), 1362–1368. <https://pubmed.ncbi.nlm.nih.gov/9134941/>

Parliamentary Survey

The APPG for Adult Survivors of Childhood Sexual Abuse. (2019). *Can adult survivors of childhood sexual abuse access justice and support? Part One: Achieving quality information and support for survivors.* <https://static1.squarespace.com/static/5c8faf788d97401af928638c/t/5cd05b45eb-3931052c31b479/1557158727790/ieving+quality+infor-mation+and+support+for+survivors.pdf>

Complex Post-Traumatic Stress Disorder (c-PTSD)

Lebowitz, L., Harvey, M. R., & Herman, J. L. (1993). A Stage-by-Dimension Model of Recovery From Sexual Trauma. *Journal of Interpersonal Violence*, 8(3), 378–391.

Lonergan, M. (2014). Cognitive behavioral therapy for PTSD: The role of complex PTSD on treatment outcome. *Journal of Aggression, Maltreatment and Trauma*, 23(5), 494–512. <https://doi.org/10.1080/10926771.2014.904467>

Rodriguez, N., Ryan, S. W., Rowan, A. B., & Foy, D. W. (1996). Posttraumatic stress disorder in a clinical sample of adult survivors of childhood sexual abuse. *Child Abuse and Neglect*, 20(10), 943–952. [https://doi.org/10.1016/0145-2134\(96\)00083-X](https://doi.org/10.1016/0145-2134(96)00083-X)

Van der Kolk, B., & Najavits, L. M. (2013). Interview: What is PTSD Really? Surprises, Twists of History, and the Politics of Diagnosis and Treatment. *Journal of Clinical Psychology*, 69(5), 516–522. <https://doi.org/10.1002/jclp.21992>

Unhelpful Narratives

Cunnington, C., & Clark, T. (2022). '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, Online*, 1–18. <https://doi.org/10.1177/14733250221124300>

Recovery

Csikszentmihalyi, M. (2002). *Flow: The Classic Work on how to achieve Happiness* (2nd ed.). Random House (Rider).

Cunnington, C. (2020). *Adults recovering from Childhood Sexual Abuse: A Salutogenic Approach*. PhD Thesis. University of Sheffield. Available at <https://etheses.whiterose.ac.uk/26956/>

Christie, C. (2018). *A Trauma-Informed Health and Care Approach for Responding to Child Sexual Abuse and Exploitation: Current Knowledge Report*. Funded by the Department of Health and Social Care. [online] Available at: <https://www.gov.uk/government/publications/child-sexual-abuse-trauma-informed-care>

Kim, S. H., Schneider, S. M., Kravitz, L., Mermier, C., & Burge, M. R. (2013). Mind-Body Practices for Posttraumatic Stress Disorder. *Journal of Investigative Medicine*, 61(5), 827–834. <https://doi.org/10.2310/JIM.0b013e3182906862>

Knight, C. (2019). Trauma Informed Practice and Care: Implications for Field Instruction. *Clinical Social Work Journal*, 47(1), 79–89. <https://doi.org/10.1007/s10615-018-0661-x>

Schouten, K. A., de Niet, G. J., Knipscheer, J. W., Kleber, R. J., & Hutschemaekers, G. J. M. (2015). The Effectiveness of Art Therapy in the Treatment of Traumatized Adults: A Systematic Review on Art Therapy and Trauma. *Trauma, Violence, and Abuse*, 16(2), 220–228. <https://doi.org/10.1177/1524838014555032>

Young, L. (1992). Sexual abuse and the problem of embodiment. *Child Abuse and Neglect*, 16(1), 89–100. [https://doi.org/10.1016/0145-2134\(92\)90010-0](https://doi.org/10.1016/0145-2134(92)90010-0)

Quotes

All quotes from Cunnington, C. (2020). *Adults recovering from Childhood Sexual Abuse: A Salutogenic Approach*. PhD Thesis. University of Sheffield. Available at <https://etheses.whiterose.ac.uk/26956/>